

CARES Funding Round 2

The Changes, Applying, And Winning

Presented by



WEBINAR

CARES Funding Round 2 The Changes, Applying, And Winning



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Learn, Design, Apply, Inc



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GALE



A smart, open platform for **Enhanced Telehealth** and **RPM**

One Platform, Different Use Cases



Telehealth Application Details Page 1

Report Title: Telehealth Application Details
Run Date and Time: 2020-06-23 11:06:51 Eastern Daylight Time
Run by: COVID Service Account
Table name: x_g_fmc_c19_telehe_grant_application

Telehealth Application

| | | | |
|--|---|---|---|
| Number: | | Applicant National Provider Identifier (NPI): | |
| PDF - Applicant Name: | | Lead HCP: | |
| Applicant FCC Registration Number (FRN): | | Lead HCP HCP Number: | |
| Data Universal Numbering System (DUNS) Number: | | # of HCPs: | 1 |
| DATA.Aid Business Types: | M - Nonprofit with 501(c)3 IRS Status (Other than an Institution of Higher Education) | # of Funding Line Items: | 1 |
| Service Area: | California | HCP Numbers: | |

Contact Information

| | |
|-----------------|-----------------|
| Contact Name: | |
| Position Title: | President & CEO |
| Street: | |
| City: | North Hills |
| State: | CA |
| Zip: | 91343 |
| Email: | |
| Phone: | |

Services and Conditions

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Telehealth Application Details Page 3

What metrics will you use to help measure the impact of the funds used?
 MCN will monitor and create reports related to COVID-19 Telehealth Program activities including detailed patient-visit data, patient compliance with telehealth provider recommendations, clinical performance measures, and documentation of reduction in our patients going to hospital emergency rooms.

How has COVID-19 affected HCPs in your geographic area (e.g., county)?
 MCN has learned that some private providers in Los Angeles are still asking patients to come in while we are asking patients not to come in unless their situation is urgent. MCN has seen a steep drop in patient visits due cancelled appointments and patient compliance with mandated stay-at-home orders. Such mandated travel restrictions has prompted MCN to temporarily suspend dental services, except for emergencies. We have also suspended optometry, chiropractor, and podiatry services. As all regional schools are closed, we have also stopped our school-based services. We typically serve nine schools, using our school-based clinics (at which all ages are welcome) as well as via our mobile clinic for medical and dental services.

Have you been under pre-existing strains? If so, please describe such factors:
 Do you plan to target the funding to high-risk and vulnerable patients?
 Yes

If so, please describe how:
 We would include treatment for patients that have two or more chronic diseases, as well as African American patients, for whom data is showing are at a higher risk than other races/ethnicities for contracting the coronavirus.

Please provide any additional information to support your application and:
 MCN will implement a Virtual Data Center using ADS Cloud services in order to improve telehealth services including ability for both provider and patient to be monitored remotely.

Do you request confidential treatment of supporting documentation?
 No

Funding Request

| | |
|---|--------|
| Total Amount of Funding Requested: | 300500 |
| Are you requesting funding for devices? | Yes |
| Are the devices for the health care provider's use? | Yes |
| Are the devices for patient use? | Yes |
| How are the devices integral to patient care? | |

MCN is requesting Health Net funding for equipment purchased and modifications for patients, providers and support staff. Our needs include: switches to add more workstations to our network, additional computer monitors in each exam room so providers can use one to connect with patient and other to diffuse ambient sound. We will also need equipment for Wi-Fi. Some of our sites do not have wireless access point equipment for Wi-Fi capabilities that both laptops and iPads would require. Additionally, we will also need high speed network switches, and laptops/iPads for providers to work remotely and connect with/treat patients remotely.

