STATEWIDE HEALTHCARE INNOVATION PLAN (SHIP)
Telehealth Grant Application for Cohort 1 and 2 Clinics and Community Health Emergency Medical Services (CHEMS) Agencies

A final application must be completed and submitted for each clinic site or CHEMS agency by September 15, 2017, to be considered for SHIP telehealth participation. If you encounter content or technical issues, please contact the Bureau of Rural Health & Primary Care at ruralhealth@dhw.idaho.gov or call 208-334-0669.

INTRODUCTION
The Idaho Department of Health and Welfare (Department), Office of Healthcare Policy Initiatives (OHPI) was created to manage a federal Center for Medicare and Medicaid Innovation (CMMI) State Innovation Model (SIM) grant for the implementation of Idaho’s Statewide Healthcare Innovation Plan (SHIP). SHIP was developed to redesign Idaho’s healthcare system to improve Idahoan’s health by strengthening primary and preventive care through the patient centered medical home (PCMH), and evolve from a fee-for-service, volume-based payment system of care to a value-based payment system that rewards improved health outcomes.

The Virtual PCMH model is Idaho’s unique approach to establishing PCMHs in rural, medically under-served areas. The creation of Virtual PCMHs in Idaho will test the impact of the core components of: telehealth technology, Community Health Workers (CHW), and Community Health Emergency Medical Services (CHEMS), ultimately, extending the PCMH care coordination model.

Telehealth is a mode of delivering healthcare services that uses information and communication technologies to enable the diagnosis, consultation, treatment, education, care management, and self-management of patients at a distance from health providers. Many Idahoans have limited access to behavioral health and specialty services, particularly those living in one of the state’s 35 rural or frontier counties. Telehealth is an important tool for providing access to essential services that may not otherwise be available in medically-underserved communities.

The Department is providing this funding opportunity for telehealth pilot projects that improve care, increase access to care, expand system capacity for serving patients with the care they need, and achieve efficiencies in health care delivery. Proposed projects should be innovative, scalable, replicable, and align with SHIP grant purposes to:

- Support Idaho’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.

ELIGIBLE APPLICANTS
This opportunity is open to proposals from participating SHIP Cohort 1 and Cohort 2 clinics and CHEMS agencies.

FUNDING OPPORTUNITY
This funding opportunity supports Cohort 1 and Cohort 2 Clinics and CHEMS agencies to establish or expand the scope of telehealth operations, with the exact scale and type of telehealth operation left open for the applicant sites to define based on their organizational and patient population needs. The intent of this program is to fund pilot projects to implement, evaluate, and document results in a 12-15-month period. Opportunities for telehealth models include, but are not limited to:

1. Live audio/visual, real time, virtual visit between a patient and medical provider. The patient can be located, at the time of the visit, in a medical facility/clinic, home, hospital or nursing facility.
2. Remote patient monitoring of medical diagnostic information such as blood pressure readings that are relayed from the patient location to a medical professional who reviews the information.
3. Asynchronous store and forward telemedicine evaluations such as teledermatology or teleophthalmology (retinal scans).
4. Store and forward technology-based peer to peer consultations such as econsult referrals to increase access to specialty care.
5. Live technology-based peer to peer consultations such as a Project ECHO model™

ANTICIPATED AVAILABLE FUNDING AND PROJECT PERIOD
The total amount of available funding is $225,000 and the Department anticipates awarding 9 telehealth grant projects in single awards up to $25,000 each. The project period begins approximately November 1, 2017, and ends June 30, 2018, with additional time available to support project implementation, as needed, with approval from the Department and CMMI.

The Department will offer technical assistance to grantees through contracted consulting services to support project development and implementation. These services will be offered in addition to the grant award.

The Department 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. All funding proposals are subject to CMMI and the Office of Acquisition and Grants Management (OAGM) approval.

