

**New York State Department of Health
Telemedicine Demonstration Program RFA # 0511291202
February 28, 2006
Questions and Answers:**

Questions related to applicant conferences, letters of interest and application format

- 1. The Table of Contents for the Telemedicine grant indicates information is included on an applicant conference, but I didn't find anything in the materials about a conference. Is one planned? Will there be any applicant conferences and are letters of interest required?**

Answer:

There are no applicant conferences scheduled. Letters of interest are not required.

- 2. On Attachment Two - Table of Contents, # 4h and # 6 (Project Organization, Staffing and Management) are the same, how are they different or is this an error?**

Answer:

Section 4h and 6 are different. Our review of attachment two indicates:
Attachment Two, Table of Contents:

- 4.h) Outcomes Measurement and Evaluation Design**
 - 6. Project Organization, Staffing and Management**
- 3. Will Attachment #1 and # 7 be made into a word document so it can be duplicated along with other forms that would be in word or excel format?**

Answer:

No. We are unable to accommodate this request.

- 4. There is no mention of Executive Order 127, or a letter of intent? Do you require either or both?**

Answer:

No, neither is required.

- 5. I understand that the font is not to be smaller than 11 for the general grant, but if there is a graph or table, can the font be smaller?**

Answer:

The literature review and narrative description must be prepared using no less than an 11-pitch font with one-inch margins on all sides. There are no requirements in the proposal regarding graphs or tables.

6. **Is the abstract limited to that specific box size or is it considered to be one page with the box around it?**

Answer:

The project abstract is limited to one page. The box is for illustrative purposes.

7. **On the face page, we are to list all entities that we are associated with, as we do have numerous entities, this may cause the face page to be longer than 1 page, is this acceptable?**

Answer:

List all entities that you are associated with. Additional pages can be used if necessary.

8. **Are the pages to be numbered and therefore to include pages on the table of contents?**

Answer:

Yes the pages are to be numbered. The literature review and narrative description together should not exceed 25 pages double-spaced, using no smaller than 11-pitch font, with one-inch margins on all sides.

Questions pertaining to Who Can Apply

9. **We have a program providing a full range of medical care to the homebound elderly and disabled. I believe our program would be an excellent site to collect information on Telemedicine. However, although we do provide all the services offered by home care agencies and more, the program it is not a home care agency. I am not certain if we qualify. Please let me know if we qualify for the grant.**

Answer:

No. Only a home care agency licensed, certified or exempt under Article 36 of the Public Health Law can apply.

10. **Our hospice has a very favorable relationship with a home care company (Article 36), but we would be better situated (though, as a hospice, we are Article 40) to apply for funding. Are hospices with home care components eligible to apply?**

Answer to questions:

Since the programs identified in the above questions are not licensed, certified or exempt under Article 36 of the Public Health Law, they are not eligible to apply. Only organizations that are licensed, certified or exempt under Article 36 of the Public Health Law are eligible to apply for funding through this RFA. An agency that provides personal care or home care services exclusively to individuals by a program

administered, operated, or regulated by another state agency or an organization licensed and operating exclusively as a nurses' registry are defined in Article 36 of the Public Health Law as exempt from licensure requirements.

- 11. Is it possible for a hospice organization to partner with a CHHA so that the hospice organization may integrate telemedicine into home health practice? If so, what are the parameters of that relationship? Can a CHHA partner with a hospice and provide the expertise and guidance if the hospice will be the primary beneficiary of the grant funds? If a hospice already has a relationship in place with a CHHA for another type of program would that be considered an acceptable relationship?**

Answer

It is a statutory requirement that only organizations licensed certified or exempt under Article 36 of the Public Health Law are eligible to apply and receive funding through this RFA. If a home care agency elected to partner with a hospice, the home care agency would have to be the lead agency and the patients enrolled in the demonstration must be receiving home care services.

- 12. I am seeking clarification on eligibility to apply for this RFA. Our Hospital's outpatient Center for Palliative Wound Care is actively interested in telemedicine. All Center care is done on an outpatient basis. Can the hospital apply for this grant on behalf of this Center?**

Answer:

No. Only a home care agency licensed, certified or exempt under Article 36 of the Public Health Law can apply.

