School-Based TelehealthWorkgroup
Meetings Agenda

May 31, 2018

1:15pm-2:15pm School-based Teletherapy
2:30pm-3:30pm School-based Telehealth

Conference Call: 1-866-247-6034; code: 6912847711#

- **Introductions**

- **Overview of Meeting Objectives**

- **Objectives of Workgroup**

- **Overview of Potential Grant Opportunity and General Process**

- **Discussion Items**

  o Project elements

  o Applicant qualifications

  o Project evaluation

  o Timeline

  o Match rate

  o Final deliverable and sustainability plan

  o Reporting to workgroup

  o Interest and ability

  o Other

- **Next Steps**

  o MHCC staff and participant action items

  o First full workgroup meeting June 20th

MHCC | MARYLAND HEALTH CARE COMMISSION

School-Based Teletherapy for Special Education Services

Proposed Grant Discussion Document – Request for Information

May 24, 2018

I.   Purpose

The Maryland Health Care Commission (MHCC) is inviting stakeholders to provide comments on the key components under consideration by MHCC for including in a special education services telehealth grant announcement. This request for information (RFI) does not constitute a commitment by MHCC for release of a grant announcement. The MHCC encourages stakeholders to provide comments. Any recipients of this document, directly or indirectly, are welcome to submit comments via email to Justine Springer at Justine.springer@maryland.gov, and/or participate in the scheduled MHCC RFI discussion conference call. The call is scheduled on May 31st from 2:30pm to 3:30pm and is accessed at 1-866-247-6034, conference code 6912847711#. Please email Justine.springer@maryland.gov with additional questions. The MHCC will accept comments through May 31, 2018.

II.   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 local education agencies (LEAs) in Maryland. The project will connect students eligible for special education, identified by the school, with a provider who can deliver specialized services (i.e., speech and physical therapy or mental and behavioral health services/assessments) during the school day. 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.[1, 2] 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.

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[1] 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.

[2] 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.

III.   Proposed Project Items

An applicant must demonstrate in its application how the proposed project 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 student;

- Obtaining 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:

- Serves students in rural school areas;

- Includes a considerable number of students participating in teletherapy to allow for meaningful outcome measurements; statistical precision is not required;

- Uses a control group[3] to assess the impact of school-based telehealth; and

- Offers matching funds of up to 100 percent.

IV.   Proposed Applicant Qualifications

Applicants must demonstrate their ability to meet, at a minimum, the following required qualifications:

- Knowledge and experience with deploying teletherapy technology in a school or similar setting;

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[3] A control group could include students within the school who do not receive telehealth or within a similar school who do not receive telehealth, understanding that certain control groups may include inherent biases. The control group proposed should be as similar as possible to those students receiving telehealth services.

Informal Comments Requested

- 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);

- Demonstrated capacity to implement all project elements and go-live with teletherapy within three months of the grant award;

- 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;

- Proof of a partnership between all participating organizations;

- Knowledge of relevant federal laws governing services to students in a school setting (e.g., Family Educational Rights and Privacy Act of 1974 (FERPA);

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

- Dedicated staff responsible for data analytics and reporting; and

- Appropriate staffing and personnel protocols in place to achieve the teletherapy technical, administrative, and clinical implementation requirements (i.e., staff labor categories and areas of expertise/qualifications/certifications).

V.   Proposed Application Requirements

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

A. Scope of Work and Strategy

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; and

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 diffused and how it meets the following requirements:

        i. Compliance with FERPA;

        ii. Ability to interface with peripheral devices[4] as needed;

    b) 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 and 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. Applicant Qualifications and Partnerships

1. Organizational Qualifications:

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[4] 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.

a) Prime

    i. Describe how the prime organization meets qualifications outlined in Section II. 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.

b) Partnering Organization(s)

    i. Describe how the partnering organization(s) meets the qualifications as outlined in Section II. 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.

2. Staff Qualifications:

a) Describe the experience and relevant qualifications of each proposed staff as it relates to implementing the project goals and objectives.

b) Include a detailed description of the role(s) within the project for <u>each</u> proposed staff.

3. Other items:

a) Letters of support/commitment

b) Resumes

c) Financial proposal

c) Proposed objectives outcomes, and clinical measurements, (see Attachment template)

VI. Proposed Tasks

A. <u>Final Deliverable/Sustainability Plan</u>

Awardee will submit as a final deliverable a project summary and a sustainability plan for how the applicant will enable the continuation of the teletherapy project at the conclusion of the grant. The summary and sustainability plan is to be developed in consultation with MHCC throughout the grant period and must be finalized 30 days prior to the conclusion of the grant.

