Advancing Telehealth in Nursing Homes

Draft Announcement for Grant Applications

Request for Comments

The Maryland Health Care Commission (MHCC) is releasing a Request for Comments (RFC) to inform planning of a potential grant announcement for large-scale diffusion of telehealth in nursing homes across the State. A key element of the grant would be implementing sustainable processes and workflows into nursing home daily operations. The MHCC is not planning to fund technology development; rather, the intent is to leverage existing technology coupled with workflow redesign where telehealth becomes a standard of care in nursing homes. Comments in response to this RFC are requested by **Friday, August 30, 2019, by 5:00 pm (EDT)**. Electronic submission of comments is preferred and can be submitted to MHCC, Attention: Nikki Majewski at nicole.majewski@maryland.gov. Comments may be mailed to 4160 Patterson Ave, Baltimore Maryland 21215.

This RFC is not a binding expression of MHCC's intent to issue a grant announcement. The MHCC reserves the right, at its discretion, to change or modify information included in the RFC that is represented in whole or in part in any grant announcement.

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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) at MHCC is responsible for supporting diffusion of health information technology (health IT) and advanced care delivery statewide guided by strong policy that complements the shift from quantity of care delivered to improved health outcomes. The Center's primary role is to promote a strong and flexible health IT ecosystem to advance clinical decision-making, reduce redundancy, and facilitate care transformation.

II. INTRODUCTION

Transitions across acute, post-acute, and long-term care settings are common and costly.[1] Often, transitions are complicated by lack of coordination hindered by communication challenges that can lead to adverse events, among other things.[2] Improving coordination of care supports better communication, quality of care, and reductions in unnecessary emergency room use and hospital readmissions. State and federal efforts to advance value-based care and improve patient safety are increasingly putting emphasis on identifying and preventing health conditions associated with unnecessary hospitalization of vulnerable patients in long-term and post-acute care (LTPAC).[3]

Notably, about 40 percent of Medicare beneficiaries discharged from the hospital receive post-acute care[4], of which 23 percent are readmitted within 30 days.[5] In 2018, the Centers for Medicare & Medicaid Services (CMS) launched its Skilled Nursing Facility Value-Based Purchasing Program, which incentivizes nursing homes for reducing 30-day readmissions. In the first year, less than 50 percent of participating nursing homes in the State (45 percent) and nation (27 percent) received financial incentives.[6] Maryland Medicaid is beginning to explore nursing home readmission rates to inform planning and complement initiatives that aim to improve quality of care in the State.

Health care providers face unique challenges in caring for patients with comorbidities and preventing costly readmissions to the hospital. Telehealth enables unique opportunities in managing patient health and improving communication as patients' transition between health

[1] The Office of the National Coordinator for Health Information Technology, *Health IT in Long-Term and Post-Acute Care Issue Brief*, March 2013. Available at: www.healthit.gov/sites/default/files/resources/hit_ltpac_issuebrief031513.pdf.
[2] *Ibid*.
[3] LTPAC covers a wide array of services ranging from institutional services provided in specialty hospitals and nursing homes, to a variety of home and community-based services.
[4] See n.1, *Supra*.
[5] West health, *A Practical Guide to Telehealth: Implementing Telehealth in Post-Acute and Long-Term Care Settings (PALTC)*, March 2019. Available at: www.westhealth.org/wp-content/uploads/2019/04/TeleHealth_Guide_v.9_PAGES_WEB.pdf.
[6] Centers for Medicare & Medicaid Services, Overview of the Skilled Nursing Facility Value-Based Purchasing Program. Available at: www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1621.pdf.

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care settings, including hospitals, nursing homes, primary care, and home health. Use of real-time or store and forward technology enables providers to efficiently reach post-discharge and post-acute patients, particularly those with chronic conditions that are more susceptible to readmission. Greater diffusion of telehealth in Maryland coupled with growing evidence of its ability to improve quality of care can bolster programs that serve Maryland communities and improve the health of citizens in the State.

