



Center for Health Information Technology &  
Innovative Care Delivery

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***Announcement for Grant Applications***

The Maryland Health Care Commission (MHCC) is seeking grant applications to increase access to special education services in Maryland public schools via teletherapy to eligible children and youths with disabilities.

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**Grant ID Number:** MHCC 19-007  
**Issue Date:** July 11, 2018  
**Title:** School-Based Teletherapy for Special Education Services

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**Letter of Intent Requested by:** Wednesday, August 1, 2018 by 5:00pm (ET)  
**Application Due:** Wednesday, August 15, 2018 by 5:00pm (ET)

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Application and information on MHCC grants available at:  
<http://mhcc.maryland.gov/mhcc/pages/home/procurement/procurement.aspx>

# Table of Contents

I.	About the Maryland Health Care commission.....	2
II.	Introduction.....	2
III.	Objective.....	3
IV.	Key Components At-A-Glance.....	3
V.	Application Request.....	4
VI.	Project Items .....	4
VII.	Applicant Qualifications .....	5
VIII.	Staffing and Personnel Requirements.....	6
IX.	Application Requirements .....	6
X.	Key Tasks & Dates .....	9
XI.	Terms of Grant.....	10
XII.	How To Apply .....	12
	Appendix A.....	13

## I. ABOUT THE MARYLAND HEALTH CARE COMMISSION

The Maryland Health Care Commission (MHCC) is an independent State regulatory agency whose mission is to plan for health system needs, promote informed decision-making, increase accountability, and improve access in a rapidly changing health care environment. The MHCC provides timely and accurate information on availability, cost, and quality of services to policy makers, purchasers, providers, and the public. The Center for Health Information Technology and Innovative Care Delivery (Center) is one of four Centers within MHCC and is responsible for supporting the diffusion of health information technology (health IT) and practice transformation statewide. The Center's primary role is to promote a strong, flexible health IT ecosystem that can advance clinical decision-making, reduce redundancy, and facilitate care transformation.

## II. INTRODUCTION

The Individuals with Disabilities Education Act of 2004 (IDEA)<sup>1</sup> and Maryland regulations govern how state agencies and local school systems' education agencies (LEAs) provide early intervention, special education, and related services to eligible children and youths with disabilities.<sup>2</sup> Many families and school districts with students with special needs find it difficult to gain access to specialty care, especially in rural areas. Teletherapy<sup>3</sup> can help assist school districts LEAs that might be struggling to find qualified specialist related service providers to meet federal mandates to provide services to their students with special needs.

According to data from the United States Department of Education, 48 states reported a significant shortage of special education teachers during the 2015-2016 school year.<sup>4</sup> In Maryland, special education has annually been reported as a shortage area since 1997.<sup>5</sup> The Maryland State Department of Education (MSDE) categorized special education as a critical shortage area for the 2016-2017 school year. Evidence suggests that use of teletherapy for delivery of services can be equivalent and in some cases more effective as in-person.<sup>6,7</sup>

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<sup>1</sup> 20 U.S. Code Chapter 33 – Education of Individuals with Disabilities.

<sup>2</sup> IDEA and Maryland regulations (COMAR 13A.05.01 *Provision of a Free Appropriate Public Education to Students with Disabilities*, and COMAR 13A.08.03 *Discipline of Students with Disabilities*) require that each child with a disability has an Individualized Education Program (IEP) designed to meet their unique and individual needs.

<sup>3</sup> The term *teletherapy* is defined as the application of telecommunications technology to delivery of professional services at a distance and is intended to include both non-medical therapeutic services (e.g., mental health counseling, psychoeducational assessments) and non-clinical services (e.g. occupational therapy, speech therapy, etc.).

<sup>4</sup> Maryland Learning Links, *The Main Idea: Special Education Teacher Shortages*, October 2016. Available at: <https://marylandlearninglinks.org/the-main-idea-special-education-teacher-shortages/>.

<sup>5</sup> U.S. Department of Education Office of Postsecondary Education, *Teacher Shortage Areas Nationwide Listing 1990-1991 through 2017-2018*, June 2017. Available at: <https://www2.ed.gov/about/offices/list/ope/pol/ateachershortageareasreport2017-18.pdf>.

