# Announcement for Grant Applications

*Advancing Telehealth in Nursing Homes*

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The Maryland Health Care Commission (MHCC) seeks grant applications with a robust vision for large-scale diffusion of telehealth as a standard of care in nursing homes across the State.

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| **Grant ID Number:** | **MHCC 20-012** |
| **Issue Date:** | **November 22, 2019** |
| **Title:** | **Advancing Telehealth in Nursing Homes** |

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| **Letter of Intent Requested by:** | **December 20, 2019 by 5:00pm (EST)** |
| **Application Due:** | **January 31, 2020 by 5:00pm (EST)** |

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This Announcement for Grant Applications can be found on MHCC's website at: mhcc.maryland.gov/mhcc/pages/home/procurement/procurement.aspx.

*This grant announcement is not a binding expression of MHCC's intent to award a grant. The MHCC reserves the right, at its discretion, to change or modify information that is represented in whole or in part in this grant announcement.*

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# I. ABOUT THE MARYLAND HEALTH CARE COMMISSION

The Maryland Health Care Commission (MHCC) is an independent State regulatory agency whose mission is to plan for health system needs, promote informed decision-making, increase accountability, and improve access in a rapidly changing health care environment. The MHCC provides timely and accurate information on availability, cost, and quality of services to policy makers, purchasers, providers, and the public. The MHCC consists of various Centers that evaluate, regulate, and influence health care in Maryland. The Centers for Health Care Facilities Planning and Development and Quality Measurement and Reporting are organized around provider organizations to address health care cost, quality, and access. The Center for Information Services and Analysis conducts broad studies using Maryland databases and national surveys, and has specific responsibilities relating to physician services. The Center for Health Information Technology and Innovative Care Delivery supports diffusion of health information technology (health IT) statewide to promote a strong and flexible health IT ecosystem that shifts focus from quantity of care delivered to improving health outcomes through coordinated care delivery.

# II. INTRODUCTION

Telehealth has come a long way since its inception.[1] The benefits of telehealth have been increasingly proven in recent years. There is growing interest in untapping the potential of telehealth as an alternative in providing high quality care at lower cost in nursing homes, patient homes, and other settings. Oftentimes, medical care in nursing homes is episodic and lacks coordination of care. Patients may be sent to the hospital for a consult when a health issue arises that cannot be adequately addressed at the nursing home. Use of telehealth in nursing homes or post discharge can help identify health issues sooner and treat patients where they are,[2] rather than having to admit or, in some cases, readmit them to a hospital.[3]

State and federal efforts to advance value-based care and improve patient safety are increasingly putting emphasis on the identification and prevention of health conditions associated with unnecessary hospitalization. Programs are being developed by the Health Services Cost Review Commission in collaboration with stakeholders under the Total Cost of Care (TCOC) Model.[4] These programs aim to curb unnecessary health care utilization through partnerships with non-hospital based providers.[5] Effective use of telehealth can help providers achieve targets under TCOC. This requires reengineering clinical workflows to support telehealth as a standard of care.

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[1] Telehealth was first introduced in the 1950s when television was used for broadcasting psychiatric visits. More information is available at: www.ncbi.nlm.nih.gov/pmc/articles/PMC6327154/.

[2] This is particularly helpful for patients with limited mobility and where access to transportation may present challenges; it also reduces dependence on caregivers.

[3] Today's Geriatric Medicine, *Long Term Care: Telehealth — An Untapped Opportunity for Nursing Facilities*, Vol. 10 No. 3 P. 28. Available at: www.todaysgeriatricmedicine.com/archive/MJ17p28.shtml.

[4] Information on the TCOC Model is available at: www.innovation.cms.gov/initiatives/md-tccm/.

[5] More information is available at: www.hscrc.maryland.gov/Pages/CareRedesign.aspx.

Notably, about 40 percent of Medicare beneficiaries discharged from the hospital receive post-acute care[6], of which 23 percent are readmitted within 30 days.[7] In 2018, the Centers for Medicare & Medicaid Services (CMS) launched its Skilled Nursing Facility Value-Based Purchasing Program, which incentivizes nursing homes for reducing 30-day readmissions. In the first year, less than 50 percent of participating nursing homes in the State (45 percent) and nation (27 percent) received financial incentives.[8] Maryland Medicaid is beginning to explore nursing home readmission rates to inform initiatives that aim to improve quality of care in the State. The cornerstone of telehealth is the nearly unlimited possibilities where it can be leveraged as a business strategy through partnerships that increase nursing home capacity and improve care coordination.