B. <u>Reporting to Workgroup</u>

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.

Informal Comments Requested

    VII.   Proposed Project Timeline and Funding

        A. 18 months – starting on or around October 2018

        B. $150,000 for a single award

*Instructions: Completion of this form is required as part of an applicant's proposals and must detail its proposed objectives, outcome/clinical measures and goals in alignment with the objectives of the project. Blue text in this form are examples of the types of information MHCC is seeking from the applicant when submitting their proposal. Examples labeled "standard" are the types of measures that the applicant should include at a minimum, which would not involve a control group. Examples labeled "advanced" are preferred if the applicant is capable of collecting and reporting. The applicant should develop their own objectives, measures, and goals that are unique to their proposed project. Applicants must identify at least four objectives and may include additional rows for additional objectives. Applicants must have capabilities to collect or obtain any proposed measures, including numerators and denominators. Gray cells will be calculated for the applicant and should not be edited. Each objective should be measured by comparing an intervention group to a comparator group. Applicants must develop **SMART objectives** (**S** pecific, **M** easurable, **A** chievable, **R** ealistic and include a **T** imeframe). **Please refer to the CDC's Evaluation Brief on Writing SMART Objectives here: https://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf.***

Applicant Name:	Enter name here
Project Name:	Enter name here

Type	Objective (Enter an objective tailored to proposed project)	Measure (Enter a measurement tailored to proposed objective)	Numerator/Denominator/Percent (Enter proposed numerator and denominator)		Intervention (Enter baseline data and indicate timeframe in which the baseline was collected, if applicable)				Comparator Group (Enter baseline data and indicate timeframe in which the baseline was collected, if applicable)				Month 1			Month 2		
			Intervention	Comparator Group	Data point	Timeframe	Data Source(s) (Enter description of the source(s) from which the data to be collected)	Goal (Enter data that the applicant aims to achieve by completion of project)	Data point	Timeframe	Data Source(s) (Enter description of the source(s) from which the data to be collected)	Goal (Enter data that the applicant aims to achieve by completion of project)	Intervention Group	Control Group	% Difference	Intervention Group	Control Group	% Difference
Standard	Provide teletherapy services to 50 students during the school year	Number of patients that received the telehealth intervention	Number of patients that received the telehealth intervention		Enter baseline	month, year-month, year	enter data source(s)	Enter goal										
Standard	Providers involved in the teletherapy project are generally satisfied with the teletherapy technology and believe the services to be of value	At least 90 percent of telehealth providers report that they are satisfied with the technology and believe the services to be of value	Numerator: Number of teletherapy providers who report that they are satisfied with the technology and believe the services to be of value		Enter baseline numerator	month, year-month, year	enter data source(s)	Enter goal										
			Denominator: Total number of teletherapy providers completing survey/reporting		Enter baseline denominator	month, year-month, year	enter data source(s)	Enter goal										
			Percent:		#VALUE!			#VALUE!										
Standard	Parents/guardians whose child had a teletherapy encounter are generally satisfied with the telehealth service and believed the services to be of value	At least 90 percent of parents/guardians report that there are satisfied with the teletherapy service and believe the services to be of value	Numerator: Number of parents/guardians who report that they are satisfied with the teletherapy service and believe the services to be of value		Enter baseline numerator	month, year-month, year	enter data source(s)	Enter goal										
			Denominator: Total number of parents/guardians completing survey/reporting		Enter baseline denominator	month, year-month, year	enter data source(s)	Enter goal										
			Percent:		#VALUE!			#VALUE!										

