

**DHHS**

**Telehealth Infrastructure Grant**

**Program Application**

 **NC DHHS Notice of Funding Availability**

Reporting Form



**DHHS Division/Office issuing this notice**: Office of Rural Health

**Date of this notice:** **August 2, 2024**

**Grant Applications will be accepted beginning immediately**

**Deadline to Receive Applications: September 29, 2024**

**Working Title of the funding program:** Telehealth Infrastructure Grant Program (Wave 2)

**Purpose:**

In Session Law 2023-134, the North Carolina General Assembly (NCGA) appropriated $5,000,000 in SFY 2024 and $15,000,000 in SFY 2025 in receipts (State funds) from the ARPA Temporary Savings Fund to the Office of Rural Health (ORH) in the Department of Health and Human Services to provide competitive grants to rural healthcare providers for Telehealth related items including:

* equipment
* high-speed internet access
* telehealth-related training to staff and patients
* technology equipment to patients
* internet service support for patients to help facilitate telehealth access\*
* other infrastructure needed to establish telehealth services

\*Eligible rural healthcare patients can benefit from internet service and associated equipment rentals, including modems, routers, and hotspot devices through the Telehealth Infrastructure grant. To receive this support, patients must meet at least one of the eligibility criteria defined below:

* + - Total household income that is at or below 200% of the federal poverty guidelines or,
    - Participation in any ONE of these government benefit programs:
      * Lifeline
      * Supplemental Nutrition Assistance Program (SNAP)
      * Medicaid
      * Federal Public Housing Assistance (FPHA) (including Housing Choice Voucher (HCV) Program (Section 8 Vouchers), Project-Based Rental Assistance (PBRA)/202/811, Public Housing, and Affordable Housing Programs for American Indians)
      * Veterans Pension and Survivors Benefit
      * Supplemental Security Income (SSI)
      * Free and Reduced-Price School Lunch or Breakfast Program including through the USDA Community Eligibility Provision
      * Federal Pell Grant (current award year)
      * Special Supplement Nutrition Program for Women, Infants, and Children (WIC)

**Priority will be given to independent primary care practices and independent obstetrics and gynecology (OB-GYN) practices.**

The ARPA Temporary Savings Fund consists of savings to the state that arise from an incentive in federal legislation related to the expansion of Medicaid. Availability of funds for specific initiatives funded from the ARPA Temporary Savings Fund is contingent upon the realization of savings related to Medicaid expansion and subject to the disbursement order set in Section 4.9(c) of S.L. 2023-134. Based on these two factors, funding for the Telehealth Infrastructure Grant Program became available in March 2024.

Grants resulting from this Request for Applications (RFA) will enhance the accessibility and effectiveness of telehealth services throughout the state. This RFA aims to support the development and improvement of the technological infrastructure required for delivering remote healthcare services, such as broadband connectivity, video conferencing systems, electronic medical records, and secure communication tools with a priority on independent primary care practices and OB-GYN practices. ORH will manage this initiative throughout the contract lifecycle.

The RFA provides a competitive process whereby grants will be awarded to rural healthcare providers for the purchase of equipment, high-speed internet access, and any other infrastructure needed to establish telehealth services. Telehealth services refer to the use of two-way, real-time interactive audio and video, enabling healthcare providers and patients to communicate and see each other. At a minimum, awards through this RFA for telehealth services must include:

1. Essential broadband internet connection of 50-100 megabits per second (Mbps) (can vary with the number of providers accessing the same connection)
2. Network redundancy in case of outages
3. Dedicated network for compliance needs
4. Security measures to prevent data breaches

When awarding grants through this initiative, ORH will adhere to the following requirements and limitations:

1. Applicants must be healthcare providers located in a rural area. Please see <https://www.ncdhhs.gov/metro-micropolitan-counties/open> for counties identified as rural by ORH.
2. ORH will accept EITHER the ORH prescribed definition of “rural” according to the link above or the *The Rural Center*’s definition of “rural?” as defined on their website.  Reference website link here: [https://www.ncruralcenter.org/county-data/](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncruralcenter.org%2Fcounty-data%2F&data=05%7C02%7CDavid.Britt%40dhhs.nc.gov%7C6a72c6e594dd4804235e08dcb71163a3%7C7a7681dcb9d0449a85c3ecc26cd7ed19%7C0%7C0%7C638586532521387069%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=VCEljtJc6azevLcFm99V%2FfLSgz720og3R3g%2Fjzhk5bg%3D&reserved=0)
3. Priority will be given to independent primary care practices and independent OB-GYN practices.
4. The maximum grant amount per recipient is $250,000.
5. Only one application per organization will be accepted.
6. The term of the grant will be twelve (12) months with the option to renew up to two additional twelve-month terms.