<sup>6</sup> American Journal of Speech Language Pathology. *Comparing Traditional Service Delivery and Telepractice for Speech Sound Production Using a Functional Outcome Measure*, February 2018. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/29188278>.

<sup>7</sup> Archives of Assessment Psychology. *Equivalence of Remote, Online Administration and Traditional, Face-to-Face Administration of Woodcock-Johnson IV Cognitive and Achievement Tests*, 2018. Available at: <http://www.assessmentpsychologyboard.org/journal/index.php/AAP/article/view/122>.

### III. OBJECTIVE

The MHCC plans to fund a single applicant<sup>8</sup> to implement a teletherapy project to increase access to qualified specialist related service providers via teletherapy to support LEAs in Maryland. The project will connect students eligible for special education identified by the school<sup>9</sup> with a provider who can deliver specialized services, such as speech and physical and occupational therapy or mental and behavioral health services/assessments, during the school day.<sup>10</sup> Special education staff on-site will work with the remote provider in coordinating the student's care along with the Individualized Education Program (IEP) team.<sup>11, 12</sup> Applicants will be required to demonstrate need for specific services within their community, where access to providers is a barrier. The project aims to assess the impact of teletherapy, and identify additional best practices.

The MHCC seeks to assess current policy gaps and challenges that may hinder the use of teletherapy in schools to serve children and youths with special needs where access to in-person services is limited, and identify relevant policies to address these gaps and challenges. The awardee will work closely with the School-Based Telehealth Workgroup (workgroup)<sup>13</sup>, a staff advisory group, to help identify and formulate policy recommendations and solutions to address school-based teletherapy barriers and advance teletherapy in schools. Project participants will report to the workgroup on their implementation progress, including key findings, challenges, and solutions on a quarterly basis.

### IV. KEY COMPONENTS AT-A-GLANCE

Objective	The MHCC plans to fund a single applicant to implement a teletherapy project to increase access to qualified specialist related service providers via teletherapy to support Maryland LEAs.
Application Resources	This grant announcement is available <a href="#">here</a> . Attachment A is available here: <a href="#">Attachment A</a> . The required Excel attachments are available here: <a href="#">Attachments B-E</a> .
Key Dates	<ul style="list-style-type: none"><li>• Letter of Intent Deadline: Wednesday, August 1, 2018, by 5:00 pm (ET)</li><li>• Application Deadline: Wednesday, August 15, 2018, by 5:00 pm (ET)</li><li>• Anticipated Announcement of Award(s): October 2018</li></ul>
Available Grant Funds	\$150,000 for a single award; an additional \$50,000 may be available if the grantee is able to provide a reasonable financial match deemed appropriate by MHCC.
Match	Preference will be given to organizations with matching funding of up to 100 percent. Allowable match contributions are outlined in this announcement.

<sup>8</sup> The MHCC may elect to award more than one application.

<sup>9</sup> Only those students who are appropriate candidates for the teletherapy services given their needs (e.g., sensory, auditory, etc.), and accommodations that can be made to fit their needs as part of the teletherapy session.

<sup>10</sup> Applicants interested in providing services for students not eligible for special education, including mental or behavioral health services should consider applying to the MHCC's school-based telehealth grant available here: <https://mhcc.maryland.gov/mhcc/pages/home/procurement/procurement.aspx>.

<sup>11</sup> The IEP is a written plan that describes the special education and related service support needed for a child with a disability. The IEP defines the type and amount of services needed and where the services will be delivered. School staff is responsible for the implementation of the IEP.

<sup>12</sup> Per COMAR 13A.05.01, an IEP team is a group of individuals responsible for (a) identifying and evaluating students with disabilities; (b) developing, reviewing, or revising an IEP for a student with a disability; and (c) determining the placement of a student with a disability in the least restrictive environment.

<sup>13</sup> See Appendix A for the School-Based Telehealth Workgroup charter for more details regarding the workgroup.