## III. OBJECTIVES

The MHCC plans to fund an applicant[9] to pioneer use of telehealth by nursing homes across the State. Applicants must propose a telehealth program (program) that accelerates widespread adoption and is sustainable at the conclusion of the grant. At a minimum, the program must be designed to meet care delivery needs,[10] support transitions, and curb unnecessary emergency department use and re-hospitalizations (<30 days). The application must detail a robust vision for the program in years two, five, and beyond, specifying program goals, strategy, and a realistic approach to sustainability. The program must engage patients and their families/caregivers and support continuity of care. The grant is aimed at use of telehealth in the post-acute setting through existing provider network(s). An essential component of an application is clinical workflow redesign to ensure that telehealth becomes part of the standard of care for nursing home patients or patients recently discharged from a nursing home. The grant is not intended to fund technology development, hardware, or test a use case for research purposes. Applicants are encouraged to be creative in their approach to using telehealth to meet the objectives of this grant announcement.

The successful applicant will have a robust strategy to connect nursing homes with an established provider network consisting of licensed providers[11] credentialed by participating nursing homes (where applicable); the provider network may be regional or national. A key objective is solving policy challenges related to workflow redesign, provider credentialing, and program sustainability. The technical infrastructure must use commercially available telehealth technology. Applicants are strongly encouraged to use laptops with peripheral devices at the

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[6] The Office of the National Coordinator for Health Information Technology, *Health IT in Long-Term and Post-Acute Care Issue Brief*, March 2013. Available at: www.healthit.gov/sites/default/files/resources/hit_ltpac_issuebrief031513.pdf.

[7] West Health, *A Practical Guide to Telehealth: Implementing Telehealth in Post-Acute and Long-Term Care Settings (PALTC)*, March 2019. Available at: www.westhealth.org/wp-content/uploads/2019/04/TeleHealth_Guide_v.9_PAGES_WEB.pdf.

[8] Centers for Medicare & Medicaid Services, Overview of the Skilled Nursing Facility Value-Based Purchasing Program. Available at: www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1621.pdf.

[9] An applicant can be a single entity or partnership between several entities of which one is designated as prime.

[10] Care delivery needs include, but are not limited to, increasing access to specialty care and providing alternative night/weekend coverage options.

[11] Licensed providers include, butare not limited to, acute care, primary care, pharmacists, behavioral health, home health, and urgent care.

originating site.[12] A requirement of the program is electronic health record (EHR) systems integration and connectivity with the State-Designated Health Information Exchange (HIE), the Chesapeake Regional Information System for our Patients (CRISP). The MHCC anticipates a subsequent grant in 12-24 months, competitively awarded, to further accelerate work under this grant.

## IV. CRITERIA FOR SELECTION

Any decision to award a grant will be based on an evaluation of the information provided by the applicant in its proposal. The MHCC may request and consider additional information as needed. For a proposal to be deemed acceptable, an applicant must demonstrate how it plans to achieve program sustainability after grant funding ends. Criteria to be considered for a grant award that is weighted based on the percentage in parentheses includes the following:

A. **Applicant Information** – Type of organization; business footprint in Maryland; prior experience with telehealth, including scope and complexity; available resources and resource needs; and planned approach for establishing or accelerating use of a telehealth network for nursing homes throughout Maryland (15%)

B. **Telehealth Network** – Licensed physicians/nurse practitioners with an active Maryland license; adequately staffed and equipped to support the needs of remote users; and the ability to accommodate and support varying demand 24/7 (50%)

C. **Strategic Plan** – Vision for telehealth and the demonstrated ability to execute the proposed vision; approach to phasing in implementation of a program; ability to assemble a successful program team; and a practical plan for expanding the program incrementally (35%)

## V. KEY INFORMATION

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| Application Checklist | Applicants must submit a letter of intent (LOI) to MHCC to be considered (see section XI). As part of the full application, applicants must complete, sign, and submit to MHCC the following:<br>1. Application – Proposal Items (See section VIII)<br>2. Leadership Framework and Staffing Qualifications (See section IX)<br>3. Estimated Costs of Core Program Elements (See section X) |
| Dates | LOI Due: December 20, 2019<br>Full Application Due: January 31, 2020<br>Award Announcement (anticipated): March 2020 |
| Available Funding | Up to $750,000 for a single award. |
| Financial Match | A financial match is strongly preferred (see sections XI and XII). |
| Grant Period | Up to a 24-month period (with possible grant extension) |
| Submission Guidelines | To be considered for an award, an applicant must sufficiently demonstrate how it meets or exceeds all criteria required through submission of the documents listed in the application checklist. Applications that are no more than 22 pages (not including appendices) are preferred. |
| Modifications | The MHCC may at any time modify this *Announcement for Grant Applications* or request modifications during the grant period as a condition of award. |

