



Request for Grant Proposals: TELEHEALTH PILOT PROJECT

PROGRAM OVERVIEW:

Oregon’s health system transformation is founded on a model of care coordination that includes new expectations for coordinating care, accountability for performance, and alternative models of payment based on outcomes and health. Health Information Technology (HIT) infrastructure is crucial in making these reforms and transformation possible. Oregon has seen an unprecedented increase in the number of people who now have Oregon Health Plan or private health insurance, resulting in increased demand for health care and provider capacity. Telehealth services can be used to support health care transformation efforts and to extend medical care across long distances, including the exchange of medical information from one site to another via electronic communication to improve a patient’s health status.

Telehealth refers to a broad application of technology to facilitate health care delivery and health management, improving access to care and patient health. Telehealth services include the use of technology devices to collect and transmit patient information, clinical services that provide health care remotely through means such as secure video conferencing, and patient engagement tools such as mobile device applications. Currently, several health care organizations in Oregon offer telehealth services. However, these efforts have not been widely adopted.

In April 2013, the Center for Medicare & Medicaid Innovation (CMMI) awarded a State Innovation Model (SIM) grant to Oregon. The SIM grant supports Oregon’s ongoing health system reform and transformation and funds Oregon’s efforts in testing innovative approaches to improving health and lowering costs across the health care system, including Medicare, Medicaid, and the private sector. A portion of Oregon’s SIM grant is dedicated to supporting and accelerating state-wide HIT initiatives.

The Oregon Health Authority (OHA), in partnership with the Oregon Office of Rural Health (ORH) are announcing the availability of grants for telehealth pilot projects 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. Proposed projects should be innovative, scalable, replicable and align with SIM grant purposes:

- Support Oregon’s coordinated care model and health care transformation,
- Identify and spread health care innovation, and/or
- Promote the triple aim of better health, better care, and lower costs.

OHA seeks pilot projects that can implement, evaluate and document results in a 15-month or 16-month time period and address a variety of geographical areas, telehealth approaches and settings, and patient populations.

KEY DATES:

| | | |
|----------------------------------|-------------------|------------|
| Optional question & answer call: | November 3, 2014 | 1 p.m. PST |
| Letter of Intent (LOI) deadline: | November 13, 2014 | 5 p.m. PST |
| Invitation to submit: | November 21, 2014 | |
| Application deadline: | December 10, 2014 | 5 p.m. PST |

| | | |
|-------------------------|--------------------------|------------|
| Notification of award: | January 26, 2015 | |
| Project start date: | March 2 to April 1, 2015 | |
| Project end date: | June 30, 2016 | |
| Project evaluation due: | August 31, 2016 | 5 p.m. PST |

ELIGIBLE APPLICANTS:

This opportunity is open broadly to proposals from Oregon-based organizations. Pilot participants do not need to be rural-based or non-profit, and are not required to be related to Medicaid or coordinated care organizations. Technology vendors are not eligible to apply.

ANTICIPATED AVAILABLE FUNDING AND PROJECT PERIOD:

The total amount of awards available is \$524,756. OHA and ORH anticipate awarding Telehealth Pilot Program grant funds to three or more projects. The project period is approximately 15 or 16 months, starting between March 2 and April 1, 2015 (depending on necessary project set-up timing) and ending June 30, 2016. Grantees will then have two months to compile their final evaluation report (due August 31, 2016). Grantees may submit a proposed project budget of up to \$175,000.

OHA and ORH may reject all proposals and make no awards under this funding opportunity or elect to fund less than the total amount of the available awards.

GRANTEE REQUIREMENTS:

Grantees will be required to:

- Take part in periodic telephone and on-site meetings with ORH representatives and other grantees;
- Report quarterly on agreed upon indicators;
- Compile qualitative and quantitative project evaluation results for a final evaluation report, which will be publically available;
- Provide budget and spending reports at the request of OHA; and
- Create a presentation on their project and present at a public conference, following the close of the project period.

APPLICATION INSTRUCTIONS:

Optional Question & Answer Call | November 3, 2014 1pm PST

Representatives from OHA and ORH will be available to answer questions on November 3, 2014 from 1 p.m. to 2 p.m. PST. *Interested applicants should submit questions in advance of the call when possible.* Please email guardino@ohsu.edu to submit questions and/or register for the phone call and receive the call-in number. Following the call, all questions and answers will be posted on the ORH website at: www.ohsu.edu/orh

Letter of Intent (LOI) | Due November 13, 2014 5pm PST

All interested parties are required to submit a brief, non-binding Letter of Intent (LOI) by November 13, 2014 by 5 p.m. PST. The email should be sent to Meredith Guardino at guardino@ohsu.edu and should

contain the following information:

- Name and affiliation of the applicant(s);
- Proposed project director/principal investigator;
- Mailing address, email address and phone;
- Up to three paragraphs describing the project the applicant(s) plan to propose, including:
 - The target population;
 - Telehealth method and project intervention/approach;
 - Potential desired outcomes;
 - Data sources and methods of data collection;
- Brief proposed budget up to \$175,000 (non-binding estimate). Please note: equipment purchases and how they relate to telehealth must be justified in a brief description accompanying the budget.