	Grantees only need to indicate a willingness to include match funds in their application, the amount and determination of reasonableness will occur during the best and final process.
Grant Period	18 months – starting November 2018
Key Project Requirements	The awardee must: <ol style="list-style-type: none"> <li>1. Actively use teletherapy as a key component of addressing gaps in services to students eligible for special education.</li> <li>2. Go-live within six months of award date.</li> <li>3. Report quarterly to the workgroup on project implementation, including key findings, challenges, and solutions that could inform policy recommendations.</li> <li>4. Participate in regularly scheduled status meetings and submit periodic status and financial reports to MHCC.</li> <li>5. Submit, as a final deliverable, a project summary and a sustainability plan that will allow for the continuation of services at the conclusion of the grant. Collaboration with MHCC and considering input from the workgroup is essential in developing the final deliverable. The final deliverable is due 30 days prior to the conclusion of the grant.</li> </ol>
Project Modifications	The MHCC may at any time request modifications to the project as part of the award.
FAQs	Answers to grant FAQs are available on the <a href="#">MHCC Procurement webpage</a> .
Contact	Questions may be submitted via email to <a href="mailto:angela.evatt@maryland.gov">angela.evatt@maryland.gov</a> or call (410) 764-3574. All questions and responses will be posted and updated weekly on the <a href="#">MHCC Procurement webpage</a> .

## V. APPLICATION REQUEST

The MHCC is issuing this Announcement for Grant Applications (Announcement) to award a single applicant funding over an 18-month period to implement a teletherapy project in Maryland public schools to increase access to qualified specialist related service providers via teletherapy to support Maryland LEAs.

A Letter of Intent (LOI) from the prime applicant is requested by Wednesday, **August 1, 2018, 5pm ET**, via email to [angela.evatt@maryland.gov](mailto:angela.evatt@maryland.gov). This will help MHCC to anticipate the number and type of applications it might receive. The LOI should be limited to one page and identify: 1) the participating organization(s) involved in the project and their role(s); 2) a brief description of the proposed project; and 3) project objective(s). An applicant may adjust or change items/concepts outline in its LOI upon submission of its application. Though an LOI is strongly encouraged, non-submission of an LOI does not preclude an applicant from submitting a grant application.

## VI. PROJECT ITEMS

An applicant must demonstrate in its application how the proposed project will address gaps in access and delivery of services to students eligible for special education via teletherapy, including how it will meet the following, at a minimum:

- The teletherapy intervention must connect a qualified service provider and a student eligible for special education services to conduct a live virtual session with the student as part of the student’s IEP;

- Virtual sessions with students may only be performed where necessary accommodations are made to provide quality services to the students;
- Obtain parent/guardian consent prior to the student receiving IEP services via teletherapy;
- The teletherapy intervention must follow practice guidelines, including assessing student readiness and ability to participate before beginning services via teletherapy;
- The teletherapy intervention must be aligned with the student's IEP;
- Teletherapy technology may be used to enhance coordination of the IEP team and IEP meetings; and
- The teletherapy intervention must address a significant need within the school district for the service to be provided via teletherapy.

Applicants are encouraged, but not required, to include the following design elements in their project:

- Include a considerable number of students participating in teletherapy to allow for meaningful outcome measurements; statistical precision is not required;
- Use a comparator group<sup>14</sup> to assess the impact of school-based teletherapy ; and
- Offer matching funds of up to 100 percent.

## **VII. APPLICANT QUALIFICATIONS**

Applicants must demonstrate their ability to meet, at a minimum, the following qualifications (more details included in Section IX):

- The sponsoring organization/facility (i.e., prime applicant) must be a Maryland LEA or Maryland public school or demonstrate partnership with a Maryland LEA or Maryland public school(s);
- Proof of a partnership between all participating organizations;
- Knowledge and experience with deploying teletherapy technology in a school or similar setting by the prime applicant and/or partnering organization;
- Demonstrated capacity to implement all project elements and go-live with teletherapy within six months of the grant award, or an alternative time frame appropriately justified in the grantee's application;
- An established teletherapy champion and executive leadership that supports all project staff in developing a culture that embraces using teletherapy to deliver special need services in a school setting;
- Ability to collect, track, aggregate, analyze, and report on key performance measures;
- Knowledge of relevant federal laws governing services to students in a school setting (e.g., Family Educational Rights and Privacy Act of 1974 (FERPA)); and

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<sup>14</sup> A comparator group could include students within the school who don't receive teletherapy or within a similar school who don't receive teletherapy, understanding that certain comparator groups may include inherent biases. The comparator group proposed should be as similar as possible to those students receiving teletherapy services.

