Questions Received and Answers

Q: Is updating telehealth equipment part of the grant?

A: The grant is intended for pilot projects that demonstrate and measure innovative telehealth solutions that improve care coordination; increase individuals' access to their own health data and engagement in their care; expand system capacity; and achieve efficiencies in health care delivery. Successful proposals will need to detail a 15-16 month project that addresses at least one aforementioned area. A proposal that only updates telehealth equipment would not be eligible for an award.

Q: As a VA facility, do we qualify to receive this grant? A majority of our Veterans that we serve are rural or highly rural.

A: Yes you qualify- there are no rural criteria for eligibility.

Q: Could you please provide some clarity around what is meant by "funds may not be used to provide individuals with services that are already funded through Medicare, Medicaid and/or CHIP". What we will propose would cover equipment and training that is not already funded but would be part of billable services once implemented. Providers would not be paid by grant funds. Is this acceptable?

A: The expenses to cover the telehealth equipment and training are allowed. Grant funds may be used to build infrastructure necessary to allow for telehealth exchanges between providers and patients. The exchanges themselves (visit between provider and patient) are billed as they ordinarily are. In this case, the providers will not be compensated for their services through SIM funding, and this appears to fall within allowable use.

Q: I am curious if we could partner with the county mental health authority to provide services through this grant that are unavailable to both of our agencies?

A: Yes, the grant encourages partnership and collaboration.

Q: Is the LOI to be submitted within the body of an email or as an attachment? Should the brief proposed budget be sent as attachment or embedded within the LOI?

A: Please submit all requested information in one PDF document, attached to the email.

Q: In the proposed budget section of the letter of intent, how detailed do we need to be? Do you only want the requested amount and what it will be primarily be spent on? Or do you want a specific breakdown of each of the expenses with their anticipated costs?

A: We'd like to see the estimated breakdown of costs per expense. Please remember this is a non-binding estimate and all budgets will be subject to CMMI approval. Please also make sure to note how the equipment purchases relate to teleheath and are justified for the proposed project.

Questions Received during the November 3 Q&A call:

Representatives on the call:

Scott Ekblad, Director: Oregon Office of Rural Health
Meredith Guardino, Director of Field Services: Oregon Office of Rural Health
Anne Nguyen: Analyst Health Information Technology: Oregon Health Authority
Susan Otter, Director of Health Information Technology: Oregon Health Authority

Q: Is the Oregon Department of Corrections eligible to apply?

A: Yes, as long as none of the costs are related to the actual services delivered from the provider to the patient. We don't see any issues if the funds are used for telehealth infrastructure or training.

Q: How open is the program to applicants focused on the broad application of telehealth? That is, projects that promote data sharing among clinicians, many in remote settings, which are innovative, scalable and advance the triple aim, but may not represent 'classic' telehealth applications such as video conferencing, mobile device applications and the like?

A: On this one we are really interested in seeing a LOI that would describe what that would entail. I think that's our hope in having the LOI process in place is that we get a good sense of what folks are interested in and we can give feedback to anyone whose starting down a path we don't think would be eligible. We're open to broader interpretations but it will be easier for us to respond to something with specifics. Our funding comes from the Centers for Medicare and Medicaid Innovation (CMMI) and our

State Innovation Model (SIM) grant and our budgets do have to go through a review process for each grantees budget from the CMMI. That's part of our considerations for going forward. We're working closely with them but we want to make sure that what folks are proposing would be allowable to CMMI.

Q: We live in a rural area of Oregon where the volunteer fire fighters are first responders and considering some telehealth options with first responders. Is there any aspect of this use case that would cause it to be excluded from consideration?

A: We don't see any issue with that. Our applications are open to both rural and urban.

Q: Is there an expectation that the principle investigator will account for a minimum percentage of the budget costs?

A: There is no expectation of any minimum percentage however the one hard and fast rule is that indirect costs cannot exceed 10%.

Q: Does there have to be a percentage of the project that is focused on Critical Access Hospitals or is it open to all hospitals?

A: The way we've put together the Request For Proposals is to cast the net wide because we're interested to see what folks come up with. When we're evaluating the proposals, we'll definitely be looking at the review criteria including innovation and impact, capacity and approach, and significance. Those are the criteria we've laid out but we're not restricting at all in terms of who the project can pertain to. One other note on the budget: In Attachment C, the budget format, you can see there that projects can propose direct costs related to personnel so if you have direct costs related to personnel those can go in the budget separate from a percentage of indirect costs (like rent, phone, etc. internal overhead types of things). So just to make it clear that the indirect cost parameter is the only specific percent parameter that we have within the budget format.

Q: Will the Telehealth Grant allow care coordination programs that extend the patient to provider engagement and empowerment by utilization of health advocates who implement and support PCP/PCMH/CCO care plan and discharge order implementation and progression?

A: I think what you're asking there is the scope of what you can propose in terms of can it include a telehealth program that focuses on health advocates? Having a health advocate between patient and provider is fine. We are casting the net wide and not trying to exclude anything out of the gate. The one exclusion we do have is that technology vendors are not eligible to apply.

Q: Can technology be placed in the home and/or can it be mobile?

A: Yes, it can be either in the home or mobile. Another part of the application is innovation so we don't want to limit it to just mobile or traditional teleconferencing.

Q: Does the telehealth grant include coverage of broadband, cellular or Wi-Fi connectivity?

A: Right now it is yes but, as mentioned before, the budgets need to be approved by CMMI and they have requested that if you have this type of technology you provide a strong justification for it. We've talked with our funders at CMMI and their concern is around paying for things like cellular, Wi-Fi or connectivity that can be used more broadly than the specific grant we are applying it to. We've asked them if it is completely off the table and they've said no, not at all. It's something we need to make a case for: that this element of the budget or service within the project is critical to the project and to whatever extent it's uses might be limited to the uses of the project.