KEY DATES

<table>
<thead>
<tr>
<th>Funding Release Date</th>
<th>August 1, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical Assistance Webinar (optional)</td>
<td>August 11, 2017, 12:30 MT/11:30 PT</td>
</tr>
<tr>
<td>Application Deadline</td>
<td>September 15, 2017</td>
</tr>
<tr>
<td>Notification of Award</td>
<td>October 2, 2017</td>
</tr>
<tr>
<td>Project Start Date (estimate)</td>
<td>November 1, 2017</td>
</tr>
<tr>
<td>Project Period End Date (estimate)*</td>
<td>June 30, 2018</td>
</tr>
</tbody>
</table>

*Project period may be extended to support implementation, subject to approval by the Department and CMMI.

TECHNICAL ASSISTANCE OPPORTUNITIES

1. Interested applicants may participate in an optional technical assistance Q & A webinar. The webinar will be held August 11, 2017, from 12:30pm MT to 1:30pm MT. Register here: https://attendee.gotowebinar.com/register/6706489150192646659

2. The Department provides access to telehealth program development and implementation resources including Telehealth webinars, toolkits, and training services. The materials are available on the SHIP website and include:
   • Idaho Telehealth Webinar Series, covering six topics: Demand Analysis, Readiness Self-Assessment, Telehealth Reimbursement, Billing, & Coding, Equipment Selection, Program Development, and Evaluation and Monitoring
   • Demand Analysis for Primary Care Clinics tool
   • Telehealth Readiness Assessment tool

3. Applicants needing assistance with application content to develop a telehealth program may receive limited technical support from Health Management Associates (HMA), the Department’s telehealth technical assistance contractor. Requests for this assistance must be submitted via email to the Department.

4. Applicants may contact the Idaho Department of Health and Welfare, Bureau of Rural Health & Primary Care, at ruralhealth@dhw.idaho.gov or (208) 334-0669, for questions, assistance, or a referral to the technical assistance contractor, if needed.
APPLICATION INSTRUCTIONS

Application Submission Deadline September 15, 2017
The full application should be submitted in a single PDF document via email to ruralhealth@dhw.idaho.gov by September 15, 2017. All applicants will receive confirmation of submission.

Full Application and Review Criteria
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.

Eligible applications will undergo a comprehensive evaluation and will be scored by an impartial review committee. Each application will be assessed and scored on a 10-point scale based on the weighted criteria below:

I. Cover Sheet (Attachment A)
   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.

II. Executive Summary (Maximum 1 Page) (10%)
   a. Provide a brief summary of the proposed project that describes the project goal(s); target population(s); and the proposed project intervention. The project goal should address an important problem or barrier to care coordination, increase patient access to health data and engagement in their own care, expand system capacity, and/or achieve efficiencies in health care delivery.
   b. Describe clinic or agency organization, history, and capacity to undertake this project. Describe experience with similar projects that will likely lead to success in the proposed initiative, including outside of telehealth services as necessary.

III. Project Description (Maximum 3 Pages) (25%): Provide a detailed project overview of the proposed project including:
   a. Detailed activities and associated timelines. Explain how they are reasonable given limitations of the environment, pilot project period and funding.
   b. Overall, high-level expected outcomes and how they support project goal(s) and the overall SHIP goals.
   c. Brief description of the persons responsible for the project as well as their roles, experience, capacity to perform project activities in the allotted period, and the percent of time they will work on the project.
   d. Collaboration with partners and their project responsibilities, including any external vendors and remote providers. Include detail on how partners will contribute to project success. Describe any contractual or Memorandum of Understanding (MOU) agreements, if they exist.
   e. Equipment is not an eligible purchase in this funding opportunity. Describe plans for equipment procurement and selection if necessary for this project.
   f. Identify any potential risks and how they will be addressed.

IV. Project Targets and Measurable Indicators (Attachment B; May Exceed 1 Page) (25%): Use Attachment B as a template:
   a. Identify all metrics required and optional;
   b. Identify reporting frequency of any selected optional metric (quarterly reporting is required for global measures); and
   c. Identify baseline values and targets (required for telehealth expansion projects);

V. Scale, Innovation and Design (Maximum 2 Pages) (25%): Describe how the proposed project is innovative, scalable and can be replicated to improve health care delivery.