- Demonstrated commitment to develop a project summary and sustainability plan as a final deliverable to enable continuation of the teletherapy project at the conclusion of the grant.

Applicants are encouraged, but not required, to demonstrate their ability to meet the following qualifications (more details included in Section IX):

- Dedicated staff responsible for data analytics and reporting; and
- Established staffing and personnel protocols in place to achieve the teletherapy technical, administrative, and clinical implementation (i.e., staff labor categories and areas of expertise/qualifications/certifications).

## VIII. STAFFING AND PERSONNEL REQUIREMENTS

The following outlines general requirements for project staff. Applicants may propose an alternative staff model.

Labor Categories	Description
Project Manager	A senior level individual that will have a lead role in managing and coordinating all day-to-day aspects of the project, including managing project staff, liaising between participation organizations and MHCC, and reporting on progress to MHCC and the workgroup.
Technical Manager	A senior level individual with experience in managing and deploying teletherapy technology, preferably in a school or similar setting, that can ensure staff training and technical support and liaise between participating organizations.
School or Special Education Consultant	A qualified, preferably licensed or certified, professional with experience in delivering IEP services in schools, that will provide consultation to the Technical Manager and Project Manager to ensure the effectiveness of the project and reporting efficacy.

## IX. APPLICATION REQUIREMENTS

The information below must be provided as part of the application.

- A. Scope of work and strategy** (Sections A and B in combination should not exceed 15 pages):

The purpose of this section is to describe how the applicant plans to implement teletherapy and deploy the applicable technology.

1. Local Area Need:
  - a) Description of special education workforce shortages (e.g., ratio of qualified specialists to students that require special education services);
  - b) Identification of special education services lacking qualified professionals within the school, where the service could be provided via teletherapy (e.g., number of students enrolled that qualify for specific special education

services; number of qualified professionals providing special education services by specialty, etc.);

- c) Evidence of challenges at the school or district level with providing special education services;
- d) Applicants are encouraged to demonstrate need supported by data.

## 2. Project Description:

- a) Description of the teletherapy technology, and any mobile devices, to be utilized and how it meets the following requirements:
  - i. Compliance with FERPA;
  - ii. Ability to interface with peripheral devices<sup>15</sup> as needed;
- b) Description of how the applicant plans to implement the required project elements for each component outlined in Section VI. This section should include a detailed description of the scope, breadth, and plans/approach for each element, including how the applicant plans to meet each project element to the highest level of quality; and
- c) Description of how the proposed project is unique from efforts currently implemented at the organization, including how the project will be an enhancement of its current work efforts and/or complementary to existing projects.

## 3. Project Plan:

- a) Deployment strategy, which includes a detailed timeline of project activities and tasks, including assigned organization/partner responsibilities;
- b) Demographic information, including:
  - i. Description of target student population and estimated number of students to be served;
  - ii. Service location(s);
  - iii. Referral source(s) for targeted population participants; and
  - iv. Screening procedures to ensure student readiness for teletherapy.

## 4. Sustainability Plan /Final Deliverable:

- a) The final deliverable will include a summary of the project and a sustainability plan for how the applicant will enable the continuation of the teletherapy project at the conclusion of the grant;
- b) The summary and sustainability plan is to be developed in consultation with MHCC with input from the workgroup throughout the grant period and must be finalized 30 days prior to the conclusion of the grant. Termination of the

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<sup>15</sup> Examples of peripheral devices include: recording devices, document cameras, hearing aid systems, noise cancelling headphones, etc. If peripheral devices are not needed as part of the applicants use case, this need not be addressed.



grant may occur if the awardee is unable to show progress in developing a reasonable sustainability plan.