[12] Grant funds are not intended for the purchase of hardware. The MHCC may consider an exemption for hardware costs that do not exceed eight percent of the budget.

| FAQs | MHCC responses to inquiries regarding this *Announcement for Grant Applications* will be posted on the MHCC Procurement webpage. |
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| Contact | Questions may be submitted via email to eva.lenoir@maryland.gov or call (410) 764-3379. |

## VI. APPLICANT QUALIFICATIONS

This grant opportunity is open to interested applicants that, at a minimum, meet and demonstrate the following qualifications:

A. An organization (designated as prime in the application) operating in the State of Maryland as a:

  i. Provider-led entity that provides health services in an acute, post-acute, or long-term care setting that has an established method for reimbursement through Medicare, Maryland Medicaid, and commercial insurance;

  ii. A vendor that has a HIPAA-compliant[13] telehealth platform (or platform), including software, technical and implementation support, has an established provider network of physicians licensed in Maryland, and has an established method for reimbursement through Medicare, Maryland Medicaid, and commercial insurance; or

  iii. An independent, nonprofit institute that provides research, development, and technical services to the health care sector and is working with a provider-led entity or a vendor that has an established method for reimbursement through Medicare, Maryland Medicaid, and commercial insurance.

B. Executive leadership (champions) actively prioritizing and/or demonstrates desire to strategically invest in and integrate telehealth into the standard of care through workflow redesign in both nursing homes and patient homes. The champions must have some prior experience using telehealth to reduce barriers, and a team that can foster cultural acceptance in using telehealth at the bedside to virtually diagnose and treat patients.

C. Prior experience implementing telehealth in the post-acute environment, which includes, but is not limited to, redesigning workflows that support the use of telehealth as an option in care delivery.

## VII. PROGRAM ELEMENTS

An applicant must propose a telehealth platform equipped for synchronous/consultation visits between a patient and provider and asynchronous, remote patient monitoring.

*Technical* – Applicant must demonstrate the ability to fulfill the requirements listed, or reasonably propose an alternative approach, as needed. The telehealth platform must:

[13] HIPAA (Health Insurance Portability and Accountability Act of 1996) sets standards for protecting sensitive patient data. Covered entities that provide treatment, payment and operations in health care, and subcontractors or business associates with access to patient information and who provide support in treatment, payment or operations must comply with HIPAA standards.

A. Be HIPAA-compliant, which includes, but is not limited to, the ability to provide Business Associate Agreement (BAA) compliant video communications between a provider and patient located in a nursing home or residing at home (with appropriate technologic access)
B. At a minimum, meet the American Telemedicine Association (ATA) *Core Operational Guidelines for Telehealth Services Involving Provider-Patient Interactions*
C. Function on computers, tablets, and hand-held devices (mobile phones) with Windows, Apple (MacOS and iOS) and Google (Chrome and Android) operating systems
D. Provide adequate (480p) video over cellular connections
E. Allow for screen capture and screen sharing as needed
F. Have a proven track record for high-reliability (high percentage uptime) and high-quality connectivity (minimum of 480p)
G. Interface with EHR products and the State-Designated HIE, CRISP

*Functional* – Applicant must demonstrate the ability to fulfill the requirements listed, or reasonably propose an alternative approach, as needed. The telehealth platform must:

A. Allow providers and patients to initiate encounters
B. Be well-designed to allow multiple patients with appropriate identifiers to wait and be subsequently placed with a myriad of providers
C. Allow group visits or counseling if desired
D. Have a robust intake process including patient demographic information, medical history, consent, and payment collection/insurance information
E. Be equipped to handle a wide variety of care delivery use-cases
F. Facilitate management of chronic conditions via a virtual network that enables connections with specialists, case managers, social workers, pharmacists, etc.
G. Facilitate connections with primary care providers after hospital discharge to assist with transitions as appropriate

*Other* – Applicant must demonstrate the ability to fulfill the requirements listed, or reasonably propose an alternative approach, as needed. The applicant must:

A. Bring together parties across partnering organizations to support mutual success
B. Establish program goals (desired end result) and metrics (measurements to gauge progress towards a goal) and report to MHCC monthly
C. Align program training for originating and distant sites with goals related to performance, productivity, quality, safety, and patient satisfaction
D. Develop custom/detailed workflows and data flows (e.g., process maps) that are scenario/use case-based and focus on both the provider and patient experience

E. Provide evidence of an internal audit of the technical and functional requirements and all data submitted to MHCC as it relates to program goals and metrics at least quarterly

F. Commit to program expansion and sustainability following completion of the grant (a conditional model for sustainability is not an acceptable approach)

## VIII. APPLICATION – PROPOSAL ITEMS

An applicant must include in its proposal detailed responses to all items listed below. Responses will be used to qualify or disqualify an applicant.