III. OBJECTIVES

The MHCC is assessing whether to fund an applicant[7] to widely diffuse telehealth in nursing homes across the State using an implementation approach for large-scale and sustainable operations. Applicants would be required to propose a telehealth program (or program) that adapts existing technology to accelerate use of telehealth in meeting care delivery needs,[8] supporting transitions, and curbing unnecessary emergency department use and re-hospitalizations (<30 days). Telehealth interventions must engage patients and their families/caregivers through teleconsultations and remote patient monitoring. The grant would be aimed at telehealth implementation where use of existing technology solutions coupled with workflow redesign and training enable telehealth to become part of the standard of care in nursing homes. The grant would not be intended to fund technology development or test a use case for research purposes.

The successful grantee will have a robust diffusion strategy that connects nursing homes with an established telehealth network consisting of licensed providers[9] credentialed by participating nursing homes. A key objective is solving policy challenges related to workflow redesign, provider credentialing, and sustainability of the program. The technical infrastructure must make use of commercially available technology, including use of laptops with peripheral devices at the originating site; purchase of telehealth carts is not permitted. An essential aspect of this initiative is successfully building and maximizing use of a telehealth network and technology in nursing homes throughout Maryland enabling care teams and their patients to access a provider virtually and on demand. Supporting electronic health record (EHR) technology must be integrated with the State-Designated Health Information Exchange (HIE), the Chesapeake Regional Information System for our Patients (CRISP). Consideration for a subsequent grant may be given and would likely fund an expansion of the work under this grant.

IV. CRITERIA FOR SELECTION

Any decision to award a grant would be based on an evaluation of the information provided by the applicant in its proposal. The MHCC may consider additional information as needed. For a proposal to be deemed acceptable, an applicant must demonstrate how it plans to achieve

[7] An applicant can be a single entity or partnership between several entities of which one is designated as prime.
[8] Care delivery needs include, but are not limited to, increasing access to specialty care and providing alternative night/weekend coverage options.
[9] Licensed providers can include, but are not limited to acute care, primary care, pharmacists, behavioral health, home health, and urgent care.

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program sustainability after grant funding ends. Criteria to be considered for a grant award that is weighted based on the percentage in parenthesis includes the following:

A. **Applicant Information** – Type of organization; business footprint in Maryland; prior experience with telehealth, including scope and complexity; available resources and resource needs; and planned approach for establishing a telehealth network and widely diffusing telehealth in nursing homes throughout Maryland (15%)

B. **Technical Capabilities and Services** – Ability to meet certain technical and functional requirements; speed and reliability of the technology; privacy and security; and technical support (35%)

C. **Implementation and Maintenance** – Approach to phasing in implementation of a program; program team including leadership and expertise; ongoing development of a roadmap for technological and logistical improvements; and plan for expanding the program (50%)

V. KEY INFORMATION

Application Checklist	Applicants are required to complete, sign, and submit to MHCC the items below to be considered: 1. Letter of Intent (Section X) 2. Application – Proposal Items (Section VIII) 3. Leadership Framework and Staffing Qualifications (Section IX) 4. Estimated Costs of Core Program Elements (pages 12-13)
Dates	Letter of Intent Due: TBD Full Application Due: TBD Award Announcement (anticipated): November 2019
Available Funding	Up to $750,000 for a single award.
Financial Matching	A financial match is strongly preferred; see Section X for more information.
Grant Period	Two years (with possible grant extension) starting around November 2019
Submission Guidelines	To be considered for an award, an applicant must sufficiently demonstrate how it meets or exceeds all criteria required through submission of the documents listed in the application checklist. Application must be no more than 22 pages (not including appendices).
Modifications	The MHCC may at any time modify the *Announcement for Grant Applications* (if one is issued) or request modifications to the program during the grant period as a condition of award.
Pre-Application Conference	The MHCC may hold a pre-application conference. The pre-application conference enables potential applicants an opportunity to ask questions and clarify grant provisions.
FAQs	MHCC responses to inquiries regarding an *Announcement for Grant Applications* will be posted and updated weekly on the MHCC Procurement webpage.
Contact	Questions may be submitted via email to nicole.majewski@maryland.gov or call (410) 764-3837.