**B. Applicant Qualifications and Partnerships** (Sections A and B in combination should be limited to 15 pages):

1. Organizational Qualifications:

a) Prime

- i. Describe how the prime organization meets qualifications outlined in Section VII. Include information on the organizations' experience and capabilities in performing work specifically related to project scope and objectives.
- ii. Detailed description of the role of the prime applicant as it relates to implementing the project plan detailed under Section IX.A.2.

b) Partnering Organization(s)

- i. Describe how the partnering organization(s) meets the qualifications as outlined in Section VII. Include experience and capabilities in performing work specifically related to project scope and objectives.
- ii. Detailed description of the roles within the project for the partnering organization(s) as it relates to implementing the project plan detailed under Section IX.A.2.

2. Staff Qualifications:

- a) The grant application must demonstrate how the proposed staffing model meets or aligns with the categories described under Section VIII and, if applicable, as augmented and/or revised by the applicant.
- b) Describe the experience and relevant qualifications of each proposed staff as it relates to implementing the project goals and objectives.
- c) Include a detailed description of the role(s) within the project for each proposed staff.

**C. Letters of Commitment:**

1. Letters of commitment to work on the project from each personnel from prime and each partner organization.
2. Letters of commitment should contain a brief description, approximately one paragraph, of the work to be performed for the project by that organization and the personnel who will perform the work.

**D. Resumes:** Resumes or biographies of staff who will be assigned to the project.

**E. Financial information:** A financial proposal must be submitted using [Attachment D](#).

- F. Privacy and Security: Provide supporting documentation of FERPA compliance for all technology described in Section IX.A.1.a of this Announcement. Include a plan for how students and their related early intervention records<sup>16</sup> will be protected.
- G. Disclosure: Applicant and project partners must disclose any violations of State and federal law as they relate to IEP services, privacy of school records, and other laws relevant to the proposed project.
- H. Terms of Grant: Include an acknowledgment by the applicant of the terms of the grant outlined in Section XI of this Announcement.
- I. Attachments: The applicant must submit the following required attachments. Attachments can be found at:  
<http://mhcc.maryland.gov/mhcc/pages/home/procurement/procurement.aspx>.
1. Complete [Attachment A](#) with the applicant information.
  2. Complete [Attachment B](#) with information on proposed milestones.
  3. Complete [Attachment C](#) with the identification of project objectives, outcomes, and clinical measurements, that are clear, verifiable, and in line with project goals. Applicant must develop SMART objectives (**S**pecific, **M**easurable, **A**chievable, **R**ealistic and include a **T**imeframe). Please refer to the Center for Disease Control and Prevention’s Evaluation Brief on Writing SMART Objectives here: <https://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf>.
  4. Complete [Attachment D](#) with the financial proposal information.
- J. Demonstration of Technology and Site Visit: If requested by MHCC, applicant must be prepared to allow MHCC to conduct a site visit as part of the application review process, which may consist of: 1) meeting with proposed staff and participating organizations, and 2) a demonstration of the teletherapy technology and related technologies to be used as part of the project.

## X. KEY TASKS & DATES

Award(s)	Date
Announcement Published	July 11, 2018
LOI Requested	August 1, 2018
Application Due	August 15, 2018
Anticipated Notification to Applicants/Award(s) Announced	October 2018
Grant Tasks	
Project Kick-Off	November 2018
Monthly Calls and Progress Reports	Starting November 2018
Periodic Site Visits (no more than quarterly)	TBD
Final Deliverable/Sustainability Plan	

<sup>16</sup> Early intervention records mean all records regarding a child that are required to be collected, maintained, or used under part C of the IDEA Act and the regulations in this part. For more information: <https://ed.gov/policy/gen/guid/ptac/pdf/idea-ferpa.pdf>.

Award(s)	Date
Draft Summary and Sustainability Plan	February 2020
Final Summary and Sustainability Plan	April 2020

**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.**

## **XI. TERMS OF GRANT**

*Applicants are required to acknowledge the terms of the grant in their grant application.*

### **A. Project Timeframe**

The grant begins on or about **November 2018 for a cumulative 18-months after the grant award date**. The summer months will be excluded from the 18-month period if teletherapy services are not provided during this time. The MHCC may authorize a no-cost extension of the grant period in the event that more time is needed to implement the project and assess milestones and outcomes.