**Eligibility and Other Requirements:**

ORH is accepting applications from rural healthcare providers for start-up equipment and related items for telehealth with priority given to independent primary care practices and independent OB-GYN practices that will enhance healthcare access, quality, and outcomes. This includes deploying telehealth technology, developing secure data management systems, and creating comprehensive training initiatives for practice staff and/or patients. This effort will allow patients being served in a primary care or OB-GYN setting to access non-hospital-based telehealth services. Applicants must:

* Be located within the state of North Carolina
* Demonstrate the ability to maintain patient safety, ensure patient privacy and continuity of care

Projects submitted under this RFA must:

* Provide evidence the service is an equitable healthcare delivery model, including anticipated outcomes related to impact on health care delivery and/or social determinants of health in the primary care and OB-GYN community.
* Indicate which populations are the intended audience (historically underserved, marginalized, or adversely affected groups, economically disadvantaged communities, rural and underserved communities, etc.).
* Develop and document a realistic and achievable project sustainability plan.

***\*For the purposes of this RFA, an originating site is defined as the location of the patient, and a distance site is defined as the telehealth site where the provider/specialist is seeing the patient.***

All rural North Carolina-based primary care practices, including independent primary care practices and independent OB-GYN practices, are eligible to apply. Applicants must:

* Provide evidence that they have a quantifiable and qualifiable record of healthcare provisioning relative to grantee requirements as detailed in Session Law, SECTION 9B.7A.(a)
* Demonstrate the capacity and capability to implement telehealth infrastructure projects, including technology deployment, system integration, and workforce and patient training.

**Pre-award Costs and Funding Period:**

Grant awardees will be permitted to claim pre-award allowable expenditures for qualifying telehealth services they rendered retroactive to July 1, 2023. Pre-award costs will be reimbursed for allowable expenditures which meet the program criteria beginning July 1, 2023 to January 1, 2025. Those allowable expenditures include costs related to the purchase or lease of provider-managed telehealth-related equipment, high-speed internet access, telehealth-related training to staff and patients, technology equipment for patients, internet service support for patients to help facilitate telehealth services, and any other infrastructure needed to establish telehealth services. Telehealth services refer to the use of two-way, real-time interactive audio and video, enabling healthcare providers and patients to communicate and see each other. Other services may also include training, technical support, etc., directly related to project objectives. The funding period for awarded contracts will be from January 1, 2025, through December 31, 2025. All awards must be expended by the contract end date, and if the contract is extended, then no later than December 31, 2027.

**Award Information:**

ORH will be responsible for managing grant activities. Awards are contingent upon availability of funding. This funding is not recurring. Highest scoring applicants will receive an award based on scoring criteria established in this RFA. Awards will represent multiple geographic areas of the State.

As a condition of receiving a grant award, successful applicants must:

* Complete the contract process by specified due date
* Submit expense reports in a format specified by ORH for reimbursement
* Submit performance reports quarterly or biannually throughout the grant term as specified by ORH
* Connect or have a plan to connect to NC HealthConnex (*To meet the state’s mandate, a provider is “****connected****” when its clinical and demographic information are being sent to NC HealthConnex at least twice daily.” For further information, please see the HIEA website*:  <https://hiea.nc.gov>)
* Develop and document a realistic and achievable project sustainability plan to maintain services at funded sites
* Provide notarized letter(s) of collaboration or MOU/MOA signed by primary care offices or non-hospital settings that are not owned, operated, or managed by the applicant
* Adhere to all state requirements on record retention and any changes to state requirements during the contract period

**How to Apply:**

Applicants must submit the following documents electronically through the electronic application:

1. Organization Information and Signature Sheet
2. Organization Profile
3. Summary of Evaluation Criteria and Baseline Data
4. Grant Narrative
5. Budget

If awarded, applicants will be required to submit the following documents within 30 days of notice of award:

### Required Documents - **Non-Governmental Entities**

* [**Conflict of Interest Acknowledgement and Policy**](https://www.ncdhhs.gov/media/15081/open)
* [**Conflict of Interest Verification**](https://www.ncdhhs.gov/conflict-interest-verificationdoc/open)
* [**IRS Tax Exemption Form**](https://www.ncdhhs.gov/irs-tax-exemption-form/download?attachment) **(Non-Profits Only)**
* [**State Grant Certification - No Overdue Tax Debts**](https://www.ncdhhs.gov/state-grant-certification-no-overdue-tax-debts/download?attachment)**Note: FORM MUST BE NOTARIZED**
* [**State Certification**](https://www.ncdhhs.gov/state-certificationsdocx/open)