*Organization Information (Prime Applicant)*

A. Organizational structure (publically traded or private company)

B. Relationships with any subcontractors included in the application

C. Financial health, including years in business and compound annual growth rate

D. Experience developing telehealth programs, implementing telehealth technology, designing activities to complement workflows, including standard practices and working methods, and achieving provider and patient/caregiver engagement

E. Three references willing to discuss the applicant's experience and proposal with MHCC staff

*Telehealth Network*

A. Overview of the telehealth provider network and platform including supported features, such as a camera and peripheral devices (e.g., otoscope, stethoscope, blood pressure cuff, etc.)

B. Use of dedicated environments (instance) for telehealth installations

C. Desktop and mobile operating systems supported by software

D. Configurability of the platform, including customization to support unique workflows

E. Capability to integrate with EHR technology and the State-designated HIE, CRISP

F. Content that can be shared during a video conference call and any limitations

G. Native applications (OS, Android, iPad, Android Tablet) for patients and providers; indicate whether a patient or provider can connect without the application

H. Information on video uptime and processes and support to reconnect to the patient and provider in the event the video call is dropped

I. User audio and video capabilities when using the software during a video conference call; detail hardware requirements if applicable

J. Description of the virtual experience for providers and patients/caregivers, including activities during and after a remote consultation

K. Contextual aids and other resources offered to end users of the application that enables it to be intuitive and user-friendly

L. Procedures for business continuity, disaster recover, and system backup

M. An explanation and evidence if requested by MHCC, of third party audits to assess privacy and security risks related to unauthorized access to data during collection, transmission, or storage; note any exceptions included in the most recent audit report(s) and the status of remediation plans

N. Approach to collecting third-party payor reimbursement or self-pay

O. Process for primary care providers and specialists to access electronic documentation for their patient after a telehealth session

P. Use of an administrative portal to manage queues and upload physician information

Q. Process to add multiple participants to a virtual consultation

R. Ability to require a PIN/password or lock meeting rooms

S. Overview of multi-party videoing for unregistered users

T. Capabilities/meeting controls given to the moderator during a multi-party video conference

U. Type of operational and technical support provided to users and languages that are supported

V. Method for ensuring patches, upgrades, and maintenance of the platform is completed and performed timely

W. User logon activities and support for single-sign-on

X. If the platform will be privately or white labeled

*Strategic Plan*

A. Overview of the strategy and process that will be used to implement and sustain telehealth into existing workflows

B. Implementation and account management teams that will handle transition to a care delivery environment where telehealth is an option

C. Resources and those that need to be acquired to effectively implement telehealth into the workflow; include the assessment process that will be used to determine when installation and training is complete

D. Curriculum used for staff training (initial and refresher) about the program and frequency

E. Expansion and fiscal management approach

## IX. LEADERSHIP FRAMEWORK AND STAFFING QUALIFICATIONS

Present an executive leadership framework for providing strategic direction, financial management, and operational coordination. Describe the role, experience, and relevant qualifications of senior leadership and program staff as it relates to implementing telehealth and identifying/assessing metrics to determine achievement of program goals and objectives.

Include information on the resources that would be available onsite for training and support to nursing homes. Resumes or biographies of the proposed staff are required.

## X. ESTIMATED COST OF CORE PROGRAM ELEMENTS

The applicant must provide the following estimates in its application after reviewing the grant specifications and requirements.

- *Telehealth Network*

  Year 1

  Year 2

  Year 3 and beyond (optional)
- *Workflow Redesign and Implementation*

  Year 1

  Year 2

  Year 3 and beyond (optional)
- *EHR Integration via CRISP*
- *Single Sign-On*
- *Staff Training*

  Year 1

  Year 2

  Year 3 and beyond (optional)
- *Patient Engagement*
- *Program Assessment*
- *Other – please list and describe any fees not included above; this can include, but is not limited to, activities related to program expansion and sustainability*

NOTE:

An authorized representative of the applicant must acknowledge the terms of the grant (See Section XII) as part of the application (include signature, title, and date).

## XI. LETTER OF INTENT

An interested applicant is required to submit a letter of intent (LOI) to MHCC by the date specified in this grant announcement. The LOI should provide an overview of the prime applicant's vision and strategy, including short and long-term goals and how those goals will be achieved. Cost sharing is a requirement of the grant. The LOI must specify a commitment to provide a reasonable match based on an applicant's financial status; an explanation of the proposed match is required but not binding in the LOI. The match ratio can include an estimate

of actual expenditures and in-kind contributions and may vary based on organization type, planned approach for implementing and scaling the program, and sustaining the program at the conclusion of the grant. The LOI must be signed by an executive of the organization and submitted to MHCC by the date specified in this grant announcement.