### **B. Funding Amount**

Up to \$150,000 for a single award; an additional \$50,000 may be available if the grantee is able to provide a reasonable financial match deemed appropriate by MHCC. Grantees only need to indicate a willingness to include match funds in their application, the amount and determination of reasonableness will occur during the best and final process.

### **C. Proposal and Change in Scope Request**

All responses, assertions, and commitments made in the proposal, including any amendments to the proposal, will be part of the grant agreement. Fulfillment of project objectives and deliverables are expected. If an awardee wishes to make changes to their project (including project plan, staff model, and financial proposal) that differ from what is stated in their application, a change of scope request with justification must be submitted in writing by the awardee to MHCC for consideration. The MHCC will approve requests at its discretion.

### **D. Funds Disbursement, Match, and Restrictions**

Grant funds will be disbursed upon MHCC's receipt of a completed detailed invoice, including supporting documentation. The invoice must be completed using MHCC's invoice template ([Attachment E](#)) at least quarterly and must include a description of the completed tasks, the date(s) of services performed, the time period the invoice covers, and any supporting documentation as necessary for the requested funds. All documentation included must be to the satisfaction of MHCC for reimbursement approval. Any matching funds, if applicable, offered by the organization must be itemized and appropriately documented (e.g. invoices from third parties, staff hours accounting, etc.).

Allowable match contributions include cash and third party in-kind contributions if the contributions are: 1) necessary and reasonable for accomplishment of the project objectives; or 2) unrecovered indirect cost with prior approval from MHCC. No grant funds are paid towards: 1) clinical services that are otherwise being reimbursed through other sources,

including, but not limited to, Medicare, Medicaid or private insurance companies; 2) reimbursement of costs incurred prior to the grand award; 3) meeting match requirements of other State or Federal funds, 4) services, equipment or supports that are the legal responsibility of another party under Federal or State law; and 5) goods or services not allocable to the approved project. The MHCC reserves the right to limit indirect costs.<sup>17</sup> Documentation for any final payment must be submitted no later than the **15<sup>th</sup> of the month** after the grant period ends or the end date of an authorized extension of the grant period.

#### **E. Final Deliverable/Sustainability Plan**

Awardee agrees to consult with MHCC in developing the final deliverable summary and sustainability plan through an iterative process. The awardee must consider suggestions and recommended revisions deemed reasonably necessary by MHCC.

#### **F. Reporting to Workgroup**

Awardee agrees to report quarterly to the workgroup on project implementation, including key findings, challenges, and solutions. Reports from the Awardee will help identify and formulate policy recommendations and solutions to address barriers to the advancement of teletherapy in school-based settings.

#### **G. Registration**

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.

#### **H. MHCC Grant Actions**

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](#). 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 announcement. The MHCC reserves the right to cancel this announcement for grant applications, to 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 correction of minor irregularities, to request additional information or modification to an application, and to conduct discussions with all qualified or potentially qualified grant applicants in any manner necessary to serve the best interests of MHCC and to accomplish the objectives of this grant announcement.

#### **I. Enforcement Actions**

In the event that MHCC determines that an awardee is not complying with the grant terms, requirements set forth in this application, or proposal assertions and commitments, MHCC may take one or more enforcement actions. These range from actions designed to allow the awardee to take corrective action, such as developing an improvement plan, to penalizing actions against

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<sup>17</sup> Indirect costs include costs that are incurred for common or joint objectives and are not readily identified with a particular grant or project function or institutional activity, yet are necessary for the general operation of the organization and the activities it performs. These are usually considered facilities and administrative costs or overhead, such as rent, utilities, etc.

the awardee such as withholding payment or temporarily suspending an award, 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 via email and indicate the effect of the action.

**J: Press**

Awardees are required to notify MHCC prior to referencing any grant-related activities in statements to the media regarding work related to the grant.