All submissions will receive a confirmation that the LOI has been received and may receive requests for clarification or suggestions for revision.

Invitation to Submit a Full Application | November 21, 2014

The Telehealth Pilot Program Grant Review Committee will review Letters of Intent. Successful submissions will be invited to submit a full application. All parties who submit an LOI will be notified of the committee's decision by 5 p.m. on November 21, 2014.

Full Application | Due December 10, 2014 5pm PST

The application should address the following items in the order listed below. Please use the titles provided for each section. Please use an 11-point or larger font size for text, tables and budgets and no smaller than half-inch margins. The full application should be submitted in a single PDF document via email to Meredith Guardino at guardino@ohsu.edu by December 10, 2014, 5 p.m. All submissions will receive a confirmation that the application has been received.

I Cover Sheet (Attachment A)

Please complete all sections of the Application Cover Sheet (Attachment A) including signature from the Authorized Representative. This page should be included as the first page in the full application PDF.

II Executive Summary (Maximum 1/2 page)

Provide a brief summary of the proposed project including:

- The project goal(s);
- Target population(s); and
- The proposed project intervention.

III Project Description (Maximum 5 pages)

Provide a detailed description of the proposed project including:

- Detailed activities;
- A brief description of the persons responsible for the project as well as their roles and experience. Please attach the resume or CV of each person described as an appendix.
- Collaboration with partners and their project responsibilities;
- Methodology of recruiting participants and obtaining consent;
- Expected outcomes and how they help meet the project goal(s); and
- Potential risks and how they will be addressed.

IV Project Targets and Measurable Indicators (Attachment B)

Using Attachment B as a guideline for each project goal, please present:

- Measurable description(s);
- Data source(s) and method(s) of data collection;
- Baseline values (if available);
- A timeline for the project process and milestones; and
- Target values.

If more space is needed, Attachment B may exceed one page.

V Scale and Innovation (Maximum 1 page)

Please describe how the proposed project is innovative, scalable and can be replicated to improve health care delivery.

VI Budget (Attachment C)

Using Attachment C as a template, please provide a detailed budget and brief budget narrative. Budgets may include, but should not be limited to:

- Personnel expenses including person(s), role(s), hourly rate and hours assigned to project
If fringe benefits are included, the budget must include what percentage of salary the fringe benefit is calculated at and what is included in the percentage.
- Materials and supplies expenses (must specify items and per unit cost)
- Travel expenses
Budget should include locations, number of participants traveling to each location and per unit cost details for airfare, mileage, lodging, meal per diems, etc. Grantees are required to present at a public conference, following the close of the project period. Therefore the budget should include the travel expenses associated with traveling to Portland for one all-day post pilot conference.
- Equipment/capital expenses (must specify items and per unit cost)
Equipment purchases and how they relate to telehealth must be justified in the budget narrative. The budget narrative should include justification for the use of each item. All IT equipment should be uniquely identified in the budget. As an example, there should not be a single item for "software". Please detail the unit cost of each item, number needed and total amount.
- Meeting/conference expenses (must specify items and per unit cost)
The budget should include a description of the meeting purpose, number of participants attending and per unit cost details for rental of space, audio-visual services, employee/contractor travel to and from the meeting and any other meeting costs. A description of the methodology used to determine which costs relate to a conference is also required in the budget narrative.
- Consultants and contracted services including person(s), role(s), hourly rate and hours assigned to project
The budget narrative should include the name(s) of the contractor, method of selection, scope of work and method of accountability. If fringe benefits are included, the contracted services budget must include what percentage of salary the fringe benefit is calculated at and what is included in the percentage. If materials/supplies, travel and/or meeting expenses are included in the contracted services budget, the same level of

detail as described above must be included.

- Professional training and development expenses (must specify items and per unit cost)
Budget should include a description of the training, number of participants attending and per unit cost details.
- Indirect costs (cannot exceed 10% of direct costs).

FUNDING RESTRICTIONS

- Food/catering is not an allowable expense;
- Funds may not be used to provide individuals with services that are already funded through Medicare, Medicaid and/or CHIP;
- Funds awarded may not be used to reimburse pre-award costs;
- Funds may not be used to match any other federal funds;
- Funds may not be used to provide services, equipment or support that are the legal responsibility of another party under Federal or State law (e.g., vocational rehabilitation, criminal justice or foster care) or under any civil rights law. Such legal responsibilities include, but are not limited to, modifications or a workplace or other reasonable accommodations that are a specific obligation of the employer or other party;
- Funds may not be used to supplant existing Federal, State, local or private funding of infrastructure or services;
- Funds may not be used by local entities to satisfy State matching requirements;
- Funds may not be used to pay for the use of specific components, devices, equipment or personnel that are not integrated into the entire service delivery and payment model proposal; and
- Funds may not be used to lobby or advocate for changes in Federal and/or State law.

If more space is needed, Attachment C may exceed 1 page.

VII Letters of Support

Letters of support are not required unless your project depends on collaboration with partners. If so, please provide a letter of support from each potential partner. There is no maximum on the number of letters that can be submitted. Letters of support should be addressed to: The Telehealth Pilot Project Grant Review Committee and should include:

- Name and affiliation of the supporter(s);
- Mailing address, email address and phone;
- Title of the project; and
- Commitment of support to participate the project.

REVIEW CRITERIA

All applications will be reviewed for eligibility. Those applications that are eligible will be scored and will undergo a comprehensive evaluation by an impartial review committee composed of members designated by OHA and ORH. Applications will be assessed with regard to the following review criteria:

Significance of pilot project

- Does the project address an important problem or barrier to improve care coordination, increase individuals' access to their own health data and engagement in their care, expand

system capacity, and/or achieve efficiencies in health care delivery?

- If the goals of the project are achieved, how will the outcomes affect these problems or barriers and support overall State innovation Model (SIM) needs and goals?

Innovation and impact:

- Does the project propose new telehealth concepts or approaches to improve patient care and health?
- Does the project propose new telehealth concepts or approaches to improve health system capacities and/or efficiencies?
- Is the project scalable and/or transferable to other similar environments?
- Is the project sustainable and likely to continue beyond the grant period?

Capacity and Approach:

- Are the project activities likely to achieve the stated goals?
- Are the activities and timeline thoroughly described and reasonable given limitations of the environment, pilot project time period and funding?
- Is the budget clear, reasonable and appropriate to the work proposed?
- Are administrative costs minimized? Does the project include the collaborative partners likely to contribute to its success?
- Does the proposed project have the staffing capacity to perform in the allotted time period?
- Is the proposed methodology for data collection feasible and likely to result in meaningful evaluation of the project process and impact?

OHA and ORH may reject proposals if the proposed projects do not meet the intent of the grant opportunity or do not include all of the required information.

QUESTIONS:

For programmatic or technical questions related to this opportunity, please email Meredith Guardino at guardino@ohsu.edu. All received questions and answers will be posted on the ORH website at: www.ohsu.edu/orh.

ATTACHMENT A: APPLICATION COVER SHEET

Applicant Name: _____

Name of Project Director/Principal Investigator: _____

Address: _____ City, State, Zip: _____

Telephone: _____ Email: _____

Name and title of the person(s) authorized to represent the Applicant in any negotiations and sign any Grant Agreement that may result:

Name: _____ Title: _____

By signing this page and submitting an application, the Authorized Representative certifies that the following statements are true:

1. No attempt has been made or will be made by the Applicant to induce any other person or organization to submit or not submit an application.
2. The Applicant does not discriminate in its employment practices with regard to race, creed, age, religious affiliation, sex, disability, sexual orientation or national origin.
3. Information and costs included in this application shall remain valid for 90 days after the application due date or until a grant is approved, whichever comes first.
4. The statements contained in this application are true and complete to the best of the Applicant's knowledge and the Applicant accepts as a condition of the grant, the obligation to comply with the applicable State and Federal requirements, policies, standards and regulations. The undersigned recognizes that this is a public document and open to public inspection.
5. The Applicant, by submitting an application in response to this Request for Grant Proposals (RFGP), certifies that it understands that any statement or representation contained in, or attached to, its application, and any statement, representation or application the Applicant may submit under any grant awarded under this RFGP, that constitutes a "claim" (as defined by the Oregon False Claims Act, ORS 180.750(1)), is subject to the Oregon False Claims Act, ORS 180.750 to 180.785, and to any liabilities or penalties associated with the making of a false claim under that Act.
6. The Applicant acknowledges receipt of all addenda issued under this RFGP.
7. If the Applicant is awarded a grant as a result of this RFGP, the Applicant will be required to complete, and will be bound by, a Grant Agreement. At the time of signing the Grant Agreement, the Applicant will be required to provide the Federal Employer Identification Number (FEIN) or Social Security Number (SSN) as applicable

Signature: _____ Date: _____
(Authorized to Bind Applicant)

ATTACHMENT B: TARGETS & INDICATORS TEMPLATE

Descriptions of Metrics Used to Evaluate Pilot Project

Please include description of measures used in the pilot project.

Data Source and Collection

| Data Source | Method of Data Collection |
|-------------|---------------------------|
| | |
| | |

Data Values

| Metric Description | Baseline Value (if applicable) | Target Value |
|--------------------|-----------------------------------|--------------|
| | | |

Timeline

| Project Task/Milestone | Date | Comments |
|------------------------|------|----------|
| | | |
| | | |
| | | |

ATTACHMENT C: BUDGET FORMAT

| Project Title | | | | | |
|--|------------------------|-----------------|-------------|-------------------|-------------------|
| Personnel Expenses | | | | | |
| Name | Role on Project | Number of Hours | Hourly Rate | Total Cost | Amount Requested* |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| Fringe at X% of salary (includes: X, X, X) | | | | \$ | \$ |
| Personnel Subtotal | | | | \$ | \$ |
| Materials and Supplies Expenses | | | | | |
| Item | Number of Units | Per Unit Cost | Total Cost | Amount Requested* | |
| | | | \$ | \$ | |
| | | | \$ | \$ | |
| Materials and Supplies Subtotal | | | | \$ | \$ |
| Travel Expenses | | | | | |
| Travel Location 1: | Number of Participants | Per Unit Cost | Total Cost | Amount Requested* | |
| <i>Airfare/Transport Details</i> | | | \$ | \$ | |
| <i>Mileage Details</i> | | | \$ | \$ | |
| <i>Lodging Details</i> | | | \$ | \$ | |
| <i>Meal Per Diem Details</i> | | | \$ | \$ | |
| <i>Other</i> | | | \$ | \$ | |
| Subtotal Travel Location 1 | | | | \$ | \$ |
| Travel Location 2: | Number of Participants | Per Unit Cost | Total Cost | Amount Requested* | |
| <i>Airfare/Transport Details</i> | | | \$ | \$ | |
| <i>Mileage Details</i> | | | \$ | \$ | |
| <i>Lodging Details</i> | | | \$ | \$ | |
| <i>Meal Per Diem Details</i> | | | \$ | \$ | |
| <i>Other</i> | | | \$ | \$ | |
| Subtotal Travel Location 2 | | | | \$ | \$ |
| Travel Expenses Subtotal | | | | \$ | \$ |
| Equipment/Capital Expenses | | | | | |
| Item | Number of Units Needed | Per Unit Cost | Total Cost | Amount Requested* | |
| | | | \$ | \$ | |
| | | | \$ | \$ | |
| Equipment/Capital Expenses Subtotal | | | | \$ | \$ |
| Meeting/Conference Expenses | | | | | |
| Meeting/Conference 1: | Number of Participants | Per Unit Cost | Total Cost | Amount Requested* | |
| <i>Rental Space</i> | | | \$ | \$ | |
| <i>Audio-visual Services</i> | | | \$ | \$ | |
| <i>Travel To/From</i> | | | \$ | \$ | |
| <i>Other</i> | | | \$ | \$ | |
| Subtotal Meeting/Conference 1: | | | | \$ | \$ |
| Meeting/Conference 2: | Number of Participants | Per Unit Cost | Total Cost | Amount Requested* | |
| <i>Rental Space</i> | | | \$ | \$ | |
| <i>Audio-visual Services</i> | | | \$ | \$ | |
| <i>Travel To/From</i> | | | \$ | \$ | |
| <i>Other</i> | | | \$ | \$ | |
| Subtotal Meeting/Conference 2: | | | | \$ | \$ |
| Meeting/Conference Expenses Subtotal | | | | \$ | \$ |
| Consultants/ Contracted Services Expenses | | | | | |
| Name | Role on Project | Number of Hours | Hourly Rate | Total Cost | Amount Requested* |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| Fringe at X% of salary (includes: X, X, X) | | | | \$ | \$ |
| Consultants/Contracted Services Subtotal | | | | \$ | \$ |
| Professional Training & Development Expenses | | | | | |
| Description of Training | Number of Participants | Per Unit Cost | Total Cost | Amount Requested* | |
| | | | \$ | \$ | |
| | | | \$ | \$ | |
| Professional Training & Development Expenses Subtotal | | | | \$ | \$ |
| Total Direct Costs | | | \$ | \$ | |
| Indirect Costs at X% | | | \$ | \$ | |
| Total Project Budget | | | \$ | \$ | |

* If amount requested is different from total cost, please describe the source(s) of additional funds in the budget narrative