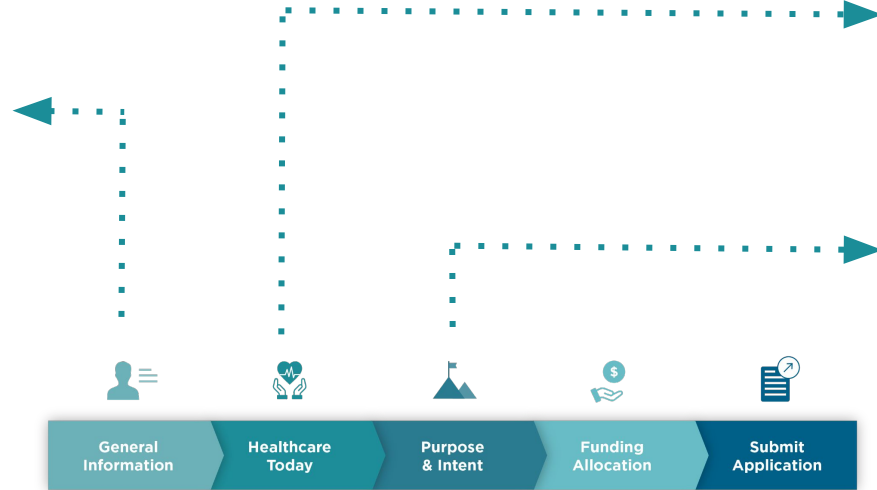
Certification

| | | | |
|-----------------------------|-----------|--------------------------|---------------------|
| Certified and Submitted by: | | Certified Date and Time: | 2020-04-15 00:00:00 |
| Full Name: | Nik Gupta | | |

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Sample Winning Application

\$308K. 4 Pages.



Telehealth Application Details Page 2

Patient-Based Internet-Connected Remote Monitoring: true
Other Monitoring: false
Video Consults: true
Voice Consults: true
Imaging/Diagnostics: true
Other Diagnostics: false
Remote Treatment: true

Additional information on Medical Services to be provided:
 Due to the COVID-19 global pandemic and the necessity to stay at home, it is apparent to [redacted] that a strengthened ability to deliver telehealth services are essential and urgent, especially as The Centers for Medicare & Medicaid Services (CMS) has recently related policies that now allow a provider's home to be an eligible originating site. In fact, for Medi-Cal providers (California's Medicaid), telehealth is now a service requirement in response to the pandemic.

Would you treat patients without COVID-19 symptoms or conditions? Yes
Would you treat COVID-19 patients directly? No
Emergency / Urgent Care: true
Mental Health Services (Non-Emergency): true
Other Infectious Diseases: true
Routine, Non-Urgent Care: true
Other Conditions (Explain Below): false

If you will treat patients without COVID-19, explain...:
 Additional information on specific conditions to be treated:

Purpose and Intent

What are your goals and objectives for use of the COVID-19 Telehealth Funding?
 To provide services to patients when both provider and patient are remote. With this funding, [redacted] will ensure that at least 30% of high-risk patients are being monitored.

What is your timeline for deployment of the proposed service(s)?
 Upon receiving a COVID-19 Telehealth Program grant, [redacted] would immediately go to work making equipment purchases and modifications, as well as acquiring telehealth software services contracts. Our needs include the following:

1. For Telecommunication/Broadband Connectivity services: Dedicated telehealth telephone lines - installation and upgrade (at \$25,000, one-time cost); Purchase smart phones for patients to communicate with providers through video/audio (\$250 x 100 = \$25,000, one-time); Monthly data charge - June through September 2020 - for smartphones for patients (\$50 x 100 = \$5,000). Total this section = \$55,000.
2. For Telehealth Information Services: Setup Virtual Data Center with ADS Cloud services (\$20,000, one-time); Move all current servers to hosted cloud for providers to access all data remotely and increase bandwidth (\$1,000 x 4 months = \$12,000); Remote Patient Monitoring Platform, subscription service (\$250 x 4 months = \$1,000). Total this section = \$33,000.
3. For Internet Connected Devices/Equipment: Telehealth-integrated/connected blood pressure cuffs at home (\$150 x 250 = \$37,500, one-time); Telehealth-integrated/connected pulse oximeter for patient use at home (\$200 x 250 = \$50,000, one-time); Telehealth-integrated/connected EKG for patient use at home (\$100 x 250 = \$25,000, one-time); Tablets for high-risk, high-acuity patients, for home use (\$300 x 250 = \$75,000, one-time); Laptops for providers and staff (\$500 x 50 = \$25,000). Total this section = \$212,500.

TOTAL PROPOSED BUDGET - \$300,500.