## XII. TERMS OF GRANT

### A. Project Timeframe

A grant award is anticipated to be issued in March 2020 and run for a **consecutive 12-24-month period after the grant award date.** Applicants are required to include a practical and reasonable program plan and have a clear strategy for success. The MHCC may authorize a no-cost extension of the grant period if more time is needed to implement the program and assess milestones and outcomes.

### B. Funding Amount

A single award up to $750,000; a 1:1 financial match is strongly preferred. The awardee may allocate no more than 20 percent of the match to in-kind efforts.

### C. Proposal and Change in Scope Request

All responses, assertions, and commitments made in any proposal, including any amendments to the proposal, will be part of the grant agreement. Fulfillment of program objectives and deliverables is expected. If an awardee wishes to make changes to their proposal (including the program plan, staffing model, or financial proposal) that differ from what is stated in their application, a change of scope request with justification must be submitted in writing by the awardee to MHCC for consideration. The MHCC approves requests at its discretion.

### D. Funds Disbursement, Match, and Restrictions

Grant funds will be disbursed upon MHCC's receipt of a complete and detailed invoice, including supporting documentation. The invoice must be completed at least quarterly using an MHCC invoice template and must include a description of the completed tasks, including date(s) and a description of services performed, the time period the invoice covers, and any supporting documentation as necessary. All documentation included must be to the satisfaction of MHCC for reimbursement approval. Any matching funds offered by the organization must be itemized and appropriately documented (e.g. invoices from third parties, staff hours accounting, etc.).

Allowable match contributions include cash and third party in-kind contributions if the contributions are: 1) necessary and reasonable for accomplishment of the project objectives; or 2) unrecovered indirect cost with prior approval from MHCC. No grant funds are paid towards: 1) clinical services that are otherwise being reimbursed through other sources, including, but not limited to, Medicare, Medicaid or commercial insurance; 2) reimbursement of costs incurred prior to the grant award; 3) meeting financial match requirements of other State or federal funds, 4) services, equipment or supports that are the legal responsibility of another party under federal or State law; and 5) goods or services not allocable to the approved program. The MHCC reserves the right to limit indirect

costs.[14] Documentation for any final payment must be submitted no later than the **15th of the month** after the grant period ends or the end date of an authorized extension of the grant period.

**E. Final Deliverable**

The awardee must agree to consult with MHCC in developing a final deliverable, and is expected to collaborate with MHCC on elements to include in the final deliverable. The awardee must consider suggestions and recommended revisions deemed reasonably necessary by MHCC.

**F. Registration**

Prior to an entity conducting business in the State, it must be registered with the Department of Assessments and Taxation, State Office Building, Room 803, 301 West Preston Street, Baltimore, Maryland 21201. An applicant must complete the registration prior to the due date for receipt of applications.

**G. MHCC Grant Actions**

If it becomes necessary to revise this announcement before the due date for applications, amendments will be announced on the MHCC Procurement webpage. The MHCC is not responsible for any costs incurred by an applicant in preparing and submitting an application or in performing any other activities relative to a grant announcement. The MHCC reserves the right to cancel an announcement for grant applications, to accept, or reject any and all applications (in whole or in part) received in response to an announcement for grant applications, to waive or permit correction of minor irregularities, to request additional information or modification to an application, and to conduct discussions with all qualified or potentially qualified grant applicants in any manner necessary to serve the best interests of MHCC, and to accomplish the objectives of a grant announcement.

**H. Enforcement Actions**

If MHCC determines an awardee is not complying with the grant terms set forth in the application, or proposal assertions and commitments, MHCC may take one or more enforcement actions. These range from actions designed to allow the awardee to take corrective action, such as developing an improvement plan, to penalizing actions against the awardee such as withholding payment or temporarily suspending an award, disallowing costs, recouping payments made, or terminating an award. Different processes apply depending on the type of enforcement action. If an enforcement action is planned, MHCC will notify the awardee via email and indicate the effect of the action.

**I. Press**

The awardee would be required to notify MHCC prior to referencing any grant-related

[14] Indirect costs include those that are incurred for common or joint objectives and are not readily identified with a particular grant or project function or institutional activity, yet are necessary for the general operation of the organization and the activities it performs. These are usually considered facilities and administrative costs or overhead, such as rent, utilities, etc.

activities in statements to the media regarding work related to the grant.