MHCC | MARYLAND HEALTH CARE COMMISSION

Center for Health Information Technology & Innovative Care Delivery

---

Announcement for Grant Applications

The Maryland Health Care Commission (MHCC) is seeking grant applications to enhance health care services in Maryland public schools via telehealth.

Grant ID Number: **MHCC 19-008**

Issue Date: **July 11, 2018**

Title: **Enhancing School-Based Health Care Services via Telehealth**

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

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

Table of Contents

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

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 to children and youths.[1] 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, among others. School-based telehealth can be used to improve health quality and academic performance of the student population and decrease absenteeism.[2, 3, 4, 5, 6] Telehealth can complement and expand the capacity of schools to meet students' health care needs by using technology to connect to remote providers.

All Maryland local school systems are required to have a designated school health professional available on site to provide health care services[7] to students, which is defined as a physician, certified nurse practitioner, or registered nurse with experience and or training in working with students or school health programs. Schools can meet these requirements by having a health professional at each school or having a trained unlicensed professional at the school working under the direct supervision of a licensed professional who is responsible for several

---

[1] State Medicaid Best Practice School-Based Telehealth. American Telemedicine Association. July 2013. Available at: http://www.americantelemed.org/main/policy-page/state-policy-resource-center/state-medicaid-best-practices#.

[2] Factors Behind the Adoption of School-based Telehealth. mHealth Intelligence. Available at: https://mhealthintelligence.com/features/factors-behind-the-adoption-of-school-based-telehealth.

[3] 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.

[4] K.M. McConnochie, et al. Telemedicine in urban and suburban childcare and elementary schools lightens family burdens. Telemedicine and e-Health. June 2010.

[5] A. McCullough. Viability and effectiveness of teletherapy for pre-school children with special needs. International Journal of Language and Communication Disorders. November 2009.

[6] S.R. Daniels. School-centered telemedicine for type 1 diabetes mellitus. The Journal of Pediatrics. September 2009.

[7] Schools are required to ensure all students receive a physical before entering school, review health records to identify any special needs and ensure accommodations are made for these students, provide hearing and vision screenings, provide health counseling to students in need, ensure all students have received immunizations and notify the local health department of non-compliance, provide physical education, and emergency services. More information is available at: www.dsd.state.md.us/COMAR/SubtitleSearch.aspx?search=13A.05.05.*.

schools.[8]   Some schools also have school-based health centers (SBHCs), which are health centers, located in a school or on a school campus, that provide onsite comprehensive preventive and primary health services. Services may also include mental health, oral health, ancillary, and other supportive services.[9]   SBHCs must meet certain standards to receive State recognition through a joint process with the Maryland State Department of Education (MSDE) and the Maryland Department of Health (MDH).[10, 11, 12, 13]   SBHCs must meet certain criteria related to telehealth as part of their State recognition in order to provide telehealth services.[14] Six schools located in Howard County currently provide services via telehealth.[15, 16]

III.   OBJECTIVE

The MHCC plans to fund a single applicant[17] to implement a telehealth project to enhance health care services[18] delivered at Maryland public schools via telehealth. The project will connect students at the school with a health care provider at a distant location via telehealth for health services during regular school hours. Telehealth could be delivered at the SBHC, health suite, school nurses' office, a mobile unit or another location within the school. The distant location rendering provider could be within a Federally Qualified Health Center (FQHC), local health department (LHD), hospital, or ambulatory facility. Applicant will be required to demonstrate need for specific health services within the school where access to providers is a barrier. Applicant must ensure the proposed grant project meets all local and State regulations and policies. The project aims to assess the impact of telehealth for health care delivery in schools, and identify additional best practices and relevant policies to address barriers.

The MHCC seeks to assess current policy gaps and challenges that may hinder the use of telehealth in schools and identify relevant policies to address these gaps and challenges. The awardee would work closely with the School-Based Telehealth Workgroup (workgroup)[19], a

---

[8] Maryland State Department of Education. School Health Services in Maryland Fact Sheet. Available at: http://marylandpublicschools.org/about/Pages/DSFSS/SSSP/SHS/SHSMD.aspx.

[9] Maryland State Department of Education, School-Based Health Centers. Available at: http://marylandpublicschools.org/about/Pages/DSFSS/SSSP/SBHC/index.aspx.

[10] Maryland State Department of Education, *Maryland SBHC Application,* 2018. Available at: http://marylandpublicschools.org/about/Pages/DSFSS/SSSP/SBHC/sbhcapp.aspx.