Type	Objective *(Enter an objective tailored to proposed project)*	Measure *(Enter a measurement tailored to proposed objective)*	Numerator/Denominator/Percent *(Enter proposed numerator and denominator)*		Intervention *(Enter baseline data and indicate timeframe in which the baseline was collected, if applicable)*				Comparator Group *(Enter baseline data and indicate timeframe in which the baseline was collected, if applicable)*				Month 1			Month 2		
			Intervention	Comparator Group	Data point	Timeframe	Data Source(s) *(Enter description of the source(s) from which the data to be collected)*	Goal *(Enter data that the applicant aims to achieve by completion of project)*	Data point	Timeframe	Data Source(s) *(Enter description of the source(s) from which the data to be collected)*	Goal *(Enter data that the applicant aims to achieve by completion of project)*	Intervention Group	Control Group	% Difference	Intervention Group	Control Group	% Difference
Advanced	By the end of the project, demonstrate that students eligible for specialized services with access to teletherapy are at least twice as likely to receive specialized services within three months of a referral for services, than students in a school without access to teletherapy.	Percent of students receiving specialized services by a qualified specialist via teletherapy within three months of a referral (intervention group) compared to students referred for in-person services (comparator group)	Numerator: Total number of students referred to receive IEP services via teletherapy that receive services within three months of a referral	Numerator: Total number of students referred to receive IEP services in-person that receive services within three months of a referral	Enter baseline numerator	month, year-month, year	enter data source(s)	Enter goal numerator	Enter baseline numerator	month, year-month, year	enter data source(s)	Enter goal numerator						
			Denominator: Total number of students referred to receive IEP services via teletherapy	Denominator: Total number of students referred to receive IEP services in-person	Enter baseline denominator	month, year-month, year	enter data source(s)	Enter goal denominator	Enter baseline denominator	month, year-month, year	enter data source(s)	Enter goal denominator						
			Percent:	Percent:	#VALUE!			#VALUE!	#VALUE!			#VALUE!						
Advanced	By the end of the project, demonstrate that students eligible for speech therapy services with access to teletherapy have at least the same or better speech therapy outcomes/scores than students receiving in-person speech therapy services; services provided through either service delivery model are equivalent to standard care	Literacy skills development of students receiving speech services via teletherapy (intervention) compared to students not receiving teletherapy (comparator group)	Numerator: Literacy scores of students receiving speech services via teletherapy	Numerator: Literacy scores of students receiving in-person speech services	Enter baseline numerator	month, year-month, year	enter data source(s)	Enter goal numerator	Enter baseline numerator	month, year-month, year	enter data source(s)	Enter goal numerator						
			Denominator: Total number of children enrolled to receive speech services via teletherapy	Denominator: Total number of children enrolled to receive in-person speech services	Enter baseline denominator	month, year-month, year	enter data source(s)	Enter goal denominator	Enter baseline denominator	month, year-month, year	enter data source(s)	Enter goal denominator						
			Percent:	Percent:	#VALUE!			#VALUE!	#VALUE!			#VALUE!						
Advanced	Enter objective	Enter measure	Numerator: Enter description of numerator	Numerator: Enter description of numerator	Enter baseline numerator	month, year-month, year	enter data source(s)	Enter goal numerator	Enter baseline numerator	month, year-month, year	enter data source(s)	Enter goal numerator						
			Denominator: Enter description of denominator	Denominator: Enter description of denominator	Enter baseline denominator	month, year-month, year	enter data source(s)	Enter goal denominator	Enter baseline denominator	month, year-month, year	enter data source(s)	Enter goal denominator						
			Percent:	Percent:	#VALUE!			#VALUE!	#VALUE!			#VALUE!						
Advanced	Enter objective	Enter measure	Numerator: Enter description of numerator	Numerator: Enter description of numerator	Enter baseline numerator	month, year-month, year	enter data source(s)	Enter goal numerator	Enter baseline numerator	month, year-month, year	enter data source(s)	Enter goal numerator						
			Denominator: Enter description of denominator	Denominator: Enter description of denominator	Enter baseline denominator	month, year-month, year	enter data source(s)	Enter goal denominator	Enter baseline denominator	month, year-month, year	enter data source(s)	Enter goal denominator						
			Percent:	Percent:	#VALUE!			#VALUE!	#VALUE!			#VALUE!						

Enhancing School-Based Health Care Services via Telehealth

Proposed Grant Discussion Document – Request for Information

May 24, 2018

I.   Purpose

The Maryland Health Care Commission (MHCC) is inviting stakeholders to provide comments on the key components under consideration by MHCC for including in a school-based health care services telehealth grant announcement. This request for information (RFI) does not constitute a commitment by MHCC for release of a grant announcement. The MHCC encourages stakeholders to provide comments. Any recipients of this document, directly or indirectly, are welcome to submit comments via email to Justine Springer at Justine.springer@maryland.gov, and/or participate in the scheduled MHCC RFI discussion conference call. The call is scheduled on May 31st from 2:30pm to 3:30pm and is accessed at 1-866-247-6034, conference code 6912847711#. Please email Justine.springer@maryland.gov with additional questions. The MHCC will accept comments through May 31, 2018.

II.   Objective

The MHCC plans to fund a single applicant to implement a telehealth project to enhance health care services 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[1], 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, local health department, hospital, or ambulatory facility. 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.

III.   Proposed 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;

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[1] SBHCs must be approved to provide services via telehealth by MSDE under guidance from MDH.

Informal Comments Requested

- 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.

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

- Serves students in rural school areas;

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

- Uses a control group[2] to assess the impact of school-based telehealth; and

- Offers matching funds of up to 100 percent.

IV. Proposed Applicant Qualifications

Applicants must demonstrate their ability to meet, at a minimum, the following required qualifications:

- Knowledge and experience with deploying telehealth technology to deliver health care services in a school or similar setting;

- 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);

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

- Demonstrated capacity to implement all project elements and go-live with telehealth within three months of grant award;

- 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;

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[2] A control group could include students within the school who do not receive telehealth or within a similar school who do not receive telehealth, understanding that certain control groups may include inherent biases. The control group proposed should be as similar as possible to those students receiving telehealth services.

- 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;

- Proof of a partnership between all participating organizations;

- Demonstrated commitment to develop a project summary and realistic sustainability plan as a final deliverable to ensure continuation at the conclusion of the grant; and

- Dedicated staff responsible for data analytics and reporting.

V. Proposed Application Requirements

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

A. Scope of Work and Strategy:

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; and

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

2. Project Description:

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

      i.   Compliance with HIPAA and/or FERPA;

      ii. Ability to interface with peripheral devices[3] as needed;

   b) 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.

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[3] 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.

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 and 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. Applicant Qualifications and Partnerships:

   1. Organizational Qualifications:

      a) Prime

         i. Describe how the prime organization meets qualifications outlined in Section II. 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.

      b) Partnering Organization(s)

         i. Describe how the partnering organization(s) meets the qualifications as outlined in Section II. 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.

   2. Staff Qualifications:

      a) Describe the experience and relevant qualifications of each proposed staff as it relates to implementing the project goals and objectives.

        b) Include a detailed description of the role(s) within the project for <u>each</u> proposed staff.

    3. Other items:

        a) Letters of support/commitment

        b) Resumes

        c) Financial proposal

        d) Proposed objectives outcomes, and clinical measurements, (see Attachment template)

VI.   Proposed Tasks

A. <u>Final Deliverable/Sustainability Plan</u>

Awardee will submit as a final deliverable a project summary and a sustainability plan for how the applicant will enable the continuation of the telehealth project at the conclusion of the grant. The summary and sustainability plan is to be developed in consultation with MHCC throughout the grant period and must be finalized 30 days prior to the conclusion of the grant.

B. <u>Reporting to Workgroup</u>

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.

VII.   Proposed Project Timeline and Funding

A. 18 months – starting on or around October 2018

B. $150,000 for a single award

Instructions: Completion of this form is required as part of an applicant's proposals and must detail its proposed objectives, outcome/clinical measures and goals in alignment with the objectives of the project. Blue text in this form are examples of the types of information MHCC is seeking from the applicant when submitting their proposal. Examples labeled "standard" are the types of measures that the applicant should include at a minimum, which would not involve a control group. Examples labeled "advanced" are preferred if the applicant is capable of collecting and reporting. The applicant should develop their own objectives, measures, and goals that are unique to their proposed project. Applicants must identify at least four objectives and may include additional rows for additional objectives. **Applicants must have capabilities to collect or obtain any proposed measures**, including numerators and denominators. Gray cells will be calculated for the applicant and should not be edited. Each objective should be measured by comparing an intervention group to a comparator group. Applicants must develop **SMART objectives** (**S** pecific, **M** easurable, **A** chievable, **R** ealistic and include a **T** imeframe). **Please refer to the CDC's Evaluation Brief on Writing SMART Objectives here: https://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf.**

Applicant Name:	Enter name here
Project Name:	Enter name here

Type	Objective (Enter an objective tailored to proposed project)	Measure (Enter a measurement tailored to proposed objective)	Numerator/Denominator/Percent (Enter proposed numerator, denominator or percent if applicable)		Baseline - if applicable (Enter baseline data and indicate timeframe in which the baseline was collected)		Data Source(s) (Enter description of the source(s) from which the data will be collected)	Goal (Enter data that the applicant aims to achieve by completion of project)	Month 1			Month 2		
			Intervention (with telehealth access)	Control Group (no telehealth access)	Intervention (with telehealth access)	Control Group (no telehealth access)			Intervention Group	Control Group	% Difference	Intervention Group	Control Group	% Difference
Standard	Provide telehealth services to 400 students during the school year	Number of students that received the telehealth intervention	Number of students that received the telehealth intervention		Enter baseline		enter data source(s)	Enter goal						
Standard	Providers involved in the telehealth project are generally satisfied with the telehealth technology and believe the services to be of value	At least 90 percent of telehealth providers report that they are satisfied with the technology and believe the services to be of value	Numerator: Number of telehealth providers who report that they are satisfied with the technology and believe the services to be of value		Enter baseline numerator		enter data source(s)	Enter goal						
			Denominator: Total number of telehealth providers completing survey/reporting		Enter baseline denominator		enter data source(s)	Enter goal						
			Percent:		#VALUE!			#VALUE!						
Standard	Parents/guardians whose child had a telehealth encounter are generally satisfied with the telehealth service and believe the services to be of value	At least 90 percent of parents/guardians report that they are satisfied with the technology and believe the services to be of value	Numerator: Number of parents/guardians who report to be satisfied with the telehealth service and believe the services to be of value		Enter baseline numerator		enter data source(s)	Enter goal						
			Denominator: Total number of parents/guardians completing survey/reporting		Enter baseline denominator		enter data source(s)	Enter goal						
			Percent:		#VALUE!			#VALUE!						
Advanced	Demonstrate that students with access to telehealth are at least two times less likely to have a doctor visit following the telehealth encounter than students without telehealth	Percent of students receiving telehealth (intervention group) that had a doctor follow up visit compared to students only receiving school nurse services (control group)	Numerator: Number of students having a doctor follow up visit after receiving telehealth services	Numerator: Number of students having a doctor follow up visit after receiving school nurse services	Enter baseline numerator	month, year-month, year	enter data source(s)	Enter goal numerator						
			Denominator: Total students with a telehealth encounter	Denominator: Total students seen by the school nurse	Enter baseline denominator	month, year-month, year	enter data source(s)	Enter goal denominator						
			Percent:	Percent:	#VALUE!		enter data source(s)	#VALUE!						
Advanced	Demonstrate that students with access to telehealth have, on average, twice as fewer days absent due to illness (ADI) than those students without access to telehealth	Average days ADI among students receiving telehealth (intervention) compared to students not receiving telehealth (control group) as a proportion of number of school days	Numerator: Number of days students are absent who are sent home from school after a telehealth visit	Numerator: Number of days a student is absent after being sent home by the school nurse	Enter baseline numerator	month, year-month, year	enter data source(s)	Enter goal numerator						
			Denominator: Total number of telehealth student school days	Denominator: Total number student school days for students seen by the school nurse	Enter baseline denominator	month, year-month, year	enter data source(s)	Enter goal denominator						
			Number of days/100 student days:	Number of days/100 student days:	#VALUE!			#VALUE!						
Advanced	Demonstrate that parents/guardians of students with access to telehealth are at least twice as likely to report that the service allowed them to stay at work (or avoid missed work) than parents/guardians of student receiving school nurse services	Percent of parents/guardians of students with a telehealth encounter reported that telehealth allowed them to stay at work (or avoid missed work) compared to parents/guardians of students receiving school nurse services	Numerator: Number of parents/guardians who report that telehealth allowed them to stay at work (or avoid missed work)	Numerator: Number of parents/guardians who report that school nurse services allowed them to stay at work (or avoid missed work)	Enter baseline numerator	month, year-month, year	enter data source(s)	Enter goal numerator						
			Denominator: Number of parents/guardians reporting (responding to survey)	Denominator: Number of parents/guardians reporting (responding to survey)	Enter baseline denominator	month, year-month, year	enter data source(s)	Enter goal denominator						
			Percent:	Percent:	#VALUE!			#VALUE!						
Advanced	Demonstrate that screenings for asthma conducted via telehealth increases students who have an Asthma Action Plan at the school	Percent of students receiving an asthma telehealth screening that have an asthma action plan compared to those students who do not have an Asthma Action Plan	Numerator: Number of students screened via telehealth that have an asthma action plan after screening	Numerator: Number of students that have an asthma action plan that did not receive telehealth screening	Enter baseline numerator	month, year-month, year	enter data source(s)	Enter goal numerator						
			Denominator: Total number of students that received telehealth screening for asthma	Denominator: Number of students that have a diagnosis asthma	Enter baseline denominator	month, year-month, year	enter data source(s)	Enter goal denominator						
			Percent:	Percent:	#VALUE!			#VALUE!						

School-Based Telehealth Workgroup

CHARTER

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.[1] 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 population.[2, 3, 4, 5, 6] Telehealth can complement and expand the capacity of schools to meet student's health care needs by using technology to connect to remote providers.

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[1] 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#.

[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.
McConnochie KM1, Wood NE, Herendeen NE, ten Hoopen CB, Roghmann KJ.

[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.

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[7] within schools via telehealth. Staff from each project will report 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. Protential 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

   - 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

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

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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.[8] 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.

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.

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.

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

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.