3 Statewide Healthcare Innovation Plan (SHIP) is supported by Funding Opportunity Number CMS-1G1-14-001 from the U.S. Department of Health and Human Services, Center for Medicare & Medicaid Services.
a. Describe any concepts or approaches to improving access to care through the proposed telehealth program design;
b. Describe any innovation uniquely created to address a health care need in your project;
c. Describe how the project could be scalable and/or transferable to other similar environments; and
d. Describe a reasonable sustainability plan beyond the grant period.

VI. **Budget Detail and Narrative Justification (Attachment C; May Exceed 1 Page) (15%)**: Using Attachment C as a template, please provide a detailed budget and brief budget narrative.
   a. Present budget information that is complete, clear, reasonable and appropriate to the work proposed.
   b. Verify that the budget is compliant with the following criteria. Budgets may include, but should not be limited to:
      i. Personnel expenses including person(s), role(s), hourly rate and hours assigned to the 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.
      ii. Material and supply expenses (must specify items and per unit cost).
      iii. Meeting expenses (must specify items and per unit cost). Include a description of the meeting purpose, number of participants attending and how the meeting is essential to project success.
      iv. Subcontracted 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 are included in the subcontracted services budget, the same level of detail as described above must be included. NOTE: Technical assistance for implementation and program development will be provided to awardees in addition to funds awarded.
      v. 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.
      vi. Internet/connectivity/subscription costs/Telehealth communication solutions.
      vii. Indirect costs (cannot exceed 10% of direct costs).
   c. **Funding Restrictions**
      i. Hardware and equipment costs are not permitted (such as laptops or cameras)
      ii. Food/catering is not an allowable expense;
      iii. Funds may not be used to provide individuals with services that are already funded through Medicare, Medicaid and/or CHIP;
      iv. Funds may not be used to provide individuals with the direct delivery of healthcare services;
      v. Funds awarded may not be used to reimburse pre-award costs;
      vi. Funds may not be used to match any other federal funds;
      vii. 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;
      viii. Funds may not be used to supplant existing Federal, State, local or private funding of infrastructure or services;
      ix. Funds may not be used to pay for the use of specific components, devices, or personnel that are not integrated into the entire service delivery and payment model proposal; and
      x. Funds may not be used to lobby or advocate for changes in Federal and/or State law.

Statewide Healthcare Innovation Plan (SHIP) is supported by Funding Opportunity Number CMS-1G1-14-001 from the U.S. Department of Health and Human Services, Center for Medicare & Medicaid Services.
VII. Letters of Support
a. 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. A maximum of three letters of support may be submitted. Letters of support should be addressed to: SHIP grant review team and should include:
   i. Name and affiliation of the supporter(s);
   ii. Mailing address, email address and phone;
   iii. Title of the project; and
   iv. Commitment of support to participate the project.

VIII. Demand Analysis and/or Readiness Assessment Tools (optional: 5-point bonus)
Preferencewill be given to applicants that demonstrate utilization of Demand Analysis and Readiness Assessment tools for their proposed telehealth program.
   a. Complete Demand Analysis for proposed telehealth program using the tool linked to on the SHIP website, or following any other format the applicant has used.
   b. Complete Readiness Assessment for proposed telehealth program using the tool linked to on the SHIP website, or following any other format the applicant has used.

GRANTEE REQUIREMENTS
Grantees will be required to:
- Participate in an on-site meeting at the grantee's location.
- Engage in periodic (no more than quarterly) telephone meetings with Department representatives and technical assistance contractors.
- Develop and submit quarterly reports throughout entire project term including data collection and analysis for agreed upon indicators (see below).
- Provide additional reports to the Department upon request to support CMMI requirements.

Measure domains and program indicators:
To maximize and leverage learnings from the pilot program, a structure for evaluation has been created and required of each funded pilot. The domains below are based on the National Quality Forum’s (NQF) Telehealth Framework to Support Measure Development 2016-2017. This framework is based on the Triple Aim for healthcare system improvement and is the most current material on telehealth metrics from NQF, as of November 2016.