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Telehealth Application Details Page 4

Related List Title: Health Care Provider List
Table name: x_g_fmc_c19_telehe_health_care_provider
Query Condition: Associated Application = GRA0000933
Sort Order: Number in ascending order

| Number | Facility Name | FRN | HCP Number | NPI | State | City | Eligibility Type | Total Patient Population | Estimated Number of Patients to be Served by Funding Request | Associated Application | Updated by | Updated |
|-----------|--------------------------------|------------|------------|-----|-------|-------------|--|--------------------------|--|------------------------|----------------|---------------------|
| HCP000940 | Mission City Community Network | 0029454600 | | | CA | North Hills | (2) community health centers or health centers providing health care to migrants | 28,429 | 2,500 | GRA0000933 | covid_api_prod | 2020-05-05 08:38:44 |

Related List Title: Funding Request Details List
Table name: x_g_fmc_c19_telehe_funding_request
Query Condition: Associated Application = GRA0000933
Sort Order: Number in ascending order

| Number | Description of Service(s) and/or Device(s) | Category | Quantities/For Devices | Total One-Time Expense | Total Monthly Expenses | Number of Months for Recurring Monthly Expenses | Date (Purchased or To Be Purchased) | Updated | Updated by |
|------------|--|----------|------------------------|------------------------|------------------------|---|-------------------------------------|---------------------|----------------|
| FDR0012745 | | | | | | | | 2020-05-05 08:38:44 | covid_api_prod |

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WEBINAR

CARES Funding Round 2 The Changes, Applying, And Winning



Dana Satterwhite
LDA Grants

- 14 years of experience in finding funding for technology initiatives
- Former Tandberg, Cisco Grants, and Facebook
- Grants Manager at Learn Design Apply (LDA)



FCC Telehealth Program: Basic Details

Program designed to “support healthcare providers across the country in expanding or developing connected health platforms to address the coronavirus pandemic.”

- \$250M approved funding - \$50M slated for administrative purposes
- Health care providers must obtain an eligibility determination (USAC) for the lead health care provider site that they include in their application
- Applicants must have submitted a Form 460 to receive a health care provider number (HCP) to apply for Round 2 of the Program (eligibility does not need to be approved upon submission just requested)
- The COVID-19 Telehealth Program is limited to nonprofit and public eligible health care providers
- Filing window of seven calendar days for Round 2 of the Program – with 2-week warning before posting application window
- All eligible Round 2 applicants can apply for up to \$1M in funding
- Round 1 awardees also qualify for the full \$1Million award amount per application regardless of what they were awarded in Round 1.

What can you do right NOW?

- Create an FRN if you don't have one: <https://apps.fcc.gov/cores/userLogin.do>
- Establish Eligibility: <https://www.usac.org/rural-health-care/resources/forms/resources/forms/>
- Make sure you have an active SAM registration (needed for reimbursement)... Start this process NOW

Project Planning:

- ❖ Think through your project – who will be served, how many, demographics, etc.?
- ❖ Tie that to your budget needs... how will you spend your funds? Get a quotation (line item detail) so that you are ready to fill out a budget and justification narrative
- ❖ Make sure you have an active SAM registration (needed for reimbursement)...start this process NOW

Eligible Budget Items

Round 2 applicants may receive Program funding to support up to 12 months of eligible recurring services as well as eligible annual license agreements (only one-year term will be funded).

Definitions:

- ❖ Eligible devices include only connected devices but not devices that patients use at their homes that do not have a connection to the internet, even if those devices allow the patient to manually report information to their medical professionals remotely.
- ❖ Connected devices may include Bluetooth or Wi-Fi enabled devices, or that connect to the Internet directly, including devices/peripherals (e.g., web cameras, stethoscopes) that connect to a consumer's phone or other connected device for purposes of providing telehealth services.
- ❖ Network equipment - needed to use telecommunications services, information services, or connected devices are also eligible.
- ❖ Taxes, shipping, and installation or integration of eligible devices and services, are also eligible.

