TELEHEALTH PILOT GRANTS Q&A

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This **Rural Health Transformation Program is** supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling **$206,927,896.80** with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

Questions

- **Are there any indirect costs that are allowable and if so, is there is a cap?**
  - Indirect costs are not allowable under this grant unless they can be categorized under one of the CMS cost categories with justification.
- **Is it acceptable for the Primary Subrecipient to operate with only one key personnel (the PI at 0.3 FTE)?**
  - Yes, though the Staffing Plan must reasonably demonstrate capacity to complete the work.
- **Does the RFF have any minimum staffing or FTE requirements for the Primary Subrecipient?**
  - No. Staffing must be adequate to carry out the Pilot Implementation Plan.

Questions

- **If equipment is purchased with grant funds, who retains ownership after the 10-month pilot period?**
  - The awardee/subrecipient will retain ownership after the pilot period.
- **Can equipment purchased under this pilot be used for billable clinical services *after the grant period ends*?**
  - Yes. NOTE: funds may not be used to pay for clinical services that could be reimbursed by insurance or duplicate billable services.
- **How should applicants categorize costs such as shipping, professional installation, and initial configuration — should these go under Equipment or Other Direct Costs?**
  - These costs can be categorized under Other Direct Costs or Contractors (if installation or configuration is performed by a vendor).
  - Equipment and supplies categories should only cover costs of tangible items.
  - Subject to change based on review by contracts team.

Questions

- **Is there any expectation or preference regarding how much technical/IT support should be requested as a direct cost versus covered in-kind?**
  - No, applicants may propose technical/IT support either through Contractors or Personnel per project need. Support levels should be justified in the budget narrative.
- **Does the RFF require formal letters of support or MOUs from their partner sites at the time of application, or can these be secured after award?**
  - These are not required as part of the RFF application and can be secured after award. However, formal letters of support at the time of application are encouraged. These can be emailed directly to the I8 team (Peter and Emily).
- **Are there any restrictions on which types of rural sites are eligible (e.g., must they already have certain infrastructure)?**
  - There are no restrictions, but due to the short timeline of the pilots, it is ideal that rural sites have existing infrastructure or have the ability to quickly develop telehealth-supporting infrastructure. Sites that do not have existing infrastructure will not be automatically disqualified.

Questions

- **What specific metrics or key performance objectives (KPOs) will the state be most interested in for telehealth pilots under Initiative 8?**
  - Indiana's approved outcome metrics for this initiative are:
    - Improved access to clinical care, both primary and specialty/subspeciality
    - Improved access to preventive services and prenatal and postpartum care
    - Improved health outcomes through expanded health coaching access; such as, BMI, cholesterol, hypertension, etc.
    - Improved timeliness of access to appropriate care, by county
    - Increased number of patients served through telehealth solutions
- **How much flexibility do applicants have in defining their own outcome measures versus using standardized state measures?**
  - High flexibility. The RFF states that applicants "should suggest outcome metrics relevant to their Pilot program."

Questions

- **Given the 10-month performance period, what is the expected timeline for equipment procurement and site go-live?**
  - Pilot work begins Oct. 1 and must be completed by July 31, 2027. Procurement and installation should occur as early as possible, in alignment with the applicant's Implementation Plan.
- **Is there any flexibility in the performance period start date if there are delays in equipment delivery?**
  - Work should begin on Oct. 1. However, applicants may describe mitigation strategies in the Implementation Plan for anticipated procurement delays. Delays during implementation should be communicated to the IDOH Program Manager and documented in monthly reporting.
- **What level of technical or implementation support will the State (or the unified telehealth system team) provide to pilot sites during the 10-month period?**
  - IDOH will provide oversight and guidance, review deliverables, incorporate findings into a statewide strategy, and conduct regular touchpoints with grantees.
  - IDOH will not provide operational or implementation services.

Questions

- **Will there be a standardized telehealth platform or data transfer method provided by the State, or should applicants plan to use their own HIPAA-compliant solutions during the pilot?**
  - Applicants must use their own HIPAA-compliant solutions.
- **How does this work alongside a region's telehealth initiative?**
  - Applications will be reviewed and compared with what was submitted for proposals under Initiative 12 to avoid and reduce duplication of services in regions.

Questions

- **Do the Telehealth Pilot Grants target only statewide providers (as some of the other state-level RHTP initiatives have done)?**
  - No. While the long-term goal under Initiative 8 is to develop a statewide telehealth system, the Pilot Grants portion of the initiative is designed to test a range of models and technologies that could eventually inform or contribute to that system. Solutions do not need to already operate at statewide scale to be eligible or competitive for this RFF.
- **Can we use this grant for the counties outside of the RHTP Grant?**
  - Entities in counties not designated as rural counties are not eligible to receive funding, unless entities demonstrate how they are providing services for individuals within a fully or partially rural county.

Questions

- **If possible, how might you characterize or explain the difference in purpose between the telehealth objectives of this RFF and telehealth objectives that are eligible in the Regional Grant proposals (Initiative 12)? That is, how are they intended to perhaps complement and coordinate?**
  - This grant is meant to cover activities that aren't already being funded under Initiative 12. While the work may be complementary and the outcomes and learnings of I12 may contribute to the State's telehealth plan later in RHTP, they are now considered separate and are not co-funding opportunities. Applications under this grant will be reviewed to avoid duplication with regional efforts.

Questions

- **Can we propose a project focused exclusively on behavioral health telehealth services?**
  - Yes. We don't have a specific target for the type of services being addressed in the pilots. We are particularly interested in looking for solutions that address the key areas set out by RHTP (ie, behavioral health, chronic disease management, etc). Focusing only on one service type will not negatively impact the application.
- **How much money is set aside by the State for Initiative 8? What would be an acceptable budget amount to ask for?**
  - We have approximately $1.8 million set aside for the Telehealth Pilot Grants. We do not have a set number of awardees nor do we have budget limitations. Our evaluation committee will be scoring budgets based on justifications and appropriateness, among other factors. They may request that applicants submit a revised budget.

Questions

- **Can organizations currently providing telehealth service apply?**
  - Yes. The proposal should highlight how the Implementation Plan is an extension of current work and be specific about how you will be extending those services to rural areas or expanding what's already being done.
- **I am a vendor that is a for-profit business and have multiple business partners that we work with in the state of Indiana, such as independent pharmacies that we work with—and they are for-profit; we also work with multiple public schools. The application says vendors can directly apply, but is it better to have another for-profit healthcare partner**
  - While we do welcome applications from vendor providers, we encourage letters of support from entities/business partners already working in the state of Indiana. The Implementation Plan should include comments on how services will be delivered in coordination with those partners. Service must be delivered in a rural or partially rural county as outlined in the SOW.

Questions

- **How are you thinking about the topic of sustainability for programs funded by this 2026/2027 award? Will you be partnering with grantees to help them think through sustainability past July 31, 2027?**
  - We're considering future funding for extension of these pilots. While nothing is guaranteed, we will be looking at potentially extending this work based off the outcomes of this grant, the telehealth projects that are funded through Initiative 12, and the results and recommendations that come out of our telehealth landscape assessment.
- **I saw that you can't reimburse for clinical services that can be reimbursed by insurance. Does that mean we have to clarify whether people have insurance?**
  - The funding cannot go directly to service delivery for services that are reimbursed by insurance, such as Medicare or Medicaid. Further guidance will be provided as needed.

Questions

- **Can grant funds be used for existing personnel if the duties of those positions are expanded or otherwise adjusted to add telehealth related activities. These would be non-billable positions/activities.**
  - Yes, grant funds may support existing personnel only if the change in duties represents a true expansion of services that would not occur without the grant. The key requirement is that the grant must supplement, not supplant, current federal, state, local, or private funding. To remain compliant with funding prohibitions:
    - Grant dollars cannot replace or offset existing salary obligations.
    - The funded activities must represent new, additional, or enhanced telehealth services beyond what the staff are currently responsible for.
    - The expanded telehealth work should be clearly documented as new programmatic activity, not previously funded or required under their existing role.

Questions

- **Is there a limit on the funds that can be budgeted in a grant application?**
  - We do not have a budget limit or subawardee limit for this grant. Applications will be evaluated, in part, on the realistic nature of the budget, but due to the broad nature of the RFF, we are not specifying a limit on funds.
- **Is it permissible for multiple healthcare organizations participating in the Indiana Rural Health Transformation Initiative to partner with the same telehealth platform vendor? If so, would selecting the same vendor as another applicant reduce any organization's likelihood of being selected for the pilot program?**
  - Depending on the final score of the applications, this may end up being considered a joint proposal and an opportunity for partnership where both entities would be selected and funded for the pilot. This will be evaluated on a case-by-case basis, but selecting the same vendor as another applicant will not exclude an application.

Questions

- **Since the total grant dollars will be divided among the recipients, is there an estimated number of recipients and how I should estimate the budget for my proposal?**
  - In order to consider and select the best proposals, we have not set an estimated number of recipients for this grant. The evaluation team will consider the strength and diversity of applications and will also consider whether the budget for the proposed solution is appropriate to the scope. Applicants are invited to use their best judgment in developing the budget.
- **Will all the approvals happen at the same time or in phases?**
  - Proposals will be evaluated as a whole. Notices of award are planned to be sent out at the same time, though the contracting process may happen on a rolling basis.

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Additional Questions

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