Questions pertaining to technology and equipment and literature review

- 13. Will the Telemedicine Demonstration RFA permit applications, or a section of an application, to cover telephony infrastructure, which would permit home health aides to in essence real-time document the care they've delivered and integrate such documentation in a current clinical, electronic record?**

Answer:

There is no preference to the technologies that agencies may propose to use. The following are not eligible to be funded: telephone reassurance, personal response systems, emergency response telephone and personal emergency telephones.

Telemedicine technology initiatives that enhance communication among the home care aide, the supervising home health nurse, the patient's primary care physician and/or any other essential health care personnel are allowed.

- 14. If equipment is leased instead of a purchase, where does the DOH stand as far as their ownership of the equipment? The leases that we have looked at are for 5**

years, so should we would then anticipate continuing with the lease payments out of our budget?

Answer:

There is no preference for leasing or purchasing of equipment. Equipment can be leased. The term of the contract awarded through the Department for this demonstration will be two years. If equipment is leased for a longer period, the agency should be prepared to assume total responsibility for the remaining term of the contract that it enters with outside vendors.

15. In literature review, should we document comparative data to justify which type of system we are choosing or analyze the equipment we chose and direct the information to only that system?

Answer:

The literature review should contain sources pertinent to the telemedicine proposal that is being submitted. It should contain supporting articles and documents that support the technology, its relevance and uses as proposed in the application and may include disease process, demographic or patient population documentation.

Questions pertaining to vendors and subcontractors

16. Is it possible to use more than one vendor if the literature review, program design budget, and evaluation reflect accordingly?

Answer:

Yes.

17. When referring to “vendor” in the description of the grant – “experience the vendor has in analyzing validity of their products” – does this refer to our agency as the vendor or the company providing our equipment? Therefore, customer surveys are related to other home care agencies utilizing the equipment or the patients using the equipment (pt. satisfaction)?

Answer:

Experience the vendor has in analyzing validity of their products refers to the company providing the equipment. The application should describe the experience the vendor has in analyzing the validity of their product data. This includes the results of customer surveys that they have performed.

Questions pertaining to the contract

18. Is the start date, the date in which the monies are distributed? In other words, if there is an anticipated start of 10/1, and we have been awarded the grant, and we would arrange equipment to be sent for that date, but then the monies are

not distributed until 1/1, is that equipment considered to be part of the grant or is that our responsibility? Meaning, then, only purchases after disbursement of the monies are covered by the grant? Do we need to set up a contract with a “floating date” for delivery?

Answer:

Expenses reimbursed under contract can not be incurred until the contract is executed. The start date of 10/1/06 is an anticipated date but contracts may not be executed until after that date. Any monies spent before the contract is executed are not eligible for reimbursement.

19. Please explain what should be included along with the submission of Attachment #6 – Appendix H. Should it be signed, returned and accompanied by the agency’s HIPAA policies and procedures along with appropriate patient consents to the program, notices of privacy, etc? Do we include a copy of the Federal Insurance – Appendix H along with our agency’s HIPAA policy or just our policy?

Answer:

The application should include a description of how patient privacy will be maintained. A copy of the agency’s HIPAA compliance procedures should be included. It is not necessary to include a copy of the Federal Insurance Appendix H with your agency’s HIPAA policy. Appendix H, is part of the grant contract appendices and should be completed after the contract is awarded.

Questions related to the budget

20. Can pertinent seminars/conferences be charged to the budget?

Answer:

Yes. Training for physicians, home care agency staff, patients and families pertinent to the telemedicine project that is proposed are allowable costs.

21. Can most of the salaries be given “in-kind” so as to allow most of the budget be utilized for equipment?

Answer:

Yes, this is allowed.

22. If my plan for telemedicine exceeds \$150,000, but I can identify pieces of it that I am willing to fund myself, can I only include in the budget the pieces up to \$150,000 that I am requesting via this program? For example, if I want to request funding up to \$150,000 for the equipment, and that is what I put on the budget, but in my plan, I know that I will be spending money on marketing and/or salaries, can I discuss that in the text, but not include it in the budget?