**XII. HOW TO APPLY**

A Letter of Intent (LOI) from the prime applicant, as detailed under Section V, is strongly encouraged by **August 1, 2018, 5 pm ET**, via email to [angela.evatt@maryland.gov](mailto:angela.evatt@maryland.gov).

Complete an application that meets the requirements as outlined in Section IX of this Announcement. This announcement is available on MHCC's procurement site at: <http://mhcc.maryland.gov/mhcc/pages/home/procurement/procurement.aspx>.

Grant applications are due to MHCC by 5:00 pm ET on **August 15, 2018** and must be submitted via email to [christine.karayinopulos@maryland.gov](mailto:christine.karayinopulos@maryland.gov).

All questions regarding this announcement for grant applications should be submitted via email to [angela.evatt@maryland.gov](mailto:angela.evatt@maryland.gov); all questions and responses will be posted on MHCC's procurement site at <http://mhcc.maryland.gov/mhcc/pages/home/procurement/procurement.aspx>.

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



# School-Based Telehealth Workgroup

## CHARTER

### Draft Version 1.0

#### Purpose

During the 2018 legislative session, the Senate Finance Committee (Committee) expressed concern about the slow pace in the development of school-based telehealth in primary and secondary schools. The Committee requested that the Maryland Health Care Commission (MHCC) convene a workgroup to identify deficiencies in existing policies related to school-based telehealth programs and develop an approach for improving these policies, which may be statutory, regulatory or technical in nature. The Committee asked MHCC to report on the workgroup's findings and provide legislative and regulatory recommendations, including associated budget estimates for programs the State should undertake to improve the delivery of school-based telehealth services. An interim presentation to the Committee was requested in January 2019 and a final report is due November 2019.

#### Background

School-based telehealth involves the use of telecommunications, including interactive video conferencing and store-and-forward transmissions, to deliver a variety of health care and other services (i.e., speech therapy) to children.<sup>18</sup> In certain circumstances, schools struggle with obtaining direct service providers due to workforce shortages, particularly in rural areas of the State. Telehealth has the potential to create efficiencies in schools by increasing access to services, including primary and specialty somatic care, chronic disease management, behavioral and mental health services, hearing and speech therapy, among others. School-based telehealth can be used to improve health quality and academic performance, and decrease absenteeism of the student

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<sup>18</sup> State Medicaid Best Practice School-Based Telehealth. American Telemedicine Association. July 2013. Available at: <https://www.americantelemed.org/main/policy-page/state-policy-resource-center/state-medicaid-best-practices#>.

population.<sup>19, 20, 21, 22, 23</sup> Telehealth can complement and expand the capacity of schools to meet student’s health care needs by using technology to connect to remote providers.

Since 2014, MHCC has awarded approximately \$700,000 in grants to 14 provider organizations to demonstrate the impact of telehealth and mHealth. These grants have helped inform: 1) better practices; 2) industry implementation and expansion efforts; 3) policies to support advancement of telehealth; and 4) the design of telehealth programs across the State. The grants have also complemented efforts to advance a strong, flexible health information technology (health IT) ecosystem in Maryland, the foundation of advanced care delivery and payment models.

To help inform the workgroup’s recommendations, MHCC plans to fund two school-based telehealth pilot projects—the first, is aimed at increasing access to special education services within schools; and the other is focused on providing health care services<sup>24</sup> within schools via telehealth. Staff from each project will report to the workgroup on their implementation progress, including key findings, challenges, and solutions on a quarterly basis as a grant requirement.

### **Workgroup Responsibilities**

The School-Based Telehealth Workgroup (workgroup) may be divided into subgroups. Potential subgroups consist of technology, operations, and financing. Potential discussion topics include, but are not limited to, the following:

#### **1) Technology**

- Existing technology available for school-based telehealth and technology development opportunities
- Federated or centralized telehealth technology
- Privacy and security considerations and policies
- Resource requirements for staff training on the technology
- Electronic health records interoperability considerations

#### **2) Operational**

- Workforce shortages in school districts as they relate to special education and/or health services that could be provided via telehealth/teletherapy

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<sup>19</sup> Factors Behind the Adoption of School-based Telehealth. mHealth Intelligence. Available at: <https://mhealthintelligence.com/features/factors-behind-the-adoption-of-school-based-telehealth>.