Q: Will the telehealth grant allow for building direct connection into partner EMR?

A: That is also one we'd also say we'd like to see justification for that being a necessary part of the grant application. That isn't one we've already talked to CMMI about so we'd want to flag and refer that to them.

Q: Can you please explain scalability and the levels and timeframes that you are seeking?

A: This is within our innovation and impact criteria on page 6 of the grant application. In terms of scalability, we're looking at projects that can be replicated or expanded. We don't have a specific definition or criteria for what that means in terms of a threshold of scalability or transferable to a similar environment. I think when we're talking about scalable or transferable we're really thinking about that these are pilots with budgets

of $175,000 or smaller and we're testing these ideas and hope to, if successful, share these models with folks that are interested in using similar approaches. So we're really thinking about scalable and transferable within that- from a pilot to a broader application or to other environments.

Q: Is there a standardized definition of Health Advocate that is used with in the telehealth grant review committee? If yes, is the committee willing to extend this to consider a video health advocate model?

A: We're not limiting proposals to between a provider and a patient and a health advocate in the middle is fine and that would be up to your definition for how you're thinking about that in your proposal.

Q: There is a request in the RFP for the program to be fully implemented, tested and evaluated within 15-16 months. Is there a preferred amount of time that the Telehealth grant is seeking for specific patient engagement?

A: That's a good question. We have talked about this as a committee in terms of recognizing that when we award the grants, we expect that there will be some start up period for some grantees and that we also expect the grant activities to conclude and have a final evaluation due at the end. I don't think we have an answer right now for a specific amount of time for patient engagement- that's something we'd like to hear from folks on as we go forward with their applications. We have project start dates of March 2nd to April 1st so we expect the various projects will start sometime in that window and the project end date of June 30th with the evaluation due August 31st. Other than that, we haven't made any criteria or definition around start-up. Obviously, we're interested in projects that can get started fairly quickly.

Q: Is there a minimum number of patients required or preferred?

A: No, no minimums. We're interested in thinking about things in our criteria in terms of the significance of the project. I think we'd be potentially considering if there were very few patients in the project, how that may impact the significance of the project.

Q: My question is about my eligibility. As a faculty member at UO, am I eligible as the PI or a co-PI (i.e., PI will be my collaborator from a local small business) for the proposal?

A: We are open to partnerships between organizations, research individuals, businesses or vendors. We don't have any restrictions such as only faculty can be Primary Investigators.

Q: We have families that we would love to serve in rural Oregon that are already in our practice and are wondering if it is alright to ask those people to participate in our pilot project even though their already in our dementia practice?

A: Yes, that would be fine. In terms of how folks are going to about recruiting in their teleahealth projects- I think it will vary. If you have already folks that you're engaged with that would accelerate that process. We do have parameters that the funding cannot be used to replace funding you would otherwise be reimbursed for from Medicare or Medicaid.

Q: There are two of us working on the project. We're not sure if one should be the Principal Investigator and one should be the Project Manager. Is that something we should sort out ourselves or do you have a preference?

A: No, that's up to you.

Q: Does the grantee have to be with an Oregon based company or can they be based elsewhere but doing business in Oregon?

A: It is not a requirement that the organizations applying for pilot grants are Oregon-based. However, the grant review committee will take into consideration the ability of the proposed project to be sustained in Oregon post-grant period and the overall impact of the proposed project on Oregonians.

Q: The population that would be involved in the pilot is not one you are designating. It would be up to the applicant to determine what population they are going to utilize in the pilot. Given that, is it possible to utilize a portion of an Oregon's health plan membership in a pilot?

A: I think that would be something we would look closely at in the LOI. When we're thinking about the significance of the pilot, the participants in the pilot will be one of the criteria but weighed against other elements.

Q: The grant dollars- is there some portion that actually goes to the actual provider fees to provide the service?

A: We do have the restriction that the funds cannot be used to supplant funds that would be used to pay Medicaid or Medicare funds- or funds that are the responsibility of another party under Federal or State law so if there are services that providers are already funded/billable through other programs- those would not be eligible for these funds.

Q: If it were a situation in which it's a physician providing a telehealth consultation to a patient, entirely online, then that would be covered?

A: No, the SIM funds cannot pay for services. All budgets will be subject to CMMI approval.

Q: In the budget should we account for in-kind support? Does it strengthen the application to show we have a match and a collaborating partnership?

A: I think that strengthens the proposals in some aspects and should be added to the budget narrative. There is a small line underneath Attachment C in the budget application that reads: "If the amount requested is different from the total cost-please describe the source(s) of additional funds in the budget narrative."

Q: If we deliver a service under the grant that's not currently billable under Medicare or Medicaid, how you look at that in terms of sustainability?

A: That's a good question. The question about sustainability is one of our review criteria under Innovation and Impact. We are interested in what your plans or thoughts are on seeking alternative sources for those services down the line and what you think the ongoing sustainability model might look like even if you don't have one necessarily in place at this time.

Q: I understand that technology vendors can't apply, are costs we would typically pay to a vendor eligible?

A: Yes. One thing I'll mention as people are thinking about their budgets and scope is that in the Request for Proposals we state the maximum request can be up to $175,000 and that we'll be selecting three or more proposals. We don't have a limit on the number of proposals and we don't have a minimum in terms of the amount of a proposal. We would entertain very small budget proposals that meet our criteria. We don't have a target fin terms of the total number of grants we'd like to award.