Required Documents – **Governmental Entities**

* [**State Certification**](https://www.ncdhhs.gov/state-certificationsdocx/open)

**Access to Electronic Application:**

Access to the electronic application is a two-step process:

* **Step One:** Use the ORH application link to submit the organization’s name and contact information. The link opens on November 12, 2024 and closes on January 2, 2025

**ORH Application Link**:

[**Telehealth Infrastructure Grant Application Survey Link**](https://ncorh.ncdhhs.gov/redcap/surveys/?s=MXXRKWK8XT7ARD73)

* **Step Two: Upon submitting the required information to the ORH Application Link, an email with a personalized link specific to your organization will be sent. The link in the email will provide access to the electronic application.** The application closes January 2, 2025. Please begin the application process in time to ensure completion on or before the January 2, 2025 due date. No new application links will be sent after January 1, 2025.

**Applications must be complete, and applicants must respond to all application requirements. Incomplete applications, or applications not completed in accordance with the instructions, will not be reviewed.**

**All applicants will receive a confirmation notice after an application has been successfully submitted.**

**For assistance with the application link contact: Eric Bell at** [**eric.bell@dhhs.nc.gov**](mailto:eric.bell@dhhs.nc.gov)

**How to Obtain Further Information:**

All questions regarding the RFA and/or application should be submitted in writing to [orh\_hit@dhhs.nc.gov](mailto:orh_hit@dhhs.nc.gov).

Funding Agency Contact/Inquiry Information: Eric Bell at[**eric.bell@dhhs.nc.gov**](mailto:eric.bell@dhhs.nc.gov)

**A Technical Assistance Webinar will be provided for all interested parties to review application requirements and deadlines. In the event you are unable to attend, the webinar will be recorded and available upon request.**

**Technical Assistance Webinar:** <https://www.youtube.com/watch?v=6UeR683XwFc>

|  |  |  |
| --- | --- | --- |
| **TELEHEALTH INFRASTRUCTURE GRANT TIMELINE** | | |
| **Request for Applications (RFA) Released** | 12 Nov 2024 | Officially marks the beginning of the grant application process. The RFA will outline the eligibility criteria, funding opportunities, and deadlines. |
| **Application Period** | 12 Nov 2024 – 2 Jan 2025 | Organizations interested in applying for the grant will need to submit their proposals during this time frame. The duration of the application period can vary. |
| **Application Review** | 2 Jan 2025 – 31 Jan 2025 | After the submission deadline, the grant ORH review committee will score the proposals based on the criteria outlined in the RFA. Depending on the number of applicants and complexity of the grant, this process can take several weeks. |
| **Notification of Awards** | 1 Feb 2025 | Once the review and scoring process is completed, successful applicants will be notified of their award status. This notification can take place anywhere from a few weeks to couple of months after the application deadline. |
| **Grant Implementation** | 1 Jan 2025 for Wave #1/ Feb 1 for Wave #2 | Upon receiving the grant award, the successful applicants will begin implementing their projects. The timeline for implementation is detailed in the RFA and is monitored throughout the lifecycle of the project. |
| **Reporting and Evaluation** | 1 Jan 2025 - 31 Dec 2025 | Throughout the project implementation period, grant recipients are required to submit progress reports either monthly, quarterly and/or annually to ORH, that align with established KPIs. These reports will track the project's success and ensure that deliverables and services coincide with the grant objectives. Each report validates that it meets contract obligations for reimbursement as it relates to telehealth infrastructure costs incurred during the project lifecycle. |

Telehealth Infrastructure Grant Program

**ORGANIZATION INFORMATION and SIGNATURE SHEET**

|  |  |  |
| --- | --- | --- |
| Organization Name: |  | |
| Organization EIN: |  | |
| Organization NPI  (if applicable): |  | |
| Organization UEI (if applicable): |  | |
| Mailing Address: |  | |
| City |  | |
| State |  | |
| Zip Code |  | |
| Payment Remittance Address: |  | |
| City |  | |
| NC |  | |
| Zip Code |  | |
| Organization Fiscal Year (Month/Year) REQUIRED: |  | |
| Organization’s Website Address: |  | |
| Organization Type: (check **all** that apply) | * Federally Qualified Health Centers and Look-Alikes (FQHCs) * Free and Charitable Clinics * Health Departments * Non-Profit, Hospital-Owned Primary Care Clinics * Rural Health Centers | * School-Based and School-Linked Health Centers * AHEC Clinics * For Profit * Other |

Is your agency located within North Carolina?