<sup>20</sup> D. A. Bergman, et al., “The Use of Telemedicine in the Schools to Improve Access to Expert Asthma Care for Underserved Children,” Abstract from Pediatric Academic Societies Meeting, Washington, D.C., Vol. 57: (2005) 224.

<sup>21</sup> K.M. McConnochie, et al. Telemedicine in urban and suburban childcare and elementary schools lightens family burdens. Telemedicine and e-Health. June 2010.

<sup>22</sup> A. McCullough. Viability and effectiveness of teletherapy for pre-school children with special needs. International Journal of Language and Communication Disorders. November 2009.

<sup>23</sup> S.R. Daniels. School-centered telemedicine for type 1 diabetes mellitus. The Journal of Pediatrics. September 2009.

<sup>24</sup> These include preventive and primary health services and mental health, oral health, ancillary, and other supportive services.

- Administrative challenges with meeting current school-based health centers (SBHCs) certification requirements related to providing telehealth services (*see related bullet in Financial Subgroup*)
- Communication requirements for staff, guardians, and students – health services provided using telehealth
- Coordination of information sessions for teachers and school-based administration and information sessions for parents/guardians
- Resource and policy requirements for school nurse involvement
- Opportunities to revise telehealth service requirements in schools
- Patient privacy considerations, Health Insurance Portability and Accountability Act of 1996 (HIPAA) and FERPA

### 3) **Financial**

- Current challenges in funding technology
- Resources required of school systems to meet current SBHC certification requirements as it relates to providing telehealth services
- Current challenges with providing special education and somatic services due to limited budgets
- Medicaid policy related to SBHC reimbursement and telehealth service reimbursement alignment
- Medicaid and private payor reimbursement opportunities and challenges, such as in network/out of network providers
- Sustainability of telehealth programs in schools

### **Workgroup Meetings**

A simple majority of the members shall constitute a quorum at any meeting for the conducting of the business of the workgroup and potential subgroups. All meetings of the workgroup/subgroups are open to the public.<sup>25</sup> The workgroup/subgroup meetings are anticipated to convene about every four to six weeks at a date and time scheduled by MHCC beginning in June 2018 to August 2019. The majority of workgroup/subgroup meetings will be held via teleconference. In-person meetings will be held at MHCC located at 4160 Patterson Avenue, Baltimore, MD 21215. Reasonable notice of all meetings, stating the time, place (if applicable) and teleconference information, shall be given to each member by email. Reasonable notice of all meetings shall be provided to the public by posting on MHCC's website here: [mhcc.maryland.gov/mhcc/pages/home/meeting\\_schedule/meeting\\_schedule.aspx](http://mhcc.maryland.gov/mhcc/pages/home/meeting_schedule/meeting_schedule.aspx).

### **Membership and Chairs' Responsibilities**

Members are strongly encouraged to attend meetings in-person when held in-person; teleconference will be made available. Members participating via teleconference shall count for quorum purposes, and their position (i.e., support, oppose, abstain) on recommendations shall be noted so long as their participation is included in the attendance.

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<sup>25</sup> As a State agency, MHCC follows the Open Meeting Act.



Members are encouraged to offer their input on all topics presented to the workgroup/subgroup. Members' position for each policy recommendation will be included in the meeting notes at the member level.

It is likely that a Chair will be identified for the workgroup and each subgroup, if subgroups are formed. Should MHCC decide to identify subgroup Chairs', terms shall last for the duration of the subgroup in which they serve. In addition to presiding at meetings, subgroup Chairs shall take an active role in developing policy recommendations and work with MHCC to determine action items requiring MHCC support resources.

### **Timeline and Deliverables**

The workgroup/subgroups will be convened in the summer of 2018 and meet through August 2019; meetings may take place after August 2019 if a discussion topic warrants additional time to deliberate on a proposed recommendation. The output from these workgroup/subgroup meetings will be compiled into a report that forms the basis for any findings and recommendations presented in a final report by MHCC. The final report will include the names of all workgroup participants and proposed recommendations to inform future legislation.