Answer:

Yes. The applicant should show only those costs they are requesting money for on the budget. The budget narrative should describe how any additional costs would be paid for. If your organization is planning to provide in-kind monies and or services or is expecting additional monies from other funding sources, you should indicate it in the budget narrative.

The total requested amount can not exceed \$150,000. The budget submitted in the proposal should not exceed \$150,000.

- 23. If I submit a budget that does not include the purchase of any equipment/technology, will I be disqualified? For example, if I have the equipment, but want to expand our program via salaries, to market and study results, would that meet the requirements for this program?**

Answer:

All costs identified within the submitted budget should be related to the provision of the Telemedicine Demonstration RFA. For existing staff, the budget should delineate how the percentage of time devoted to this initiative has been determined. This funding may only be used to expand existing activities or create new activities pursuant to this RFA. These funds may not be used to supplant funds for currently existing staff activities.

Questions pertaining to requests for information:

- 24. The RFA says that "Section 3621 also requires the Department of Health to issue an annual report to the Governor and the legislature on projects funded under the telemedicine demonstration program." Can you make available the most recent 2 reports the department has made to the legislature?**

Answer:

Reports to the Governor and the legislature on projects funded under the telemedicine demonstration program have not been completed. The contracts for the previously awarded projects are currently being finalized with individual agencies. It is anticipated that the first report to the Governor and the legislature will be made in 2007 after a full year of experience with the demonstration has been completed.

- 25. Can you provide a list of currently funded telemedicine projects with project summaries?**

Answer:

Below is a listing of Telemedicine projects awarded in 2005, the amount of the award and a summary of the project. The amount of state dollars awarded in many cases is in addition to in-kind dollars provided by the agency.

Livingston County Department of Health, a public certified home health agency located in the Western Region of New York was awarded \$ 58,000. This agency will initiate a new telemedicine program and will utilize video monitors in patients' homes to study 146 patients with congestive heart failure (CHF). The desired outcomes are to reduce unplanned physician, emergency room and hospital visits thereby reducing overall health care costs.

Visiting Nurse Association of Albany/Saratoga/Rensselaer, a voluntary certified home health agency located in the Capital District Region of New York was awarded \$140,452. This agency will initiate a new telemedicine program which will utilize 28 home monitors and interactive video units to study patients with Diabetes (DM), Cardiovascular Disease (CVD) and Chronic Obstructive Pulmonary Disease (COPD). The desired outcome is to reduce re-hospitalizations.

Metropolitan Jewish Home Care, a voluntary certified home care agency and long-term care health care program located in the Metropolitan Region of New York was awarded \$149,938. This agency will be expanding their existing program to include 240 additional patients who have DM; HTN, COPD, Coronary Artery Disease (CAD) and patients who require wound care. The desired outcome is a reduction in hospitalizations.

At Home Care, a voluntary certified home health agency located in the Capital District Region of New York was awarded \$117,125. The proposal indicates that they will partner with Bassett Hospital and A.O. Fox Hospital. This agency will expand their already existing program to include 40 home monitors to study patients with cardiac disease. In year two, the proposal will be expanded to include a school-based program that will be directed at the management of children with chronic diseases. The desired outcome is demonstrated savings to the health care delivery system.

Visiting Nurse Association of Western New York, a voluntary certified home health agency located in the Western Region of New York was awarded \$150,000. The agency will initiate a new telemedicine program and will utilize 50 monitoring units to be used to study patients with CHF in their homes. The desired outcomes are to reduce home visits, physician office visits and readmission to the hospital.

Eddy Visiting Nurse Association /Wesley VNA, a voluntary certified home health agency and long term home health care program located in the Capital District Region of New York was awarded \$149,687. This agency will expand an already existing telehealth monitoring program to include 36 Medicaid patients in their Long Term Home Health Care Program. The desired outcomes are to reduce ER visits, hospitalizations and the number of home visits to patients.

Jewish Home and Hospital for the Aged, a voluntary long-term home health care program located in the Metropolitan Region of New York was awarded \$143,618. This agency will expand an already existing in home telemonitoring program to include

50 patients with DM. The desired outcomes are to improve the quality of care, improve clinical outcomes; controls cost as well as reduce hospitalizations and complications.