[11] SBHC must renew their recognition annually.

[12] SBHCs must be approved to provide services via telehealth by MSDE under guidance from MDH and renew their recognition annually.

[13] As of FY18, there are 83 recognized SBHCs operating in 12 of the 24 jurisdictions throughout Maryland.

[14] The telehealth checklist covers administrative procedures, technology, preparation for telehealth visit, patient education and support, knowledge and skills, and follow-up. Maryland State Department of Education, *Initial Checklist for the Delivery of Telehealth Services in School-Based Health Centers,* September 2014. Available at: http://marylandpublicschools.org/about/Documents/DSFSS/SSSP/SBHC/MYSARFY2018/TelehealthCheckList.pdf.

[15] WBAL TV, *5 schools get telemedicine project,* September 2014. Available at: http://www.wbaltv.com/article/5-schools-get-telemedicine-project/6815335.

[16] Fierce Healthcare, *Maryland pediatric practices feel the ripple effect of school telemedicine program,* July 2017. Available at: https://www.fiercehealthcare.com/mobile/pediatric-practices-feel-ripple-effect-school-telemedicine-programs.

[17] The MHCC may elect to award more than one application.

[18] Health services include but are not limited to preventive and primary health services and mental health, oral health, ancillary, and other supportive services.

[19] See Appendix A for the School-based Telehealth Workgroup charter for more details regarding the workgroup.

staff advisory group, to help identify and formulate policy recommendations and solutions to address barriers to deploying and advancing school-based telehealth. 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 telehealth project to enhance health care services in Maryland public schools via telehealth.
Application Resources	This Telehealth Grant Announcement is available here. Attachment A is available here: Attachment A The required Excel attachments are available here: Attachments B-E
Key Dates	• Letter of Intent Deadline: Wednesday, August 1, 2018, by 5:00 pm (ET) • Application Deadline: Wednesday, August 15, 2018, by 5:00 pm (ET) • Anticipated Announcement of Award(s): October 2018
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. 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 on or around November 2018
Key Project Requirements	The awardee must: 1. Actively use telehealth to increase access to health services for students. 2. Go-live within six months of award date. 3. Report quarterly to the workgroup on project implementation, including key findings, challenges, and solutions that might inform policy recommendations. 4. Participate in regularly scheduled status meetings and submit periodic status and financial reports to MHCC. 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.
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 MHCC Procurement webpage.
Contact	Questions may be submitted via email to angela.evatt@maryland.gov or call (410) 764-3574. All questions and responses will be posted and updated weekly on the MHCC Procurement webpage.

V.   APPLICATION REQUEST

The MHCC is issuing this Announcement for Grant Applications (Announcement) to award a single application funding over an 18-month period to implement a telehealth project to enhance health care services in Maryland public schools and increase access to a health care provider via telehealth.

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. 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 meet the following, at a minimum:

- The telehealth intervention must connect a student located at a Maryland public school with a health care provider at a distant location for health services during regular school hours;

- Virtual visits (eVisits) with students may only be performed where necessary accommodations are made to provide quality health care services to the student;

- Parent/guardian consent is obtained prior to the student receiving health care services via telehealth;

- A parent/guardian must have the opportunity to participate in the eVisit; and

- The project demonstrates a significant need within the community for the health care services to be delivered to students within a school setting (more details included in section IX).

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

- Include a considerable number of telehealth participating patients in the project to allow for meaningful outcome measurements; statistical significance is not required;

- Use a comparator group[20] to assess the impact of school-based telehealth; 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):

- Knowledge and experience with deploying telehealth technology to deliver health care services in a school or similar setting by the prime applicant and/or partnering organization;

---

[20] A comparator group could include students within the school who don't receive telehealth or within a similar school who don't receive telehealth, understanding that certain comparator groups may include inherent biases. The comparator group proposed should be as similar as possible to those students receiving telehealth services.