Applicants must collect data and report two required global measures related to access to care and select at least one of three additional global measures provided in the table below. Reporting additional metrics is encouraged and applicants may propose indicators as appropriate for their specific project. A set of NQF indicators is listed below to provide some ideas for additional indicators.

Applicants are required to propose their data collection and reporting plans in Attachment B, Project Targets and Measurable Indicators. Each measure will require quarterly reporting. However, if there is a compelling reason to report additional measures on a frequency other than quarterly, applicants can propose that in the attachment.
**Required Global Measures:**

<table>
<thead>
<tr>
<th>Domain</th>
<th>National Quality forum (NQF) – potential information from each domain</th>
<th>Indicators</th>
</tr>
</thead>
</table>
| Access to Care*     | Timely receipt of health services; access to health services from those living in rural communities; access to health services from those living in medically underserved areas; access to appropriate health specialists based on the need of the patient; access to patients that need specialized healthcare services. | • # of unique patients receiving Telehealth services  
  • # of completed Telehealth visits                                                   |

**Additional Global Measures (must select at least one of the three indicators below):**

<table>
<thead>
<tr>
<th>Domains</th>
<th>National Quality forum (NQF) – potential information from each domain</th>
<th>Indicators</th>
</tr>
</thead>
</table>
| Patient Experience* | Appropriateness of services; increase in patient’s knowledge of care; patient compliance with care regimens; difference is morbidity/mortality among specific clinical areas. | • No-show rates: telehealth vs. traditional  
  • Patient perspective on telehealth visit (survey question/rating). See Attachment D for required survey template |
| Clinician Experience* | Diagnostic accuracy of a telehealth application; comfort with telehealth applications and procedures; quality of communications with patients. | • Primary Care Provider or CHEMS personnel perspective of quality of care delivered (survey question/rating). See Attachment E for required survey template |

*National Quality Forum, Telehealth Framework to Support Measure Development 2016-2017

**Possible Additional Optional Measures:**

<table>
<thead>
<tr>
<th>Domains</th>
<th>National Quality forum (NQF) – potential information from each domain</th>
<th>Examples of Data Collection and Reporting</th>
</tr>
</thead>
</table>
| Access to Care*     | Timely receipt of health services; access to health services from those living in rural communities; access to health services from those living in medically underserved areas; access to appropriate health specialists based on the need of the patient; access to patients that need specialized healthcare services. | • Wait time for visit: telehealth visits compared to traditional visits  
  • Increase in access to specialty care or consultations  
  • Increase in access to specific services such as tele-retinal scans  
  • Increase in screening for medical or behavioral health conditions |
| Quality             | Telehealth visits or consultations should provide the same level of quality care as in person visits. Metrics should reflect consistent or improved quality. | • Improved clinical outcome for a specific medical or behavioral health condition  
  • Tracking completed visits versus interrupted visits due to IT connectivity |
**Cost***

| The cost of telehealth for providers as opposed to the alternative; the costs of telehealth for public and private payers; efficient use of services for the patient; difference in cost per service and/or episode of care. | • Estimated cost per telehealth episode of care (visit, equipment cost, other)
• Estimated cost savings |

**Cost-Effectiveness***

| Effect of telehealth on patient self-management; cost effect on patient care as opposed to the alternative; reduction in medical errors; reduction in overuse of services; cost savings to patient related to travel and time away from work. | • Impact on transportation related expenses
• Impact on specialty costs- provider related expenses |

*National Quality Forum, Telehealth Framework to Support Measure Development 2016-2017

**QUESTIONS**

For programmatic or technical questions related to this opportunity, please email the Bureau of Rural Health & Primary Care at ruralhealth@dhw.idaho.gov or call (208) 334-0669.
ATTACHMENT A: APPLICATION COVER SHEET

Applicant Organization Name: ________________________________________________________

Name of Project Director, to serve as key contact: ________________________________________

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 Representatives certifies that the following statements:

1. The entity will be required to provide their Data Universal Numbering System (DUNS) number and must affirm their understanding that no entity, as defined at 2 CFR Part 25, Subpart C, may receive award of a subgrant unless the entity has provided its DUNS number. 2 CFR 25.110.