¨ Yes ¨ No

*Is your organization an Independent Primary Care Practice or an OB-GYN Practice?*

¨ Yes ¨ No

Will your project expand Telehealth services to patients in rural independent primary care practices, independent OB-GYN practices, from home, or from another rural non-hospital setting?

¨ Yes ¨ No

Will your project require the services of subcontractors to initiate/complete the implementation of your Telehealth Services?

¨ Yes ¨ No (If Yes, please include subcontractor’s Name, EIN, Mailing Address and Point of Contact information)

**Summary of Request:** Provide a brief description of how your project will expand Telehealth services to patients in rural healthcare practices. (800-character limit):

**Total Amount of Grant Request** (cannot exceed $250,000): $\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Grant Contact Name: |  |
| *Grant Contact serves as the primary contact for the duration of the grant term.* | |
| Email: |  |
| Phone Number: |  |
|  |  |
| Finance Contact Name: |  |
| *Finance Contact is the person responsible for completing Monthly Expense Reports* | |
| Email: |  |
| Phone Number: |  |
|  |  |
| Grant Signatory Name: |  |
| *Grant Signatory is the person authorized to sign contracts and other documents on behalf of the organization.* | |
| Title: |  |
| Email: |  |
| Phone Number: |  |

***NOTE: The grant signatory’s signature will be the last item requested in the online application.***

***Overview of Organization*  *10 Poi*nts**

|  |  |
| --- | --- |
| Number of Telehealth Distance Delivery Site(s): |  |
| Primary County Served (where the grant will be utilized) |  |
| Location(s) of Telehealth Distance Delivery Site(s):  List each location by:   * Name * Address * County * Indicate if the practice is owned or operated by the applicant   Provide notarized letter of collaboration or MOU/MOA signed by primary care offices or non-hospital settings that are not owned, operated or managed by the applicant |  |
| * Number of Originating Sites (Patients’ Homes): |  |
| If the Originating Site will be from a patient’s home, list the anticipated counties to be served.   * County/Counties   If Originating Sites will not include a patient’s home, list Not Applicable |  |
| * Number of Originating Site(s) Non-Hospital Setting: |  |
| If the Originating Site will be from another non-hospital setting, list the setting type and list the anticipated counties to be served.   * Site Type * Address * County/Counties * Provide notarized letter of collaboration or MOU/MOA signed by non-hospital settings that are not owned, operated, or managed by the applicant.   If Originating Sites will not include another non-hospital setting, list Not Applicable |  |
| * Total Organizational Annual Budget: |  |
|  |  |

1. Provide a brief description of your organization and its ability to provide/expand telehealth services. (3,000 character limit).
2. Does your organization currently provide comprehensive primary care services (e.g., preventive, primary, and/or acute) at the primary care delivery site?

* Yes
* No

If yes, approximately how many hours per week does your organization offer these services?

* 1-10 hours/week
* 11-20 hours/week
* 21-30 hours/week
* 31-40 hours/week
* 41-50 hours/week
* >50 hours/week

1. Does your organization provide prenatal care and/or delivery services?

* Yes
* No

If yes, approximately how many hours per week does your organization offer these services?

* 1-10 hours/week
* 11-20 hours/week
* 21-30 hours/week
* 31-40 hours/week
* 41-50 hours/week
* >50 hours/week

1. Does your organization provide dental services?

* Yes
* No

If yes, approximately how many hours per week does your organization offer these services?

* 1-10 hours/week
* 11-20 hours/week
* 21-30 hours/week
* 31-40 hours/week
* 41-50 hours/week
* >50 hours/week

1. Does your organization provide behavioral health services (e.g., mental health or substance abuse services)?

* No
* Yes. Comprehensive services
* Yes. Limited, such as screening, brief intervention, and referral into treatment

If yes, approximately how many hours per week does your organization offer these services?

* 1-10 hours/week
* 11-20 hours/week
* 21-30 hours/week
* 31-40 hours/week
* 41-50 hours/week
* >50 hours/week

1. Does your organization provide specialty services (e.g., endocrinology, gastroenterology, neurology, or cardiology)?

* Yes
* No

If yes, approximately how many hours per week does your organization offer these services?

