**Project Narrative Section**

**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.