Isabella Home Nursing Home, a voluntary licensed home care service agency located in the Metropolitan Region of New York was awarded \$147,995. This agency will initiate a new program to include 25 video phone telemedicine units for elderly patients with depression. The desired outcome is to reduce depression in the serviced patients.

Montefiore Medical Center Home Care and Extended Services, a voluntary certified home health agency located in the Metropolitan Region of New York was awarded \$128,422. This agency will initiate a new program to include home monitors for 180 patients with CHF. The desired outcomes are to improve quality of care, decrease hospitalizations for worsening CHF, decrease emergency care, decrease home visits and improve communication among caregivers.

Hudson Valley Home Care, a voluntary home health agency located in the Metropolitan Region of New York was awarded \$124,722. This agency is partnering with Putnam Hospital Center CHHA. The agency will initiate a new telemedicine program utilizing a home buddy system to collect patients' vital signs that have CHF. The plan is to purchase 15 monitors for the project. The desired outcomes are to reduce ER visits, reduce hospitalizations, decrease home visits, increase patient and caregiver satisfaction and improved job satisfaction for nurses.

Community Health Center of St. Mary's and Nathan Littauer Hospital, a voluntary certified home care agency and long term home health care program located in the Capital District Region of New York was awarded \$149,990. This agency will partner with Fulton County Nursing Services. This is an expansion of an already existing telemedicine program. They plan to enroll 20-25 patients with CHF, DM, CAD and COPD. The desired outcomes are to reduce ER visits and increase the patient's ability to self manage their medications.

St. Vincent's Catholic Medical Center Certified Home Health Agency, a voluntary certified home health agency that is located in the Metropolitan Region of New York was awarded \$140,316. This agency will initiate a new telemedicine program and will purchase home monitors to assess patients' with DM. The agency plans to enroll 12 patients at a time to monitor their DM. The desired outcomes are to reduce ER visits, reduce physician office visits, and decrease hospitalizations.

St. Peter's Hospital Home Care, a voluntary certified home health agency located in the Capital District Region of New York was awarded \$149,976. This agency is partnering with the State University of New York at Albany Center for Mental Health. This is an expansion of an already existing video monitoring program. They plan to monitor 60 patients in the 2-year period with CHF and COPD in their home. The desired outcomes are reduction of emergency room visits, reduction in re-hospitalizations,

decrease in home visits, increase in patient knowledge of disease process and improved clinical outcomes.

VNS of Rochester and Monroe County, a voluntary certified home health agency and long term home health care program located in the Western Region of New York was awarded \$120,945. This agency will initiate a new telemedicine program and will utilize homecare web program, a communication device for physicians and home care agencies. The agency plans to enroll 200 wound care patients. The desired outcomes are to increase provider satisfaction and reduce patient length of stay.

Winthrop -University Hospital Home Health Agency, a voluntary certified home health agency located in the Metropolitan Region of New York was awarded \$105,088. This agency will initiate a new telemedicine program and will utilize telemonitoring units in the home to monitor patients' with DM, COPD and HTN. The desired outcomes are to reduce agency costs by increasing nurses' productivity, improve patient outcomes and increase customer satisfaction.

Family Service Society of Yonkers, a voluntary licensed home care service agency located in the Metropolitan Region in New York was awarded \$125,000. The agency will initiate a new telemedicine program and utilize non-video technology serving 25 Medicaid patients. The desired outcomes are to reduce the patient length of stay by 50% over the two-year period of the demonstration, improve clinical outcomes and reduce the volume of ER visits.

ElderServe, a voluntary licensed home care service agency located in the Metropolitan Region in New York was awarded \$130,600. The agency will initiate a new telemedicine program and utilize non-video technology to 60 patients with hypertension diagnoses. The desired outcomes are to reduce home visits, reduce ER visits and hospital stays to lower the cost of care for study patients compared with the control group.

Hebrew Hospital and Home, a voluntary long-term home health care program located in Metropolitan Region of New York was awarded \$124, 553. The agency will initiate a new telemedicine program, which will utilize the Health Buddy Units to monitor diabetic patients. The desired outcomes are to reduce ER visits and patient length of stay and to improve the overall health status of patients participating in the program.

Southshore Home Health Agency a licensed home health care service agency located in Metropolitan New York was awarded \$120,987. The agency will initiate a new telemedicine program, which will utilize Viterion 100 units in the homes of 20 patients with congestive heart failure, hypertension and diabetes to evaluate the efficacy of utilizing the data to alert patient's medical practitioners to early changes in condition. The desired outcomes are improved patient awareness and reduced health care utilization overall.

Identity of GRHC, a certified home health agency located in the Western Region of New York was awarded \$142,396. The agency will expand an existing program from 124 to 144 daily monitored patients. The targeted group will be Medicaid patients with a diagnosis of CHF. The desired outcomes include improved ADL, reduced hospitalizations, ER visits and skilled nursing services.

Parker Jewish Institute, a certified home health agency located in the Metropolitan Region of New York was awarded \$149,870. The agency will initiate a new telemedicine program, which will utilize Advance Monitored Caregiving Health Company and will include 100 patients. The desired outcomes include improved medication compliance and reduced hospitalizations.

Warren County Department Health a certified home health agency located in the Capital District Region of New York was awarded \$108,600. The agency will initiate a new telemedicine program utilizing Honeywell HomeMed technology. The program will target 255 CHF and COPD patients. The desired outcomes include reduced home visits, improve adherence to treatment regimes and decrease ER hospitalizations.

Revival Home Health Agency a certified home health agency located in Metropolitan New York was awarded \$133,200. The agency will initiate a new telemedicine program utilizing the Advance Monitored Caregiving health monitoring company technology. The will monitor patients for medication compliance and patients with diabetes and CHF. The desired outcomes are improved medication compliance, fewer hospitalizations, and reduced ER visits.

Americare Certified Special Services a special need certified home health agency located in the Metropolitan region of New York was awarded \$135,200. The agency will initiate a new telemedicine program utilizing Advance Monitored Caregiving Company. They will be monitoring patients diagnosed with CHF and diabetes. The desired outcomes are improved health outcomes, reduced ER visits, and overall reduction in health care costs.

Personal Touch a certified home health agency located in Metropolitan New York was awarded \$141,040. The agency will initiate a new program and will utilize Advance Monitored Caregiving Company. They will monitor 120 unduplicated patients with CHF and diabetes. The desired outcomes are fewer hospitalizations, decreased length of stay, fewer ER and unscheduled doctors' visits.

Lutheran Long Term Health Care Program, a certified home health agency located in Metropolitan Region of New York was awarded \$132,100. The agency will initiate a new program and will utilize Advance Monitored Caregiving Company technology. They will monitor patients with CHF, COPD and diabetes. The desired outcomes include fewer hospitalizations, fewer ER visits, and overall reduction of health care costs.

Brookhaven Memorial Hospital a voluntary certified home health agency located in the Metropolitan Region of New York was awarded \$125,042. The agency will initiate a new program and utilize 15 American TelCare, Inc. technology units to monitor COPD patients. The desired outcomes include shorter lengths of stays, improved quality of care, reduced ER rate and improved patient compliance with self-care as well as overall reduction of health care costs.

Suffolk County a public certified home health care agency located in Metropolitan Region of New York was awarded \$142,435. The agency will initiate a new program and utilize Advance Monitored Caregiving Health Monitoring company technology to monitor 20 unduplicated patients with gestational diabetes and diabetes. The desired outcomes are fewer hospitalizations, shorter lengths of stays and reduced prenatal and diabetic health care costs.

Home Care and Hospice a licensed home care services agency located in the Western Region of New York was awarded \$136,945. The agency will initiate a new program and utilize HomeMed technology, which will include a physician portal in the second year in a controlled study. The desired outcomes include improved patient in home stability, improved patient knowledge and participation in disease management and enhanced patient security.

VNA of Central New York, a voluntary certified home health agency located in the Central Region of New York was awarded \$143,828. The agency will initiate a new program and utilize Home Med technology to monitor CHF patients. The desired outcomes include improved clinical outcomes and operational efficiencies that positively impact the payers' bottom lines.