* 1-10 hours/week
* 11-20 hours/week
* 21-30 hours/week
* 31-40 hours/week
* 41-50 hours/week
* >50 hours/week

1. Does your organization provide well woman care?

* Yes
* No

If yes, approximately how many hours per week does your organization offer these services?

* 1-10 hours/week
* 11-20 hours/week
* 21-30 hours/week
* 31-40 hours/week
* 41-50 hours/week
* >50 hours/week

1. Does your organization provide primary care for children?

* Yes
* No

If yes, approximately how many hours per week does your organization offer these services?

* 1-10 hours/week
* 11-20 hours/week
* 21-30 hours/week
* 31-40 hours/week
* 41-50 hours/week
* >50 hours/week

1. Does your organization currently provide Telehealth services?

* Yes
* No

If yes, approximately how many hours per week does your organization offer these services?

* 1-10 hours/week
* 11-20 hours/week
* 21-30 hours/week
* 31-40 hours/week
* 41-50 hours/week
* >50 hours/week

1. If you currently provide telehealth services:
   1. How are telehealth services funded?
      1. Medicaid
      2. Insurance
      3. Other funding/Philanthropic
2. What is the telehealth modality your organization is using? (Check all that apply)

* Live (synchronous) videoconferencing: a two-way audiovisual link between a patient and a care provider
* Store-and-forward (asynchronous) videoconferencing: transmission of a recorded health history to a health practitioner, usually a specialist.
* Remote patient monitoring (RPM): the use of connected electronic tools to record personal health and medical data in one location for review by a provider in another location, usually at a different time.
* Mobile health (mHealth): health care and public health information provided through mobile devices. The information may include general educational information, targeted texts, and notifications about disease outbreaks.
  1. List the vendor(s) your organization is using to provide telehealth services:

1. Does your organization have an Electronic Health Record?

* Yes
* No

1. If yes, provide the name and version: \_\_\_\_\_\_\_\_
2. Is your organization currently connected to NC HealthConnex (formerly the NC Health Information Exchange)?

* Yes
* No

1. If yes, is data being submitted to NC HealthConnex?

* Yes
* No

1. Is your organization currently connected to NCCARE360?

* Yes
* No

1. Does your organization collect data on individual patient’s social risk factors or social determinants of health?

* Yes
* No, but in planning stages to collect this information
* No, not planning to collect this information

1. If yes, what type of tool does your organization use? (Select all that apply)

* Accountable Health Communities Screening Tools <https://innovation.cms.gov/Files/worksheets/ahcm-screeningtool.pdf>
* Upstream Risks Screening Tool and Guide <https://www.aamc.org/system/files/c/2/442878-chahandout1.pdf>
* IHELLP (Income, Housing, Education, Legal Status, Literacy, and Personal Safety) <https://www.aap.org/en-us/Documents/IHELLPPocketCard.pdf>
* Recommend Social and Behavioral Domains for EHRs
* Health Leads USA recommended screening tool
* PRAPARE (Protocol for Responding to and Assessing Patient’s Assets, Risks and Experiences)  <http://www.nachc.org/research-and-data/prapare/>
* WE-CARE Survey (Well-child care visit, Evaluation, Community resources, Advocacy, Referral, Education) <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Screening/Pages/Screening-Tools.aspx>
* WellRx
* Health Leads Screening Toolkit
* NC DHHS Screening Questions
* THRIVE (Tool for Health and Resilience In Vulnerable Environments)  <https://www.preventioninstitute.org/tools/thrive-tool-health-resilience-vulnerable-environments>
* Hunger VitalSign
* iScreen Social Screening Questionnaire  <http://pediatrics.aappublications.org/content/pediatrics/suppl/2014/10/29/peds.2014-1439.DCSupplemental/peds.2014-1439SupplementaryData.pdf>  <http://pediatrics.aappublications.org/content/134/6/e1611>
* The EveryONE Project (by the American Academy of Family Physicians AAFP)
* <https://www.aafp.org/dam/AAFP/documents/patient_care/everyone_project/sdoh-guide.pdf>
* Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* We do not use a standardized assessment

1. If your organization does not use a standardized assessment to collect this information, please comment why. (Select all that apply)
   * Have not considered/unfamiliar with assessments
   * Lack of funding for addressing these unmet social needs of patients
   * Lack of training for staff to discuss these issues with patients
   * Inability to include in patient intake and clinical workflow
   * Not needed
   * Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Budget *15 points***

**Instructions for Submitting Budget and Budget Narrative:**

* + Download the Excel Budget and Budget Narrative provided in the on-line application
  + Complete the Excel document tabs
  + Upload the Excel Budget and Budget Narrative to on-line application

Budget narratives must show the calculations for all budget line items and must clearly justify/explain the need for each budget line item. Calculations should be easy to follow/recreate. Each budgeted line item should explain:

* What is it?
* How many?
* How much?
* For what purpose?