Ineligible Budget Items

The Program does not support funding for:

- Personnel costs
- Marketing costs
- Administrative expenses
- Training costs
- Indirect costs

Examples of ineligible services and devices include:

- ❖ Services or devices purchased or implemented prior to March 13, 2020.
- ❖ Administrative costs, e.g., personnel expenses, consultant fees, payroll, training, customer service, project management, records management, reprocessing and logistics, and doctor's costs, etc.
- ❖ Technical support, maintenance costs, separate costs for warranties and protection plans.
- ❖ Separate costs for non-connected accessories, e.g., cases, mouse pads, cable clips, laptop bags, tablet stands, wall mounts, and charging stations, etc.
- ❖ Smart watches and fitness trackers.
- ❖ Back-up Power Equipment, e.g., back-up batteries, redundant power cords, Uninterruptible Power Supply (UPS), generators, and surge protectors, etc.
- ❖ Non-connected medical devices or supplies, e.g., non-connected digital thermometers, testing strips, lancets, disposable covers, and personal protective equipment, etc.
- ❖ Construction costs, e.g., fiber/ethernet/cable network constructions, facility alterations, and temporary site location structures, etc.
- ❖ Non-telehealth items, e.g., office furniture and supplies, desks, security systems, and indirect costs, etc.

How to justify your funding requests

- ❖ Approach it more as a typical competitive grant application
- ❖ Provide a higher level of detail (reviewers don't know part numbers or use case)
- ❖ Provide a budget spreadsheet and budget narrative
- ❖ Be consistent in your need and your requests and document the necessity. Why did you ask for 10K licenses when you are serving 2000 people?
- ❖ Provide the reviewer everything they could possibly need and assume they know nothing, connect the dots, stay consistent

Funding Decisions & Process

After applications are scored, USAC, with Bureau and OMD oversight, will:

1. USAC will first commit funding to the top-scoring Round 2 application with an eligible lead health care provider located in a state or territory that did not have a lead health care provider receive funding during Round1 if feasible.
2. USAC, with Bureau and OMD oversight, will commit funding to the top-scoring Round 2 application in the states and territories where an application with a lead health care provider was awarded Round 1 funding, and to award funding to the second-ranked application in the states where no lead health care provider received Round 1 funding this will result in funding for at least two applications with lead health care providers in each state, territory, or the District of Columbia across both rounds of the Program, if such applications exist

Evaluation Metrics

Round 2 application evaluation metrics should prioritize the overall performance goals of the Program to fund:

- (1) eligible health care providers that will benefit most from telehealth funding;
- (2) as many eligible health care providers as possible;
- (3) Tribal, rural, and low-income communities to ensure that this additional support will be directed to communities where the funding would have the most impact; and
- (4) hardest hit areas to make sure that funding continues to support health care providers in areas most impacted by the COVID-19 pandemic.

Each metric is assigned its own objective scoring mechanism, which will allow USAC to score applications.

***Our team can help you determine your score**

Scoring System

| Factor | Information Required | Points |
|---|---|----------|
| Hardest Hit Area | Applicants must provide health care provider county | Up to 15 |
| Low-Income Area | Applicants must provide health care provider physical address and county | Up to 15 |
| Round 1 Unfunded Applicant | Applicants must provide unique application number from Round 1 ¹²⁷ | 15 |
| Tribal Community | Applicants must provide physical address and/or provide supporting documentation to verify Indian Health Service or Tribal affiliation | 15 |
| Critical Access Hospital | Applicants must provide proof of Critical Access Hospital certification | 10 |
| Federally Qualified Health Center / Federally Qualified Health Center Look-Alike / Disproportionate Share Hospital | Applicants must (1) provide proof of Federally Qualified Health Center certification, or (2) demonstrate qualification as a Federally Qualified Health Center Look-Alike, or (3) demonstrate qualification as a Disproportionate Share Hospital | 10 |
| Healthcare Provider Shortage Area | Applicants must provide Healthcare Provider Shortage Area ID number or health care provider county | Up to 10 |
| Round 2 New Applicant | Applicants must certify, under penalty of perjury, that the applicant has not previously applied for Program funding | 5 |
| Rural County | Applicants must provide health care provider county | 5 |

Supporting Documentation & Data Sources

Hot Spots Priority:

For Round 2, USAC will rely on publicly available COVID-19 infection rates from the day the application filing window closes, specifically using the U.S. Department of Health and Human Services dataset which breaks down different levels of community spread of COVID-19, and award prioritization points to applications in which an eligible health care provider is in a county defined as a “sustained hotspot” or a “hotspot.”

<https://beta.healthdata.gov/Health/COVID-19-Community-Profile-Report/gqxm-d9w9>

- USAC will award seven (7) points to applications that demonstrate that an eligible health care provider is in a “hotspot” and 15 points to applications that demonstrate that an eligible health care provider is located in a “sustained hotspot.”
- USAC will use both county and census tract poverty data because county data alone may not sufficiently capture highly concentrated low-income communities in urban areas or the poverty level of communities within counties where there are large income gaps.

Supporting Documentation & Data Sources

Low Income Areas Priority:

USAC will determine the poverty rate of both the county and the census tract for the eligible health care provider site the applicant has designated for this metric.

If an application would be eligible for more points using the census tract poverty rate than using the county-level poverty rate (or vice versa), we direct USAC to award the application the higher points available between the two.

- USAC will award 7 points to applications that demonstrate that an eligible health care provider is in a county or census tract where the poverty rate is equal to or greater than the median poverty rate and less than the percentile for poverty for that geographic area
- 15 points to applications that include an eligible health care provider located in a county or census tract where the poverty rate is in the 75th percentile or greater for that geographic area.

Supporting Documentation & Data Sources

Round 1 – Unfunded Application Priority

USAC will prioritize eligible health care providers that applied for Round 1 funding but did not receive it, and award 15 points to applications that demonstrate they applied for, but did not receive, Round 1 funding.

Tribal Priority

USAC will award 15 points to applications that demonstrate that an eligible health care provider site is either located on Tribal lands or is operated by the Indian Health Service or is otherwise affiliated with a Tribe. Applicants that are otherwise affiliated with a Tribe should provide supporting documentation sufficient to verify their Tribal affiliation.

Supporting Documentation & Data Sources

Critical Access Hospital Priority:

USAC will award 10 points to applications that demonstrate an eligible health care provider qualifies as a Critical Access Hospital.

<https://www.flexmonitoring.org/critical-access-hospital-locations-list>

FQHC, FQHC Look-Alike and DSH Priority:

USAC will award 10 points to applications that demonstrate that an eligible health care provider qualifies as (1) an FQHC, (2) an FQHC Look-Alike, or (3) a DSH.

<https://data.hrsa.gov/data/reports/datagrid?gridName=FQHCs>

Supporting Documentation & Data Sources

Health Professions Shortage Areas Priority:

- USAC will award 5 points to applications that include this information on their application and qualify for this factor with an HPSA score of 1-12;
- 10 prioritization points to applications that include this information on their application and qualify for this factor with an HPSA score of 13-25.

Applicants should use the HPSA score for primary care, which is publicly available on the Health Resources and Services Administration website.

<https://data.hrsa.gov/tools/shortage-area>

Applicants who did NOT apply in Round 1 – Priority:

USAC will award 5 points to applicants who did NOT apply for Round 1 funding.

Supporting Documentation & Data Sources

Rural County Priority:

Applicants should use USAC's Eligible Rural Areas Search tool to determine if an eligible health care provider is in a rural area and provide the physical address of the qualifying health care provider in their application. USAC will award 5 points to applications that demonstrate that an eligible health care provider site is in a rural area.

<https://apps.usac.org/rhc/tools/Rural/search/search.asp>

Other Funding Available For Telehealth

- Evidence-Based Telehealth Network Program (EBTNP) - funding available through DHS
- Rural Communities Opioid Response Program funding - available through SAMHSA
- Rural Emergency Medical Services Training Grant - funding available through SAMHSA
- Certified Community Behavioral Health Clinic Expansion Grants – funding available through SAMHSA
- Tribal Opioid Response Grants – funding available through SAMHSA
- **Rural Utilities Services Distance Learning and Telemedicine Grants – funding available through USDA**

The #1 Federal Grant for Telehealth Equipment

USDA RUS-DLT Grant Program

When: Open now!

Deadline: June 4th

Award Size: up to \$1M

Match: 15% required

Eligibility: Almost any organization delivering or sharing telehealth or distance learning services with rural sites (no sole proprietors; no federal orgs)

RUS-DLT Grant Continued...

Program Purpose: Equalizing access to healthcare or educational resources & services

Prioritizes rurality, poverty, Tribal Lands, and matching funds

The “T” in DLT (Telemedicine) has very broad connotations:

- ❖ Healthcare services (primary & specialty)
- ❖ Clinical Healthcare Education
- ❖ Prevention and Wellness
- ❖ Mental Health & Substance Abuse
- ❖ School based health
- ❖ Even For-Profit healthcare (ex: sleep disorder clinics)

Thank you!

19 Labs

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Making Healthcare Accessible

Learn more about GALE at 19Labs.com