2. By applying, the applicant acknowledges that the entity shall comply with Single Audit requirements according to 2 CFR 200.500-521 (previously OMB A-133), subaward and executive compensation reporting requirements as required by the Federal Funding Accountability and Transparency Act (FFATA), and any specific grant requirements.

3. The entity acknowledges that if selected to participate in the Statewide Healthcare Innovation Plan (SHIP) Telehealth Pilot Project, the funds will not be used to purchase of telehealth equipment or deliver patient healthcare services.

Signature: __________________________________________ Date: ________________________________

(Required)

Signature of CEO, Executive Director, or Administrator if not the same as above, confirming organizational support for this application:

Signature: __________________________________________ Date: ________________________________

Print Name: __________________________________________ Print Title: ____________________________
ATTACHMENT B: TARGETS AND INDICATORS TEMPLATE

Applicants must complete the template below for each of the required indicators, these must be reported quarterly.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Indicator</th>
<th>Status</th>
<th>Baseline (if applicable)</th>
<th>Anticipated Project Total (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Required Global Measures Quarterly Reporting:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to Care</td>
<td># of unique patients receiving Telehealth services</td>
<td>required</td>
<td>required for expansion projects</td>
<td>required for expansion projects</td>
</tr>
<tr>
<td>Access to Care</td>
<td># of completed Telehealth visits</td>
<td>required</td>
<td>required for expansion projects</td>
<td>required for expansion projects</td>
</tr>
<tr>
<td><strong>Additional Global Measures (must select at least one of the three indicators below) Quarterly Reporting:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Experience</td>
<td>No-show rates: telehealth vs. traditional</td>
<td>Required to pick one from this section</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Experience</td>
<td>Patient perspective on telehealth visit (survey question/rating). See Attachment D for required survey template</td>
<td>Required to pick one from this section</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinician Experience</td>
<td>Primary Care Provider perspective of quality of care delivered (survey question/rating). See Attachment E for required survey template</td>
<td>Required to pick one from this section</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Possible Additional Optional Measures (reporting frequency to be determined by applicant):</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to Care</td>
<td>Wait time for visit: telehealth visits compared to traditional visits</td>
<td>optional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to Care</td>
<td>Increase in access to specialty care or consultations</td>
<td>optional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to Care</td>
<td>Increase in access to specific services such as tele-retinal scans</td>
<td>optional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to Care</td>
<td>Increase in screening for medical or behavioral health conditions</td>
<td>optional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality</td>
<td>Improved clinical outcome for a specific medical or behavioral health condition</td>
<td>optional</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Statewide Healthcare Innovation Plan (SHIP) is supported by Funding Opportunity Number CMS-1G1-14-001 from the U.S. Department of Health and Human Services, Center for Medicare & Medicaid Services.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Indicator</th>
<th>Status</th>
<th>Baseline <em>(if applicable)</em></th>
<th>Anticipated Project Total <em>(if applicable)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>Tracking completed versus interrupted visits due to IT connectivity</td>
<td>optional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost</td>
<td>Estimated cost per telehealth episode of care (visit, equipment cost, other)</td>
<td>optional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost</td>
<td>Estimated cost savings</td>
<td>optional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost-Effectiveness</td>
<td>Impact on transportation related expenses</td>
<td>optional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost-Effectiveness</td>
<td>Impact on specialty costs-provider related expenses</td>
<td>optional</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ATTACHMENT C: BUDGET DETAIL AND NARRATIVE JUSTIFICATION

Provide a Budget Detail and Narrative Justification that includes the information below.

All items are required and must be approved by the Department and CMMI and OAGM prior to subgrant signature. Following these instructions will facilitate review and approval by ensuring that the required information is provided.

I. Provide an itemized budget with narrative justification broken out by the categories listed below: For each category, provide justification for each item listed below (the format is open). Each budget item must support the amount identified for the corresponding category and include all required items.