Do not add new line items to the budget. All budget expenses must fit into one of the line items listed in the budget template.

**\*\* Applicants may use their federally negotiated indirect cost rate. If they do not have an approved federal rate, the de minimis rate of 15% of Modified Total Direct Costs may be used. Modified Total Direct Costs (MTDC)** is a base that includes direct costs that are used to calculate indirect cost expense for grant projects. MTDC includes direct costs such as:

* + Direct salaries and wages
  + Applicable fringe benefits
  + Materials and supplies
  + Subcontracted Services, including contractual, consultant, and construction services up to the first $50,000
  + Project related travel costs

**Provide a brief budget narrative that explains/justifies the estimated costs listed above by line-item category. Explain how the costs associated with each line-item category relate to the implementation of the project as outlined in the proposed budget. Add extra pages as needed or insert a separate sheet if needed.**

**Project Narrative Section - INSTRUCTIONS**

**Instructions for Submitting Project Narrative Section:** The Community Need and Patient Population, Project Description, and Improved Access to Care, Collaboration and Community Engagement, and the Project Evaluation and Return on Investment Sections of the on-line application will be submitted by downloading a Word document supplied in the on-line application. Applicants will enter their responses in the Word document provided then upload the single document containing all Project Narrative Section information to the on-line application.

**Please note that points will be deducted if the applicant does not follow all instructions listed above.**

* Formatting and Page Maximums: Each section must be formatted as follows: Arial, 12-point font, single or double spaced with 1-inch margins. There will be one-page allotted for citations. Citations and tables provided in the document are excluded from the 12-point font requirement.
* Community Need and Patient Population Section – Three Pages, including Patient Population Table
* Project Description and Improved Access to Care Section - Two Pages
* Collaboration and Community Engagement Section – Three Pages, including Patient Race and Ethnicity Table
* Project Evaluation and Return on Investment Section – One Page (Note: Mandatory Performance Measures will be submitted by direct input into tables/questions provided in the on-line application and should not be included in the Narrative Word Document)

***Community Need and Patient Population 20 Points***

**Community Need**

* Describe the population served by this grant proposal. Include the population’s healthcare needs, access to health services essential to diagnosis and treatment, gaps in equity, uninsured or medically indigent rates, and other pertinent demographic data that supports the necessity for grant funding in the targeted communities.
* Provide citations/reference sources.
* Describe how your organization plans to create access to telehealth services for underserved populations.

**Patient Population**

**METHODOLOGY FOR COUNTING PATIENTS.** Patients are defined as individuals who have at least one visit during the reporting period. At the onset of each contract, grantees are asked to report on their current (or baseline) number of unduplicated patients. This baseline number of patients is meant to capture the grantee’s current capacity and will be compared to the twelve-month cumulative count of unduplicated patients. Each grantee will report a cumulative total of patients at three (3), six (6), nine (9), and twelve (12) months which will represent an unduplicated count of patients (not encounters).

* Details regarding how the originating site is properly equipped, including how patients and individuals are trained to facilitate a successful telehealth visit.
* Details regarding patient engagement and education on the telehealth visit procedures and skills necessary to complete a successful telehealth visit.

**Patients by Race and Ethnicity Table:** Enter the number of unduplicated patients by Race and Latino Ethnicity that your organization currently serves (a baseline value as of your organization’s most recent 12-month data collection period). Only include patients at the site(s) where the grant will be implemented. Please use row ‘g’ if race is not reported. Use Column C if race is reported but ethnicity is not.

|  |  |  |  |
| --- | --- | --- | --- |
| Organization’s Baseline Period Start Date:  Organization’s Baseline Period End Date: | | | |
| Race | Column A  Hispanic/ Latino/a, or Spanish Origin\* | Column B  Non-Hispanic/ Latino/a, or Spanish Origin\* | Column C  Unreported/ Refused to Report Ethnicity |
| * 1. American Indian / Alaska Native |  |  |  |
| * 1. Asian (Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese) |  |  |  |
| * 1. Black/African American |  |  |  |
| * 1. Native Hawaiian / Other Pacific Islander (Guamanian or Chamorro, Samoan) |  |  |  |
| * 1. White |  |  |  |
| * 1. More than one race |  |  |  |
| * 1. Unreported / Refused to report race |  |  |  |

**\* Includes: Hispanic/Latino, Mexican, Mexican American, Chicano/a, Puerto Rican, Cuban**

* In the Patients by Race and Ethnicity Table, is the number of unduplicated patients served reflective of the community? If the current patient population is not reflective of the community, describe plans to increase services to underserved populations. (Up to 5 points)

**Patient Insurance Status Table:** Enter the number of unduplicated patients, by category.

|  |  |
| --- | --- |
|  | Unduplicated Patients  Served |
| 1. No Insurance/Uninsured Patients |  |
| 1. Medicaid |  |
| 1. Children’s Health Insurance Program (CHIP) |  |
| 1. Medicare (including duals) |  |
| 1. Other Public Insurance (e.g. Tricare) |  |
| 1. Private Insurance to include marketplace coverage (e.g., BCBS) |  |
| Total Unduplicated Patients Served (sum of above rows) |  |

***Project Description and Improved Access to Care 25 Points***

* Describe how your project will expand telehealth capacity to address current community needs or a future public health emergency.
* The project description should describe whether telehealth services will use a consultative model, a direct care model, or a combination of consultation and direct care.
* Describe the purpose of the grant proposal and how funds will be used. Description must include:
  + Proposed activities
  + Locations of originating and distance sites
  + Timelines to implement activities – Timelines must align to the program funding period
  + Anticipated outcomes (should include the mandatory performance measures)
* The project description should include:
  + Plan for patient safety, care continuity, and patient support
  + Details regarding how the distance delivery site is properly equipped, trained, and staffed to deliver services
  + Details regarding how staff will be trained to schedule, manage, and bill for the patient visit
  + Details regarding how the originating site is properly equipped, including how patients and individuals are trained to facilitate a successful telehealth visit
  + Details regarding patient engagement and education on the telehealth visit procedures and skills necessary to complete a successful telehealth visit

***Collaboration and Community Engagement 10 Points***

* Describe how your organization collaborates with other organizations to provide access to telehealth services that address current community health needs and/or future public health emergencies. Partners can include other health care safety net organizations, primary care providers, allied health organizations, health departments, agencies that address social determinants (transportation, food insecurity, personal safety, and/or housing) or other organizations.
* Describe, *using a specific example*, how your organization has built partnerships to address access to telehealth services and/or future public health emergencies:
  + Name(s) of each partner organization
  + Purpose of the collaboration
  + Outcome of the collaboration
  + Document the collaborative roles among the partners in your example, specifying the distinct function of each organization and the designated fiscal contribution
* Describe any unique or innovative community partnerships
* Detail any barriers to collaboration
* Describe future plans for your organization to develop partnerships to address access to telehealth services. Include proposed partners, the purpose of the collaboration, and anticipated outcomes of the partnership. Include any barriers to collaborating with partners and potential ways to address those barriers.
* Describe your organization’s activities and/or plans to address health equity by creating an environment that is welcoming, respectful, inclusive, and patient-centered to improve health.
* Describe your organization’s plan to provide outreach to create diversity and inclusion in the patient populations engaging in telehealth services.
* Describe your organization’s plan to reach out to historically marginalized populations in your area.

***Project Evaluation and Return on Investment 20 Points***

* Document your organization’s overall budget and explain why the project is a good use of public funds.
* Complete the mandatory Program Performance Measures Table.
* Describe how your organization will reference the performance measures to monitor and improve program performance.
* Describe how your organization will create, track, and analyze other performance measures (optional)
* Develop and document a realistic and achievable project sustainability plan, including how patient visits will be reimbursed and strategies for ensuring success.

**Evaluation Criteria - INSTRUCTIONS**

Mandatory performance measures are required for all applicants. These measures will be reported monthly, quarterly, biannually, or annually as indicated.

*For each performance measure, please include the following information:*

* **Data Source:** Where will you obtain the information reported for each performance measure?
* **Collection Process and Calculation:** What method will you use to collect the information?
* **Data Limitations**: What may prevent you from obtaining data for the performance measures?

|  |  |  |
| --- | --- | --- |
| **Evaluation Criteria for Telehealth Infrastructure Grant Program** | **Baseline Values/Measures as of 1/1/2025** | **Target to Be Reached**  **by 12/31/2025** |
|  |  |  |
| **REQUIRED: Output Measure**  Number of **unduplicated patients served**. Patients are individuals who have at least one telehealth visit during the reporting period (by site). |  |  |
| Measure Type | Output | |
| ORH Required Reporting Frequency | Quarterly (at 3,6,9 and 12 months)  **At the final performance report (12-month report) in addition to number of unduplicated patients served, contractors will also report unduplicated patient information in the following categories: patient age, patient insurance status and patient race/ethnicity as well as patient insurance status is outlined in the tables below.** | |
| Data Source |  | |
| Collection Process and Calculation |  | |
| Data Limitations |  | |

|  |  |  |
| --- | --- | --- |
| **Evaluation Criteria for Telehealth Infrastructure Grant Program** | **Baseline Values/Measures as of 1/1/2025** | **Target to Be Reached**  **by 12/31/2025** |
|  |  |  |
| **REQUIRED: Output Measure**  Number of **new** t**elehealth visits** during the reporting period. |  |  |
| Measure Type | Output | |
| ORH Required Reporting Frequency | Quarterly (at 3,6,9 and 12 months) | |
| Data Source |  | |
| Collection Process and Calculation |  | |
| Data Limitations |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Evaluation Criteria for Telehealth Infrastructure Grant Program** | **Baseline Values/Measures as of 1/1/2025** | | **Target to Be Reached**  **by 12/31/2025** |
|  |  | |  |
| **REQUIRED: Output Measure**  Number of **return patient telehealth visits** during the reporting period.   * Reflective of patient recorded to have more than one telehealth visit. |  | |  |
| Measure Type | Output | | |
| ORH Required Reporting Frequency | Quarterly (at 3,6,9 and 12 months) | | |
| Data Source |  | | |
| Collection Process and Calculation |  | | |
| Data Limitations |  | | |
| **Evaluation Criteria for Telehealth Infrastructure Grant Program** | **Baseline Values/Measures as of 1/1/2025** | **Target to Be Reached**  **by 12/31/2025** | |
|  |  |  | |
| **REQUIRED: Output Measure**  Number of **Distance Primary Care Telehealth Sites** activeduring the reporting period. |  |  | |
| Measure Type | Output | | |
| ORH Required Reporting Frequency | Quarterly (at 3,6,9 and 12 months) | | |
| Data Source |  | | |
| Collection Process and Calculation |  | | |
| Data Limitations |  | | |

|  |  |  |
| --- | --- | --- |
| **Evaluation Criteria for Telehealth Infrastructure Grant Program** | **Baseline Values/Measures as of 1/1/2025** | **Target to Be Reached**  **by 12/31/2025** |
|  |  |  |
| **REQUIRED: Output Measure**  Number of **Distance OB-GYN Telehealth Sites** activeduring the reporting period. |  |  |
| Measure Type | Output | |
| ORH Required Reporting Frequency | Quarterly (at 3,6,9 and 12 months) | |
| Data Source |  | |
| Collection Process and Calculation |  | |
| Data Limitations |  | |
| **Evaluation Criteria for Telehealth Infrastructure Grant Program** | **Baseline Values/Measures as of 1/1/2025** | **Target to Be Reached**  **by 12/31/2025** |
|  |  |  |
| **REQUIRED: Output Measure**  Number of **Originating Patient Home Telehealth Sites** active during the reporting period.  If no Originating Telehealth Sties will operate in a primary care office, enter N/A |  |  |
| Measure Type | Output | |
| ORH Required Reporting Frequency | Quarterly (at 3,6,9 and 12 months) | |
| Data Source |  | |
| Collection Process and Calculation |  | |
| Data Limitations |  | |

|  |  |  |
| --- | --- | --- |
| **Evaluation Criteria for Telehealth Infrastructure Grant Program** | **Baseline Values/Measures as of 1/1/2025** | **Target to Be Reached**  **by 12/31/2025** |
|  |  |  |
| **REQUIRED: Output Measure**  Number of **Originating Other Telehealth Sites** active during the reporting period.  If no Originating Telehealth Sites will operate in another setting, enter N/A |  |  |
| Measure Type | Output | |
| ORH Required Reporting Frequency | Quarterly (at 3,6,9 and 12 months) | |
| Data Source |  | |
| Collection Process and Calculation |  | |
| Data Limitations |  | |

**Other Resources**

* [Medicaid Reimbursement Policy](https://medicaid.ncdhhs.gov/1h-telehealth-virtual-communications-and-remote-patient-monitoring/download?attachment)
* [NC Provider Playbook](https://medicaid.ncdhhs.gov/telehealth-program/open)
* [Telehealth resources and organizations](https://www.ncdhhs.gov/about/department-initiatives/telehealth)
* [NC Broadband Equity Plan](https://www.ncbroadband.gov/digital-equity-plan-draft-12123/open)