- The sponsoring organization/facility (i.e., prime applicant) must be a Maryland local education agency (LEA) or Maryland public school or must demonstrate partnership with a Maryland LEA or Maryland public school(s);

- Proof of a partnership between all participating organizations;

- Demonstrated capacity to implement all project elements and go-live with telehealth within six months of the grant award, or an alternative time frame appropriately justified in the grantee's application;

- An established telehealth champion at the administrative and clinical levels and executive leadership that supports all project staff in developing a culture that embraces using telehealth to deliver health care services to students in a school setting;

- Ability to collect, track, aggregate, analyze, and report on key performance measures;

- Knowledge of the guidelines to providing health care services to students in schools/SBHCs;

- Knowledge of relevant federal laws governing the delivery of health care services to students in a school setting (e.g., Family Educational Rights and Privacy Act of 1974 (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA));

- Demonstrated commitment to report on the implementation progress, including key findings, challenges, and solutions on a quarterly basis to the workgroup to help identify and formulate policy recommendations and solutions to address barriers to use and diffusion of school-based telehealth; and

- Demonstrated commitment to develop a project summary and sustainability plan as a final deliverable to enable continuation of the telehealth 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;

- Established staffing and personnel protocols in place to achieve the technical, administrative, and clinical implementation of school-based telehealth (i.e., staff labor categories and areas of expertise/qualifications/certifications);and

- Applicants with distant site rendering provider(s) that are eligible Maryland Medicaid telehealth distant site providers.

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 telehealth technology, preferably in a school or similar setting, that can ensure staff training and technical support, and liaise between participating organizations
Clinical Consultant	A qualified clinical professional with experience in delivering health care services in schools or similar settings, 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 telehealth to deliver health care services to student in a school setting.

1. Local Area Need:

   a) Describe the current environment and need for services in the target area and/or population for the proposed project;

   b) Describe how telehealth can help to address this need;

   c) Applicants are encouraged to demonstrate need supported by data.

2. Project Description:

   a) Description of the telehealth technology, and any mobile devices, to be utilized and how it meets the following requirements:

   i. Compliance with HIPAA and/or FERPA;

   ii. Ability to interface with peripheral devices[21] 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

---

[21] Examples of peripheral devices include: electronic stethoscopes, high definition examination cameras, Bluetooth scales, glucometer, blood pressure cuff, etc. If peripheral devices are not needed as part of the applicants use case, this need not be addressed.

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); and

   iii. Referral source(s) for targeted population participants.

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

B. <u>Applicant Qualifications and Partnerships</u> (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 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. <u>Letters of Commitment:</u>

    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. <u>Resumes:</u> Resumes or biographies of staff who will be assigned to the project.

E. <u>Financial information:</u> A financial proposal must be submitted using Attachment D.

F. <u>Privacy and Security:</u> Provide supporting documentation of FERPA and/or HIPAA compliance for all technology described in Section IX.A.1.a of this Announcement. Include a plan for how participants in the telehealth project and their related health data will be protected.

G. <u>Disclosure:</u> Applicant and project partners must disclose any violations of State and federal law as they relate to school health services, privacy and security of health and school records, and other laws relevant to the proposed project.

H. <u>Terms of Grant:</u> Include an acknowledgment by the applicant of the terms of the grant outlined in Section XI of this Announcement.

I. <u>Attachments:</u> 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. <u>Demonstration of Technology and Site Visit:</u> 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 telehealth technology and related technologies to be used as part of the project.

X.   KEY TASKS & DATES

	Date
Award(s)	
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	
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** f**or a cumulative 18-months after the grant award date.** The summer months will be excluded from the 18-month period if telehealth services 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 differs 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.[22] Documentation for any final payment must be submitted no later than the **15th 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 telehealth 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

---

[22] Indirect cost 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.

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 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.

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.

All questions regarding this announcement for grant applications should be submitted via email to 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**

APPENDIX A

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.[23] 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

---

[23] 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.[24, 25, 26, 27, 28]   Telehealth can complement and expand the capacity of schools to meet students' 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[29] 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

---

[24] Factors Behind the Adoption of School-based Telehealth. mHealth Intelligence. Available at: mhealthintelligence.com/features/factors-behind-the-adoption-of-school-based-telehealth.

[25] 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.

[26] K.M. McConnochie, et al. Telemedicine in urban and suburban childcare and elementary schools lightens family burdens. Telemedicine and e-Health. June 2010.

[27] A. McCullough. Viability and effectiveness of teletherapy for pre-school children with special needs. International Journal of Language and Communication Disorders. November 2009.

[28] S.R. Daniels. School-centered telemedicine for type 1 diabetes mellitus. The Journal of Pediatrics. September 2009.

[29] These include preventive and primary health services and mental health, oral health, ancillary, and other supportive services.

- Administrative challenges with meeting current SBHC 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, 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.[30] 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: 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,

---

[30] As a State agency, MHCC follows the Open Meeting Act.

and their position (i.e., support, oppose, abstain) on recommendations shall be noted so long as their participation is included in the attendance.

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.