A. Billing Rates: For each staff member, describe the scope of responsibility related to the accomplishment of program objectives and the following information:
   1. Position, title, and name of staff member conducting the work, if available at the time of submission
   2. Billing rate for the staff member, which includes salary and fringe benefits
   3. The activity associated with the category
   4. Total hours anticipated for the listed activity
   5. The total amount requested for the year, by category

B. Fringe Benefits: Provide the basis for calculating fringe benefits. If a fringe benefits rate is not used, itemize how the fringe benefit is computed.

C. Supplies: Tangible personal property, such as laptops, electronic notebooks, etc. is not permitted. Individually list each item requested. Show the unit cost of each item, number needed, and total amount. Provide justification for each item and relate it to specific program objectives. If appropriate, general office supplies may be shown by an estimated amount per month times the number of months per budget category.

D. Other: This category contains items not included in the previous budget categories. Individually list each item requested and provide appropriate justification related to the program objectives. Examples include postage, telephone, printing, subscriptions, and temporary equipment rental.

E. Subcontracts and Vendors: For each subcontractor provide the following:
   1. Name of subcontractor
   2. Method of selection
   3. Period of performance
   4. Scope of work
   5. Method of accountability
   6. Itemized budget and justification (using same standard format as provided above)

   If the information is unknown for any subcontractor at the time of submission, the information may be submitted at a later date as a revision to the budget. Copies of the actual contracts should not be sent to the Department unless specifically requested. Provide a summary of the proposed contracts and the amounts for each.

F. Indirect Costs: Provide the amount of your indirect costs. Indirect costs shall not exceed ten percent (10%) of the budget term.

Funding Restrictions

- Hardware costs and equipment costs are not permitted (such as laptops or cameras)
- 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 to pay for the use of specific components, devices, 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.
ATTACHMENT D: PATIENT PERSPECTIVE ON TELEHEALTH (SURVEY TEMPLATE)

Telehealth Patient Satisfaction Survey

Frequency of distribution at the discretion of the clinic or CHEMS agency
(Suggest providing survey once to each unique patient)

Date of Service __________

Have you ever been involved in a telehealth consultation before? Yes _____ No _____

How would you rate the telehealth consultation on the factors listed below:

<table>
<thead>
<tr>
<th></th>
<th>Very Dissatisfied</th>
<th>Dissatisfied</th>
<th>Neutral</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Met your medical care needs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Overall quality of care provided</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Ability to talk freely over telehealth</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Ability to understand the recommendation made</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Quality of the picture</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. Quality of the sound</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. Overall telehealth consult experience</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

8. Which would you prefer (CIRCLE ONE): telehealth consultation  or  Physician on site  or  No Preference

9. Would you be willing to participate in another telehealth consultation? Yes _____ No _____

10. In your opinion, how important was it that you received a telehealth consultation?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not important</td>
<td>Very important</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please write any additional comments below:
ATTACHMENT E: PRIMARY CARE OR CHEMS PROVIDER PERSPECTIVE ON TELEHEALTH (SURVEY TEMPLATE)

Primary Care or CHEMS Provider Telehealth Satisfaction Survey

Frequency of data collection at the discretion of the clinic or CHEMS agency
(Suggest implementing survey once for each unique patient)

Date of Service __________

Reason for consultation:

How would you rate the telehealth consultation based on the items below:

<table>
<thead>
<tr>
<th></th>
<th>Very</th>
<th>Dissatisfied</th>
<th>Dissatisfied</th>
<th>Neutral</th>
<th>Satisfied</th>
<th>Very</th>
<th>Satisfied</th>
<th>Not</th>
<th>Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Clinical skills of the telehealth clinician</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Overall telehealth consult experience</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Did the telehealth consultation result in changes or additions to patient management?  Yes _____ No _____

4. Did the telehealth consultation result in additional diagnostic studies?  Yes _____ No _____

5. Did the consultation facilitate a learning opportunity between you and the telehealth clinician?  
   Yes _____ No _____ NA _____

6. Please rank the degree to which the telehealth consultation assisted in the medical management of this patient:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td></td>
<td></td>
<td></td>
<td>Significantly</td>
</tr>
</tbody>
</table>

Please write any additional comments below: