2018 Telehealth Conference

Salt Lake City, Utah October 1-3, 2018

Pre-conference Workshop:

Funding Broadband and Telehealth: An Introduction to Federal Funding Programs

This PDF combines three presentations:

Funding Broadband and Telehealth – Broadband (USAC Rural Health Care)

Presented by Deb LaMarche, Program Director, NRTRC

PDF pages 2 – 33

Funding Broadband and Telehealth – Equipment (UDSA Distance Learning & Telemedicine)

Presented by Heath Price, Community Programs Director, Utah, USDA

PDF pages 34 – 65

Funding Broadband and Telehealth – Programs (HRSA & Office for the Advancement of Telehealth)

Presented by Deb LaMarche, Program Director, NRTRC

PDF pages 66 – 82

FUNDING BROADBAND AND TELEHEALTH:
AN INTRODUCTION TO FEDERAL FUNDING PROGRAMS

NRTRC 2018 TELEHEALTH CONFERENCE
PRE CONFERENCE WORKSHOP
SALT LAKE CITY OCTOBER 1, 2018

Deb LaMarche, NRTRC Program Director & PI

DISCLAIMER

- *Deb LaMarche will present on USAC, OAT, and other federal programs. She is not an employee of any of the programs outlined in this presentation. Information shared by Deb is a combination of publicly available material and her experience as a successful applicant.*

SESSION AGENDA

- USAC Rural Health Care Program
- USDA Distance Learning & Telemedicine Program – separate presentation
- OAT Telemedicine Grant Programs
- Other federal telehealth opportunities

UNIVERSAL SERVICE FUND

- Universal Service is the principle that all Americans should have access to communications services, and is also the name of a fund.
- The Federal Communications Commission (FCC) is the federal agency responsible for Universal Service Fund (USF) programs and policies.
  —Based upon the Telecommunications Act of 1996.
- The Universal Services Administrative Company (USAC) is an independent not-for-profit corporation designated by the FCC to administer the Universal Service Fund.
- USF programs: High Cost, Lifeline, Schools & Libraries (E-Rate), and Rural Health Care

USAC RURAL HEALTH CARE PROGRAM

- The Rural Health Care (RHC) Program provides discounts for telecommunications and broadband services to eligible health care providers.
- RHC Program has a new annual funding cap of $581 million, which will be adjusted for inflation each year.
  - The funding cap includes USAC administrative expenses

RURAL HEALTH CARE PROGRAM

- Telecommunications (Telecom) Program
  - Funds urban/rural difference for telecommunications services for eligible HCPs
  - Original RHC program
- Healthcare Connect Fund (HCF) Program
  - Supports broadband connectivity and broadband networks for eligible health care providers
  - Eligible services and equipment receive a 65% discount

RHC PROGRAM COMPARISON

TELECOMMUNICATIONS PROGRAM

- Funds telecommunications service
- Discount urban/rural difference
- Apply as an individual HCP
- Must seek funding commitments each year
- HCP must be in a rural location
- No funding for off-site associated connections
- Funding received at year end

HEALTHCARE CONNECT FUND

- Funds telecom service, broadband service, network equipment
- Discount 65% of eligible expenses
- Apply as an individual HCP or as part of a consortium
- Multi-year funding commitments
- HCP can be in non-rural location if member of consortium
- Funds off-site data centers & admin offices
- Funding may be received once approved upon submission of invoices.

A FEW TERMS…

- HCP = “health care provider” = health care facility at a specific location
- Service provider = Telecommunications or broadband provider
- USAC Fiscal Year (FY)
  - July 1 – June 30
  - FY name is tied to the BEGINNING of the fiscal year
  - USAC FY 2018 = July 1, 2018 – June 30, 2019

HEALTH CARE PROVIDER (HCP) ELIGIBILITY

Must meet all 3 criteria

- Status
  - Not for profit
  - Public
- Rural location
  - Telecom Program: must be located in an FCC-approved rural location
  - HCF Program: Individual HCP applicants must be located in an FCC-approved rural location. Non-rural HCP applicants may apply as part of a majority rural consortium
- HCP Type

HCP ELIGIBILITY

- Health Care Provider (HCP) type
  - Post-secondary educational institutions offering health care instruction, such as teaching hospitals and medical schools,
  - Community health centers or health centers providing health care to migrants,
  - Local health departments or agencies,
  - Community mental health centers,
  - Not-for-profit hospitals,
  - Rural health clinics,
  - Dedicated emergency departments of rural for-profit hospitals,
  - Part-time eligible entities located in facilities that are ineligible, or
  - Skilled Nursing Facilities (SNFs) (effective January 1, 2017).

HCP ELIGIBILITY

- HCPs may apply for funding for multiple circuits
- HCP may apply for Telecom and HCP funding, or for HCP funding as an individual applicant and as part of a consortium

But

- Each circuit requires its own application, and only one application
- No “double-dipping”!

Rural Healthcare Program
Application Process

1	2	3	4	5	6
Determine Eligibility	Develop Evaluation Criteria and Request Services	Evaluate Bids and Select a Service Provider	Submit Funding Request	Certify Connection	Invoice
Must meet the three initial program criteria and make sure requested services are eligible	Develop scoring criteria to evaluate bids and describe service needs (posted on USAC website)	Choose the "most cost-effective" service provider	Provide information about services and selected service provider	Confirm service start and end dates	Initiate invoicing process and submit to service provider for review (HCF Program)
Form 465	Form 465		Form 466	Form 467	N/A
Form 460	Form 461		Form 462	N/A	Form 463

TELECOMMUNICATIONS PROGRAM

HEALTHCARE CONNECT FUND

TELECOM PROGRAM PROCESS

- Applicant submits Form 465 – Eligibility & request services
  - Once approved, USAC posts Form 465
- Applicant submits Form 466 – Funding request
  - USAC may request additional or clarifying information as it evaluates application.
  - Once approved, USAC awards a Funding Commitment Letter
- Applicant submits Form 467 – Certify connection
  - USAC provides an HCP Support Schedule

TELECOM FORM 465

Determines eligibility

Also used by USAC for 28 day competitive bidding posting

- So must submit one Form 465 for each circuit for which funding is sought

- Key data elements:
  - Site name, address, contact information
  - Funding year
  - Eligibility of HCP, including tribal affiliation (if any), Employer Identification Number; National Provider Identifier (NPI)
  - Request for Services, including anticipated uses of the connection
  - Bid evaluation criteria
  - Certifications

USAC will confirm via email Form 465 approval, the date posted to USAC's website, and the Allowable Contract Selection Date (ACSD).

TELECOM FORM 466

Funding Request: Describes actual service and cost requested for support

- All bids received during posting period must be reviewed and scored.
- Key data elements
  - Bill payer information
  - Service information (type of service and circuit bandwidth, percentage dedicated to the provision of healthcare)
  - Connection information (carrier info, start and end locations, billing number, tariff or contract info, install date, actual rural rate)
  - Urban rate
  - Optional request for Evergreen status of a contract
- Require supporting documentation: bids, contract (if desire Evergreen status), rural rate documentation, urban rate documentation

If approved, USAC issues a Funding Commitment Letter

TELECOM FORM 467

Confirmation that circuit is connected and accuracy of all information

- Service provider information, including billing account number
- Type of service and bandwidth
- Actual start date
- Actual end date (or end of FY if ongoing)

USAC then issues HCP Support Schedule to both HCP and service provider

TELECOM FUNDING PROCESS

1. Generally, HCP pays 100% of service provider invoices up front
2. Once USAC issues Support Schedule, service provider invoices USAC for the approved funding amount
3. USAC refunds the amount to service provider
4. Service provider refunds the amount to HCP via credit or check.

Good idea to touch base with service provider as soon as HCP Support Schedule has been received.

TELECOM PROGRAM TIMELINE

- Forms are submitted annually
  - One exception: Form 465 can be skipped for a circuit with Evergreen status (must still file Form 466 and 467 for the circuit, and file a Form 465 for any other circuits)
- Must wait until the filing window opens to file Form 465
  - January 1, 2018 for FY 2018 (7/1/2018 – 6/30/2019)
- Once 465 is posted, must wait 28 days before selecting service provider & filing a Form 466.
- Form 466 must be submitted before the end of the filing window
  - June 29, 2018, 11:59 PM Eastern time for FY2018

Note: *USAC sets filing window dates each year – pay attention!*

HEALTHCARE CONNECT FUND (HCF)

- HCP must determine if applying as an individual applicant, forming own consortium, or participating as part of another consortium.
- Consortia must be majority rural within 3 years of initial application.
- Applicants must determine if they are competitively bidding services or utilizing a competitive bidding exemption.

HCF PROCESS

- Applicant submits Form 460 – Eligibility
  - If part of a consortium, Consortium must submit Letter of Agency prior to submitting any forms on HCP's behalf
  - USAC approves
- Applicant submits Form 461 – Request services
  - May skip this step if claiming a competitive bidding exemption
  - USAC approves for posting, competitive bidding process
- Applicant submits Form 462 – Funding request
  - Once approved, USAC issues a Funding Commitment Letter
- Applicant submits Form 463 – Invoicing
  - Signed off by service provider

HCF FORM 460

- Determines eligibility for each HCP
- May be submitted by HCP or consortium. If by consortium, a Letter of Agency (LOA) must be submitted with the application.
- Key data elements:
  - Site name, address, contact information
  - Legal entity name
  - Eligibility of HCP, including tribal affiliation (if any), Employer Identification Number; National Provider Identifier (NPI), Taxonomy codes
  - Certifications

USAC will send email confirmation of Form 460 approval

HCF FORM 461

Request for services – may skip this step if using a competitive bidding exemption

- Individual applicants
  - Must outline anticipated uses for service
  - May or may not utilize a Request for Proposals (RFP). If using an RFP, it must be submitted with the Form 461. Must submit bid evaluation criteria
- Consortia applicants
  - List all HCPs requesting services
  - Submit RFP plus supporting documents, including network plan
- Important to coordinate USAC Form 461 posting and RFP so timelines are the same.

USAC will email Form 461 approval, the date posted to USAC's website, and the Allowable Contract Selection Date (ACSD).

HCF FORM 462

Funding Request

- Specify competitive bidding exemption if used
  - Annual undiscounted cost under $10,000
  - Government Master Services Agreement
  - Pre-approved Master Services Agreement
  - Evergreen contract
  - E-Rate Approved contract
- Whether using 461 or competitive bidding exemption, key items include:
  - Network Cost Worksheet - details and cost of each requested item (circuit or equipment) by HCP
  - Contract
  - Viable source document outlining where 35% will come from

Once approved, USAC will email a Funding Commitment Letter

HCF FORM 463

Invoice USAC

- In the HCF program, Consortia or HCPs can pay service provider just 35% of eligible charges.
- Then an invoice is submitted to USAC and signed off by service provider in order for the service provider to receive its 65%.
- This is generally an ongoing process, with invoices submitted throughout the life of the funding commitment.

HCF PROGRAM TIMELINE

- Form 460 can be filed any time; remains in place until if/when circumstances change
- Letter of Agency must specify term length; renewal based upon terms
- Must wait until the filing window opens to file Form 461
  - January 1, 2018 for FY 2018 (7/1/2018 – 6/30/2019)
- Once 461 is posted, must wait minimum of 28 days before selecting service provider & filing a Form 462.
- Form 462 must be submitted before the end of the filing window
  - June 29, 2018, 11:59 PM Eastern time for FY 2018

Note: *USAC sets filing window dates each year – pay attention!*

MY PORTAL

RHC Program online application management system

- All forms and documentation are submitted using My Portal.
- Used for both Telecom and HCF programs

(Applicants will receive email correspondence about the status of form submission, decisions, and any additional information requested.)

MY PORTAL

- My Portal account is created by submitting a new FCC Form 460 (HCF program) or Form 465 (Telecom program)
- Three types of account holders
  - Primary – must be a leader, board member or employee of HCP
  - Secondary – same requirements as Primary; useful to have in place as backup
  - Tertiary – third party approved by Primary account holder for access

CONSULTANTS

- Can be very helpful
- Requires Third party authorization
- Check references

TIPS

- Give yourself time!
  - First time will take the longest
  - Study the process in advance
- Use RHC Resources
  - Website: www.usac.org, select Rural Health Care
  - RHC Program Help Desk, 800-453-1546
  - Email RHC-Assist@usac.org
- Keep record of previous applications and documentation
  - required by USAC but also your most useful tool! (easier to edit than create!)
- Keep a record of the contract sign date, service start date – these will be needed for the life of the circuit.

RURAL HEALTH CARE PROGRAM

HTTPS://WWW.USAC.ORG/RHC/DEFAULT.ASPX

Healthcare Connect Fund - Rural

https://www.usac.org/rhc/default.aspx

USAC En Español | Subscribe | Contact USAC | Search

Universal Service Administrative Co.

Tools | Forms | Payments | My Portal

About USAC | Schools and Libraries | Rural Health Care | Lifeline | High Cost | Contributors | Service Providers

USAC Home | Rural Health Care Program

TELECOMMUNICATIONS PROGRAM

- Program Calendar
- Forms
- My Portal
- Trainings & Outreach
- Contact Us

HEALTHCARE CONNECT FUND PROGRAM

- Program Calendar
- Forms
- My Portal
- Trainings & Outreach
- Contact Us

Welcome To The Rural Health Care Program

2018 Funding Cap Order Released June 25, 2018

More information here.

The Rural Health Care (RHC) Program supports health care facilities in bringing world class medical care to rural areas through increased connectivity. It supports reduced rates for broadband and telecom services. There are two subprograms in the RHC Program: the Healthcare Connect Fund (HCF) Program and the Telecommunications (Telecom) Program.

Notice: The FY2018 Filing Window Period will take place from February 1, 2018 through 11:59 p.m. EDT June 29, 2018. More information about filing window periods available here.

Receive a flat 65% discount on broadband expenses and network equipment

Receive a discount based on the urban-rural price difference in your area on telecom expenses

FCC CONNECTED CARE PILOT PROGRAM

- On August 2, the FCC Commission voted to create an experimental $100 million "Connected Care Pilot Program" to support the delivery of advanced telehealth services to low-income Americans.
- The goal is to promote the use of broadband-enabled telehealth services among low-income families and veterans, with a focus on services delivered directly to patients beyond the doors of brick-and-mortar health care facilities.
- FCC is in the process of gathering comments in order to develop the program and policies for implementation…more to come!

Deb LaMarche
Northwest Regional Telehealth Resource Center
Salt Lake City, Utah
833-747-0643 toll free
801-587-0349
deb.lamarche@utn.org
https://nrtrc.org/

The NRTRC is proud to be a member of the National Consortium of Telehealth Resource Centers.

United States Department of Agriculture

Rural Development

Heath Price, CP Director Utah
heath.price@ut.usda.gov
(801) 524-4325

Distance Learning and Telemedicine Program

NRTRC Conference

Salt Lake City, UT

October 1, 2018

Distance Learning & Telemedicine Grant Program

The program provides or improves Distance Learning and/or Telemedicine Services in Rural America by funding equipment that allows rural residents to access distance learning or telemedicine services from hub sites located in larger urban or suburban areas.

Overcoming the effects of remoteness and low population density.

Distance Learning and Telemedicine (DLT) Program

Available Funding	Program Updates
FY 2016 • **$23.4 million** available in FY 2016 **FY 2017** • **$23.6 million** available in FY 2017 **FY 2018** • **$29.0 million** available in FY 2018 • **$20.0 million** additional available in FY 2018 in rural areas to help address the opioid epidemic in rural America • Grants fund equipment needed to provide Distance Learning and Telemedicine services • 15% Matching Requirement • Minimum Grant amount: $50,000 • Maximum Grant Amount: $500,000 • Only grants are available-no loans or combo loan/grants	**FY 2016** • **182** applications received • **98** applications approved: **$27.7 million** • **35** States & Territories represented **FY 2017** • **208** applications received by July 17, 2017 • **86** applications approved: **$27.7 million** • **46** distance learning & **40** telemedicine projects • **30** States & Territories represented • **71 of 86** (83%) serving Special Consideration Areas **FY 2018** • **NOSA Released** on April 3, 2018 • Submissions were received by June 4, 2018 & are being evaluated • **223** Applications received for **$67.6 million**

http://www.rd.usda.gov/programs-services/distance-learning-telemedicine-grants

Updated: 06/06/2018

Previous Awards in Utah

- **2017 – N/A**
- **2016 – Snow College $304,132** - To purchase interactive video conferencing equipment for three high schools and three charter schools. This project will shorten time for college degree completion and implement an easier transition to college coursework.
- **2015 – Utah State University $252,741** - expanding in the southeast portion of the project's service area and will offer courses in Allied Health, IT, Business, Criminal Justice, and Human Resources. Members of the Navajo Nation (Montezuma Creek) will also be able to take college courses that lead to a bachelors, masters, and to a doctoral degree. Matching funds $192,000
- **2014 – San Juan Foundation $86,739** - Broadband-capable interactive video teleconferencing and audio-visual equipment will be deployed in 4 foundation-owned Family Learning Centers. This project will offer pre-kindergarten, K-12, post-secondary and adult education curricula. Match $19,252

2012 – 1996 Utah DLT Awardees - https://www.rd.usda.gov/files/dltawards-ut.pdf

Distance Learning and Telemedicine (DLT) Program Changes for 2018

Recent Changes to the Regulation:

- The governing regulation has been changed from 7 CFR part 1703, subparts D, E, F and G to 7 CFR part 1734, subparts A, B, C, and D.
- Changes to the DLT grant program regulation include statutory requirements and non-statutory issues.

Statutory Changes:

- Revision of the Appeals section. In accordance with the Statute, appeals are limited to RUS Telecom and Electric borrowers.
- RUS Telecom and Electric borrowers are eligible to apply for grants.
- The Agency is now making broadband facilities an eligible grant purpose.

Distance Learning and Telemedicine (DLT) Program Changes for 2018

Changes to the Regulation cont.

Non statutory changes:

- Publication of NOFA and/or NOSA's has been removed, program announcements will now be made on Grants.gov, the Program website and in the Program Application Guide.
- Scoring criteria has been removed from the regulation and is now to be included in the announcement on Grants.gov, the Program Application Guide and on the Program website.
- The required leveraging, or more commonly referred to as match, has been reduced to a flat 15% of the grant amount requested.

Distance Learning and Telemedicine (DLT) Program Changes for 2018

Changes to the Program Application Guide - Scoring Categories

- There are now 4 recommended scoring categories, 3 objective and one subjective, with a maximum of 110 points.
  - Rurality (40 points)
  - Economic Need (30 points)
  - Special Considerations (10 points)
  - Service Need and Benefits (30 points)
- Economic Need is recommended to be scored using the US Census Small Area Income and Poverty Estimates (SAIPE) county data.

Distance Learning and Telemedicine (DLT) Program Changes for 2018

Site Licenses and Maintenance Contracts

- Site licenses and maintenance contracts for equipment purchased as part of the project have been added to the list of approved grant purposes (7 CFR 1734.21).
    - Additionally, the 3 year allowable coverage for extended warranties, site licenses and maintenance contracts has been identified as starting at the time of installation of the related equipment.

Distance Learning and Telemedicine (DLT) Program Changes for 2018

Broadband Facilities

- Purchasing and installing broadband facilities has been added to the approved grant purposes.
  - This purpose is limited to a ***maximum of 20 percent*** of the requested grant amount and must be used for providing distance learning or telemedicine services. The awardee must own the final broadband asset in order for funding to be approved. (Cant be handed off to ISP)

Distance Learning and Telemedicine (DLT) Program Changes for 2018

Applicant Assistance

- Prior to official submission of applications, applicants may request technical assistance or other application guidance from RUS, as long as such requests are made 15 days prior to the final application due date.

Distance Learning and Telemedicine (DLT) Program

Applicant Eligibility

- The following entity types are eligible to apply:
  - Incorporated organization
  - Indian tribe or tribal organization, as defined in 25 U.S.C. 450b (e);
  - State or local unit of government;
  - Consortium as defined in 1734.3; or
  - Other legal entity, including a private corporation organized on a for-profit or not-for-profit basis.

Distance Learning and Telemedicine (DLT) Program

Consortium

- A consortium is a combination or group of entities formed to undertake the purposes for which the distance learning and telemedicine financial assistance is provided.
- If the applicant is an existing established consortium with the legal ability to contract with the Federal Government, that organization can apply in the name of the formal consortium.
- If the applicant is an informal consortium which by itself lacks the legal capacity to contract, the consortium must have a legally organized host organization that will apply on its behalf or each individual entity must contract with RUS on its own behalf. Each member of the informal consortium must provide signed copies of certifications.
- An informal consortium may have a legally organized host organization which will apply on behalf of the consortium and be designated as the project owner with all awardee responsibilities.

See page 6 *of the DLT Application Guide for more detail.*

Distance Learning and Telemedicine (DLT) Program Eligible Purposes

Categories of eligible grant purposes

- Acquiring, by lease or purchase eligible equipment.
  - If leased, the cost of the lease during the three year life of the grant is eligible.
- Constructing Broadband Facilities to serve DLT purposes.
  - Costs may not exceed 20% of the grant amount
- Acquiring instructional programming that is a capital asset.
  - Including the purchase or lease of instructional programming already on the market
- Providing technical assistance and instruction for using eligible equipment.
  - The costs for this category cannot exceed 10% of the grant amount requested

See page 7 *of the DLT Application Guide for more detail*

Distance Learning and Telemedicine (DLT) Program
Ineligible Grant Purposes

Select Ineligible purposes:

- To pay for medical or educational equipment not having telemedicine or distance learning as its essential function
- To pay for Electronic Medical Records
- Medical equipment not used primarily for telemedicine (50%+)
- Salaries or administrative expenses
- Application preparation costs
- Purchase of land, buildings, building construction, site development, or destruction or alteration of buildings.

See page 8 *of the DLT Application Guide for more detail*

Distance Learning and Telemedicine (DLT) Program
Eligible Equipment

The following are examples of eligible equipment

- Computer hardware and software
- Computer network components
- Data terminal equipment
- Inside wiring
- Audio and video equipment
- Telecommunications terminal equipment
- Interactive audio/video equipment
- Broadband facilities, if owned by the applicant

- The application must demonstrate both that the predominant purpose (50% or more of use) of every line-item in the grant and match budget meets the DLT Grant definition of distance learning and/or telemedicine.
- All equipment must be new and non-depreciated

Distance Learning and Telemedicine (DLT) Program Additional Eligibility Criteria

Matching Contribution:

- The grant applicant's minimum matching contribution must equal 15 percent of the grant amount requested and be used for eligible grant purposes.
  - There are special matching provisions for American Samoa, Guam, Virgin Islands, and the Northern Mariana Islands for eligibility purposes.

See page 20 *of the DLT Application Guide for more detail*

Distance Learning and Telemedicine (DLT) Program Matching Funds

Matching Contribution (15% required)

- Matching funds can either be cash or equipment used for the project or may be in-kind contributions from a third party.
- Matching funds must be for a purpose that would be otherwise eligible for grant funding (i.e., No salaries, administrative expenses, or other items prohibited from grant funding) and must be integral to the overall DLT project and have a predominant DLT purpose.
- The value of in-kind contributions must be supported.
- Vendor discounts or supplied equipment is not an eligible in-kind contribution.
- Only new equipment may be used in a DLT project; donations or use of partially or fully depreciated equipment are not allowable as match.

Criteria for scoring grant applications

Rurality; economic need; service need and benefit; and special considerations

- **§1734.26**
- The criteria by which applications will be scored will be published in the RUS DLT Program application guide and/or the RUS DLT Program Web site and in the funding opportunity posted on www.Grants.gov Web site on an annual basis. The criteria will be used to determine and evaluate: Rurality; economic need; service need and benefit; and special considerations as determined by the Administrator

Distance Learning and Telemedicine (DLT) Program
Completing the Grant Application

Beginning on Page 9 of the Application Guide

A. Standard Form 424 w/Attachments
B. An Executive Summary of the Project
C. Scoring Criteria Documentation
D. Matching Requirements
E. Scope of Work
F. Financial Information and Sustainability
G. Statement of Experience
H. Telecommunications System Plan
I. Compliance with other Federal Statutes
J. Evidence of Legal Authority and Existence
K. Federal debt certification
L. AD3030 Representations Regarding Felony Conviction and Tax Delinquent Status for Corporate Applicants
M. Environmental Impact and Historic Preservation
N. Consultation with USDA State Director and State Strategic Plan Conformity
O. Supplemental Information

Distance Learning and Telemedicine (DLT) Program

Overview of Worksheets (Appendix A)

- Site Worksheet (pg. 37)
- Matching Worksheet (pg. 43)
- Budget Worksheet (pg. 47)

Overview of Worksheets (Appendix A, Cont.)

Site Worksheet

(Insert additional rows as needed)

Site Number	Site Name	Site Designation (Hub; Hub/End-User; End-User)	Street Address	Town	County	State	Congressional District

Instructions for Completing the Site Worksheet

1. If using the Excel worksheets provided on our website at: http://www.rd.usda.gov/programs-services/distance-learning-telemedicine-grants please insert additional rows as needed to accommodate your Sites. If using a printed form, please use additional copies as needed to list all of your Sites.

2. **Site Number** – Number each Site consecutively regardless of its designation. This number should be used consistently to identify each site in the Site Worksheet, Rurality Worksheet and Economic Need Worksheet.

Overview of Worksheets (Appendix A, Cont.)

Matching Worksheet

(insert additional rows as needed)

Donor (must provide Documentation Letter from each donor)	Proposed Match ($)

6. You must document your matching funds as described in the *Application Guide*. Place letters of financial commitment and other match documentation along with this form under Tab C-3 of your application package. Each donor's match must be supported by a matching letter. Matches not properly documented will not be credited. Depending on the consequent reduction of your match, this could affect your project eligibility (*i.e.,* if resultant match is < 15%)

Overview of Worksheets (Appendix A, Cont.)

Budget Worksheet

Line Item #	Site Name	Description	Unit Cost	# of Units	Extended Cost: Grant or Cash Match Funds	Extended Cost: In-Kind Match
				Totals		
A	**Overall DLT Project Budget** (Sum of Total Grant/Cash Match and In-Kind Match Columns)					
B	**Less Proposed Cash Match** (as documented in Tab ___)					
C	**Less Proposed In-Kind Match** (From total of In-Kind Match Column)					
D	**DLT Grant Request** (A-B-C)					

Distance Learning and Telemedicine (DLT) Program

Additional Registration Requirements

- **Dun and Bradstreet Data Universal Numbering System Registration** – As required by the Office of Management and Budget (OMB), all applicants for grants must supply a Dun and Bradstreet Data Universal Numbering System (DUNS) number when applying. The Standard Form 424 (SF–424) contains a blank to enter your DUNS number. The DUNS number can be obtained free of charge by calling Dun & Bradstreet. Please see https://www.grants.gov/web/grants/applicants/organization-registration/step-1-obtain-duns-number.htmlfor more information on how to obtain a DUNS number or how to verify your organization's number.

Distance Learning and Telemedicine (DLT) Program

Additional Registration Documents

- **System for Award Management Registration** – Applicants, whether applying electronically or by paper, also must register in the System for Award Management (SAM) PRIOR to submitting an application. Applicants may register for the SAM at https://www.sam.gov/. Applicants should keep in mind that it can take up to ten (10) business days to register with SAM. Applicants should plan accordingly and begin the process well in advance of the application deadline.
  - The SAM registration must remain active with current information at all times while RUS is considering an application or while a Federal Grant Award or loan is active. To maintain the registration in the SAM database the applicant must review and update the information in the SAM database annually from date of initial registration or from the date of the last update. The applicant must ensure that the information in the database is current, accurate, and complete.

Distance Learning and Telemedicine (DLT) Program

2 CFR 200 – Procurement and Audit Requirements for Federal Grant Recipients

- Awards under the program are covered by this regulation.
- 2 CFR 200.319 (a), contractors that develop or draft specifications, requirements, statements of work, and invitations for bids or requests for proposals **must be excluded from competing for such procurements.**
- Please review this CFR for procurement and other administrative requirements that apply to the DLT program.

Link: http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl

Distance Learning and Telemedicine (DLT) Program

Application Submission

- Electronically via www.grants.gov

  Or

- Postmarked, shipped, or hand-delivered 2 paper copies of a completed application, one with original signatures, accompanied by an electronic version in the form of a USB Flash Drive.

Distance Learning and Telemedicine (DLT) Program

Application Submission (Con't)

The paper applications and the USB Flash Drive must be submitted to:

Deputy Assistant Administrator
Loan Origination and Approval Division
Rural Utilities Service
STOP 1597, Room 2844
1400 Independence Ave., SW
Washington, D.C. 20250-1597

Distance Learning and Telemedicine (DLT) Program

Additional Links

DLT Program Website

http://www.rd.usda.gov/programs-services/distance-learning-telemedicine-grants

Questions?

Rural Utilities Service Telecommunications Key Contacts

Assistant Administrator	Chad Parker, Assistant Administrator, RUS Telecommunications chad.parker@wdc.usda.gov / 202.720.7287
Deputy Assistant Administrators	Laurel Leverrier, Deputy Assistant Administrator, RUS Telecommunications laurel.leverrier@wdc.usda.gov / 202.720.3416
	Peter Aimable, Office of Portfolio Management & Risk Assessment peter.aimable@wdc.usda.gov / 202.720.1025
	Shawn Arner, Office of Loan (& Grant) Origination & Approval shawn.arner@usda.gov / 202.720.0800
	Kenneth Kuchno, Office of Policy & Outreach kenneth.kuchno@wdc.usda.gov / 202.720.9424

United States Department of Agriculture

Rural Development

Randall Dinogan | General Field Representative UT & CO
Randall.Dinogan@wdc.usda.gov | Phone: (303) 514-6386

Rural Development | Telecommunications Program
Rural Utilities Service | U.S. Department of Agriculture
1400 Independence Ave., S.W. | Washington, D.C. 20250
www.rd.usda.gov

USDA Rural Development is committed to the future of rural communities.

USDA is an equal opportunity provider, employer, and lender.

Telehealth Program Funding

NRTRC 2018 Telehealth Conference

Pre Conference Workshop
Salt Lake City October 1, 2018

Deb LaMarche, NRTRC Program Director & PI

Disclaimer

- *Deb LaMarche will present on USAC, OAT, and other federal programs. She is not an employee of any of the programs outlined in this presentation. Information shared by Deb is a combination of publicly available material and her experience as a successful applicant and grant reviewer.*

US Department of Human Resources

Health Resources & Services Administration (HRSA)

- Federal Office of Rural Health Policy (FORHP)
  - Office for the Advancement of Telehealth (OAT)

HRSA & FORHP

Health Resources & Services Administration (HRSA)

- provides health care to people who are geographically isolated, and/or economically or medically vulnerable.
- supports the training of health professionals, the distribution of providers to areas where they are needed most, and improvements in health care delivery
- Nearly 90 percent of HRSA's budget is awarded through grants and cooperative agreements to approximately 3,000 awardees

Federal Office of Rural Health Policy (FORHP)

- supports a number of rural health programs, including rural health networks, black lung clinics, telehealth, and veterans rural health access programs

Office for the Advancement of Telehealth

OAT promotes the use of telehealth technologies for health care delivery, education, and health information services.

- Telehealth is especially critical in rural and other remote areas that lack sufficient health care services, including specialty care.
- The range and use of telehealth services have expanded over the past decades, along with the role of technology in improving and coordinating care.
- Traditional models of telehealth involve care delivered to a patient at an originating (or spoke) site from a specialist working at a distant (or hub) site.
- A telehealth network consists of a series of originating sites receiving services from a collaborating distant site.

OAT Activities

- Administer 9 grant and cooperative agreement programs
- Coordinate and collaborate on telehealth activities
- Monitor telehealth policy
- Serve as a telehealth resource to HRSA and its programs

OAT Programs

- Telehealth Network Grants
  - Evidence-Based (Emergency Departments)
  - School-Based
  - Rural Child Poverty
  - Substance Abuse
- Telehealth Resource Centers
- Telehealth Research Center
- Telehealth Centers of Excellence
- Flex Rural Veterans Health Access
- Licensure Portability

OAT Telehealth Network Grant Program (TNGP)

Purpose: Demonstrate the use of telehealth networks to improve healthcare services for medically underserved populations in urban, rural, and frontier communities. More specifically, the networks can be used to:

- Expand access to, coordinate, and improve the quality of health care services;
- Improve and expand the training of health care providers; and/or
- Expand and improve the quality of health information available to health care providers, patients, and their families.
- Contact: Carlos Mena, 301-443-3198

OAT TNGP

- Eligible applicants
  - public and private non-profit entities, including faith-based and community organizations, as well as Federally recognized Indian tribal governments and organizations.
- TNGP funding opportunity may be general or more targeted (school health, for example) as outlined in the announcement.
- Funds **programs** – salaries, limited equipment, operating costs
- Typically 3-5 year grants, approximately $300K per year
  - Not open every year
  - Notice of grant opportunity announcement made in winter or spring, with applications due within 2 months
- Annual funding runs September 1 – August 31

OAT TNGP Applications

Application components

- Project abstract
- Project Narrative, including but not limited to:
  - Needs assessment
  - Methodology, with work plan
  - Resolution of challenges
  - Evaluation & technical support capacity
  - Organizational information
  - Partners, with roles & responsibilities, MOAs
- Budget, with budget justification narrative

OAT TNGP Application

Budget may include these components:

- Personnel, salaries & fringe benefits
- Travel
- Equipment (may have % of budget limitations)
- Operating costs
- Transmission costs – may be covered but must apply for USAC funding
- Clinician payment – may be covered but must explore traditional reimbursement options

Hints for a successful application

- Plan ahead!
  - Projects are not easy to put together at the last minute
  - Specificity is rewarded.
  - Expectation that applicant is ready to hit the ground running!
- Don't try to fit a square peg in a round hole
  - Make sure that your project and the funding opportunity match
- Answer the questions
  - If providing requested information doesn't tell your story, it might not be a good fit.

Other HRSA grant opportunities

2017 inventory found telehealth in over 1,000 awards in 6 of HRSA's bureaus:

- Bureau of Primary Health Care – 724
- Federal Office of Rural Health Policy, including OAT – 107
- Maternal & Child Health Bureau - 87
- Bureau of Health Workforce – 16
- Administrative Office of Planning & Evaluation - 2

HRSA Telehealth Strategy

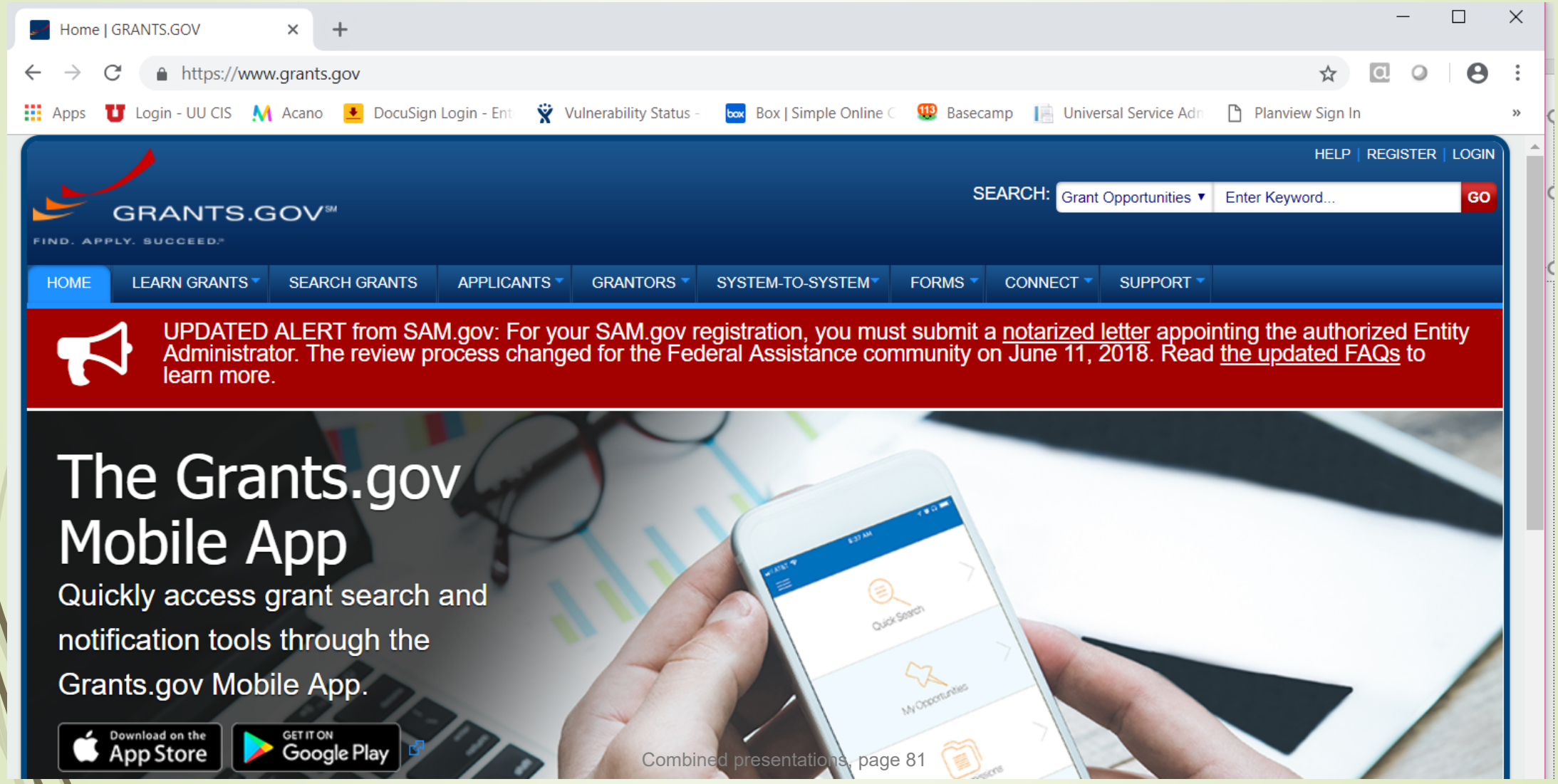
Feb 2018 HRSA Telehealth Strategic Plan proposed 28 action items in all bureaus.

- Increase the number of individuals and communities in HRSA target populations served by telehealth.
- Encourage use of telehealth to support Department and Agency priority areas, such as opioid use disorder.
- Increase HRSA's visibility as a leader in telehealth.

…and it's not just HRSA

- SAMHSA Technology Assisted Care in Targeted Areas of Need Grants
  http://www.samhsa.gov/grants/grantannouncements/ti-16-001
- NIH Devlopment and Translation of Medical Technologies to Reduce Health Disparities Grants
  http://grants.nih.gov/grants/guide/ rfa-files/RFA-EB-16-001.html
- NIH Technologies for Improving Population Health and Eliminating Health Disparities Grants
  http://grants.nih.gov/grants/guide/ rfa-files/RFA-MD-15-008.html

GRANTS.GOV www.grants.gov



Deb LaMarche
Northwest Regional Telehealth Resource Center
Salt Lake City, Utah
833-747-0643 toll free
801-587-0349
deb.lamarche@utn.org
https://nrtrc.org/

The NRTRC is proud to be a member of the National Consortium of Telehealth Resource Centers.