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VI. APPLICANT QUALIFICATIONS

A grant opportunity that is released based on this RFC is open to interested applicants that, at a minimum, meet and demonstrate the following qualifications:

A. An organization (designated as prime in the application) operating in the State of Maryland as a:

   i. Provider-led entity that provides health services in an acute, post-acute, or long-term care setting that has an established method for reimbursement through Medicare, Maryland Medicaid, and commercial insurance;

   ii. A vendor that has a HIPAA-compliant[10] telehealth platform (or platform), including software, technical and implementation support, offers a national network of U.S. board-certified physicians licensed in Maryland, and has an established method for reimbursement through Medicare, Maryland Medicaid, and commercial insurance; or

   iii. An independent, nonprofit institute that provides research, development, and technical services to the health care sector and is working with a provider-led entity or a vendor that has an established method for reimbursement through Medicare, Maryland Medicaid, and commercial insurance.

B. Executive leadership actively prioritizing and/or demonstrates desire to strategically invest in and integrate into the standard of care telehealth through workflow redesign in both nursing homes and patient homes; emphasis must be placed on reducing barriers in cultural acceptance of using technology in nursing homes to virtually diagnose and treat patients on-site, as appropriate.

C. Prior experience implementing telehealth in nursing homes and using remote patient monitoring for discharged patients, including redesigned workflows that support routine use of telehealth in care delivery.

VII. PROGRAM ELEMENTS

An applicant must propose a telehealth platform equipped for synchronous/consultation visits between a patient and provider and asynchronous, remote patient monitoring.

Technical – Applicant must demonstrate the ability to fulfill the requirements listed, or reasonably propose an alternative approach, as needed. The telehealth platform must:

A. Be HIPAA-compliant, which includes, but is not limited to, the ability to provide Business Associate Agreement (BAA) compliant video communications between a provider and

[10] HIPAA (Health Insurance Portability and Accountability Act of 1996) sets standards for protecting sensitive patient data. Covered entities whom provide treatment, payment and operations in health care, and subcontractors or business associates with access to patient information and whom provide support in treatment, payment or operations must comply with HIPAA standards.

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patient located in a nursing home or residing at home (with appropriate technologic access)

B. At a minimum, meet the American Telemedicine Association (ATA) *Core Operational Guidelines for Telehealth Services Involving Provider-Patient Interactions*

C. Function on computers, tablets, and hand-held devices (mobile phones) with Windows, Apple (MacOS and iOS) and Google (Chrome and Android) operating systems

D. Provide adequate (480p) video over cellular connections

E. Have at least rudimentary pan, zoom and focus capability with a smartphone, tablet, or webcam

F. Allow for screen capture and screen sharing as needed

G. Have a proven track record for high-reliability (high percentage uptime) and high-quality connectivity (minimum of 480p)

H. Interface with EHR products and the State-Designated HIE, CRISP

Functional – Applicant must demonstrate the ability to fulfill the requirements listed, or reasonably propose an alternative approach, as needed. The telehealth platform must:

A. Allow for both provider and patient-initiated encounters

B. Be well-designed to allow multiple patients to join a virtual waiting room branded with appropriate identifiers and be subsequently placed with a myriad of providers

C. Allow group visits or counseling if desired

D. Provide video/audio recording of visits as needed

E. Have a robust intake process including patient demographic information, medical history, consent, and payment collection/insurance information

F. Be equipped to handle a wide variety of care delivery use-cases in nursing homes

G. Facilitate connections with specialists via a virtual network for management of chronic conditions

H. Facilitate connections with primary care providers after hospital discharge to assist with transitions as appropriate

Other – Applicant must demonstrate the ability to fulfill the requirements listed, or reasonably propose an alternative approach, as needed. The applicant must:

A. Bring together parties across partnering organizations to support mutual success

B. Establish program goals (desired end result) and metrics (measurements to gauge progress towards a goal) and report to MHCC monthly

C. Align program training for nursing home staff, patients, and participating distant sites with goals related to performance, productivity, quality, safety, or satisfaction.

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D. Develop custom/detailed workflows and data flows (e.g., process maps) that are scenario/use case-based and focus on both the provider and patient experience

E. Provide evidence of an internal audit of the technical and functional requirements and all data submitted to MHCC as it relates to program goals and metrics at least quarterly

F. Commit to program expansion and sustainability following completion of the grant (a conditional model for sustainability is not an acceptable approach)

VIII. APPLICATION – PROPOSAL ITEMS

An applicant must include in its proposal detailed responses to all items listed below. Responses will be used to qualify or disqualify an applicant.

Organization Information (Prime Applicant)

A. Organizational structure (publically traded or private company)

B. Relationships with any subcontractors included in the application

C. Financial health, including years in business and compound annual growth rate

D. Experience developing telehealth programs, implementing telehealth technology, designing activities to complement workflows, including standard practices and working methods, and achieving provider and patient/caregiver engagement

E. Three references from similar work willing to discuss the proposal with MHCC staff

Technical Capabilities and Services

A. Overview of the telehealth platform, including capabilities and features, such as a camera and peripheral devices (e.g., otoscope, stethoscope, blood pressure cuff, etc.)

B. Overview of the platform architecture and general application framework, including data redundancy

C. Use of dedicated environments (instance) for telehealth installations

D. Operating systems supported by the software; include mobile operating systems

E. Capability of an administrator to distribute to new users the URL of the central server for new installations

F. Configurability of the platform, including customization to support unique workflows

G. Capability to integrate with EHR technology and the State-designated HIE, CRISP

H. Integration with national HIE frameworks and local HIEs, where integration exists

I. Content that can be shared during a video conference call and any limitations

J. Native applications (OS, Android, iPad, Android Tablet) for patients and providers; indicate whether a patient or provider can connect without the application

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K. Information on video uptime and processes and support to reconnect to the patient and provider in the event the video call is dropped

L. User audio and video capabilities when using the software during a video conference call; detail hardware requirements if applicable

M. Description of the virtual experience for providers and patients/caregivers, including activities during and after a remote consultation

N. Contextual aids and other resources offered to end users of the application that enables it to be intuitive and user-friendly

O. Procedures for business continuity, disaster recover, and system backup

P. Evidence of third party audits and accreditation; note any exceptions included in the most recent report(s) and the status of remediation plans

Q. Approach to collecting third-party payor reimbursement of self-pay

R. Process for primary care and specialists to access electronic documentation for their patient after a telehealth session

S. Use of an administrative portal to manage queues and upload physician information

T. Process to add multiple participants to a virtual consultation

U. Ability to require a PIN/password or lock meeting rooms

V. Overview of multi-party videoing for unregistered users

W. Capabilities/meeting controls given to the moderator during a multi-party video conference

X. Type of operational and technical support provided to users and languages that are supported

Y. If the platform will be privately (white) labeled

Implementation and Maintenance

A. Overview of the strategy and process that will be used to implement telehealth into existing workflows at a nursing home and a patient's home

B. Implementation and account management teams that will handle nursing home transition to a care delivery environment where telehealth is an option

C. Roles and responsibilities of the program leadership team, including the senior leadership

D. Nursing home resources and those that need to be acquired to implement effectively telehealth into the workflow; include the assessment process that will be used to determine when installation and training is complete

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E. Curriculum used for staff training (initial and refresher) about the program and frequency

F. Approach to troubleshooting the platform, including means to resolve end user challenges

G. Method for ensuring patches, upgrades, and maintenance of the platform is completed and performed timely

H. User logon activities and support for single-sign-on

I. Reporting capabilities

IX. LEADERSHIP FRAMEWORK AND STAFFING QUALIFICATIONS

Present a senior leadership framework for providing strategic direction, financial management, and operational coordination. Describe the role, experience, and relevant qualifications of senior leadership and program staff as it relates to implementing telehealth and identifying/assessing metrics to determine achievement of program goals and objectives. Include information on the resources that would be available onsite for training and support to nursing homes. A minimum of five years' experience with telehealth and its use in nursing homes would be required. Resumes or biographies of the proposed staff would be required.

X. LETTER OF INTENT AND APPLICATION

Interested applicants will be required to submit a letter of intent (LOI) to MHCC by the date specified in the grant announcement. The LOI should provide an overview of the prime applicant's vision and strategy, including short and long-term goals and how those goals will be achieved. Cost sharing will be a requirement of the grant. The LOI must specify a commitment to provide a reasonable match based on an applicant's financial status; an explanation of the proposed match is required. The match ratio can include actual expenditures and in-kind contributions and may vary based on organization type, planned approach for implementing and scaling the program, and sustaining the program at the conclusion of the grant. An application must include all items in the application checklist (Section V) completed, signed, and submitted to MHCC by the date specified in the grant announcement.

XI. TERMS OF GRANT

Applicants would be required to acknowledge the terms of the grant in their application.

A. Project Timeframe

A grant issued related to this RFC would likely begin in the fall of 2019 and run for a **consecutive 24-month period after the grant award date.** Applicants would be required to include a practical and reasonable program plan and have a clear strategy for success. The MHCC may authorize a no-cost extension of the grant period if more time is needed to implement the program and assess milestones and outcomes.

B. Funding Amount

A single award up to $750,000 with a 1:1 financial match is strongly preferred. The awardee may allocate no more than 20 percent of the match to in-kind efforts.

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C. Proposal and Change in Scope Request

All responses, assertions, and commitments made in any proposal, including any amendments to the proposal, will be part of the grant agreement. Fulfillment of program objectives and deliverables would be expected. If an awardee wishes to make changes to their proposal (including the program plan, staffing model, or 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 approves requests at its discretion.

D. Funds Disbursement, Match, and Restrictions

Grant funds would be disbursed upon MHCC's receipt of a complete and detailed invoice, including supporting documentation. The invoice must be completed at least quarterly using an MHCC invoice template and must include a description of the completed tasks, including date(s) and a description of services performed, the time period the invoice covers, and any supporting documentation as necessary. All documentation included must be to the satisfaction of MHCC for reimbursement approval. Any matching funds 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 commercial insurance; 2) reimbursement of costs incurred prior to the grant award; 3) meeting financial 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.[11] 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

Awardee must agree to consult with MHCC in developing a final deliverable. The awardee is expected to collaborate with MHCC on elements to include in the final deliverable. The awardee must consider suggestions and recommended revisions deemed reasonably necessary by MHCC.

F. 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,

[11] 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.

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Baltimore, Maryland 21201. An applicant must complete the registration prior to the due date for receipt of applications.

G. MHCC Grant Actions

If it becomes necessary to revise an announcement for grant applications before the due date for applications, amendments will be announced on MHCC's website. The MHCC is not responsible for any costs incurred by an applicant in preparing and submitting an application or in performing any other activities relative to a grant announcement. The MHCC reserves the right to cancel an announcement for grant applications, to accept, or reject any and all applications (in whole or in part) received in response to an 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 a grant announcement.

I. Enforcement Actions

If MHCC determines that an awardee is not complying with the grant terms, requirements set forth in the 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

The awardee would be required to notify MHCC prior to referencing any grant-related activities in statements to the media regarding work related to the grant.

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ESTIMATED COSTS OF CORE PROGRAM ELEMENTS

Organization Name: _____

Grant ID Number: TBD

The organization has reviewed the grant specifications and requirements detailed in this announcement and estimates the following expenses:

Telehealth Platform

Year 1 _____

Year 2 _____

Workflow Redesign and Implementation

Year 1 _____

Year 2 _____

EHR Integration via CRISP _____

Single Sign-On _____

Staff Training _____

Year 1 _____

Year 2 _____

Patient Engagement _____

Staff Cost _____

Program Assessment _____

Other – please list and describe any fees not included above; this can include, but is not limited to, activities related to program expansion and sustainability

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Organization Name: _____

By: _____
(Signature of an authorized representative of the organization)

Name: _____

Title: _____

Date: _____

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