NEBRASKA
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DEPT. OF HEALTH AND HUMAN SERVICES

ARPA Home and Community Based
Telehealth Equipment Grant

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Instructions

The Nebraska Department of Health and Human Services (DHHS) is pleased to announce opportunities for funding of Medicaid Home and Community Based Services (HCBS) through the American Rescue Plan Act (ARPA) of 2021. This grant is to provide funding to providers to purchase technology that will support provision of direct clinical services through telehealth and telemonitoring.

Providers must submit the application form and associated checklist. The summary of the grant request must include:

- a description of a problem or gap in service that the identified technology may help to address,
- the services to be provided,
- technology overview, and
- budget request.

Technology can be for two-way audio/video communication or for asynchronous management of chronic disease. Providers will need to develop protocols for the utilization of the technology, ensure it is HIPAA compliant, and meet all State and Federal regulations for the use of the technology for telehealth and telemonitoring. Approved grantees will need to maintain invoice records to submit to the state for an audit after the program is implemented.

DHHS will evaluate the details of each grant request for telehealth related technology, infrastructure, and related accessories for maintaining individuals in the home and community setting. Applicants will be notified about a grant award decision and may contact DHHS with questions at DHHS.MedicaidHCBSARPA@Nebraska.gov.

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Examples of allowable uses of ARPA HCBS telehealth funds for the delivery of Medicaid billable services include, but are not limited to the following:

Devices for Communication Platforms and Audio-Visual Supports

Devices may include, but are not limited to:
- Mobile or wall mounted TV for use during a clinical encounter
- Computer, iPad or Other tablet with cameras to facilitate patient interaction *(standard clinic visit, hospice care, medicine schedule adherence)*
- Computer, iPad or Other tablet with cameras to facilitate caregiver education for day to day management of DME
- Computer, iPad or Other tablet with cameras to facilitate observation of patient treatment *(such as IV infusion, wound management, in home dialysis, etc.)*
- Digital Camera
- Audio/Visual equipment for TV interface
- Assistive/adaptive equipment for telehealth

Devices for Diagnostic, Monitoring, or Treatment Services

Mobile diagnostic, monitoring or treatment equipment used to facilitate the delivery of a Medicaid billable service which must have the ability to report readings electronically. Telemonitoring includes remote monitoring of physiologic data, (e.g., electrical activity of the heart, blood pressure, weight, pulse, respiratory rate) with digital, broadband, satellite, wireless, or Bluetooth transmission to a monitoring center with or without remote clinical visits (e.g., video monitoring)

Devices may include, but are not limited to:
- Blood Pressure Monitor
- Mobile Vital Signs Monitor
- Digital Stethoscope
- Digital Spirometer
- USB Ultrasound Probe
- Wireless ECG
- Wireless Scales
- USB Pulse Oximeter
- Glucometers
- High quality external cameras for general and specialty examination purposes

Accessories or Related Infrastructure

Accessories may include, but are not limited to:
- Protective covers/cases that can be cleaned and disinfected
- Tripods (floor or tabletop)
- Telehealth equipment cart, with or without audio visual integration
- Headphones
- Speakers

Prohibited expenses include, but are not limited to:

- Travel expenses
- Internet or software subscription fees
- Administrative fees
- Indirect Cost. For example: federally determined indirect costs such as staff fringe benefits or facility maintenance (facilities and administrative-F&A).
- Ongoing maintenance or support plans

_____

Project and Applicant Requirements

Projects must:

- Support delivery of Medicaid billable direct clinical services through telehealth or telemonitoring for two-way audio/video communication OR technology for asynchronous management of chronic diseases that are within the Provider's scope of practice.

- Fall within the following parameters for use of funds:

  o Funds must only be used to purchase the types of devices and accessories described above.

  o Technology must enable patients to receive telehealth delivered services in a home or community-based setting.

  o Technology can be shared among individuals.

Applicants must:

- Be an enrolled Nebraska Medicaid provider in good standing.

- Submit the application form and checklist that includes:

  o A description of how award of a grant expands the use of technology and telehealth and provides specialized supplies and equipment to providers, which will allow greater access to HCBS through telehealth,

  o An overview of the technology requested, and

  o A budget request

  o Provide a line-item budget for any technology or services for which grant funding is requested.

- Do not include prohibited items described above.

- Approved grantees will need to maintain invoice records to submit to the State for an audit after the program is implemented.

Grant Process

- Applications are to be submitted to DHHS.MedicaidHCBSARPA@Nebraska.gov

- DHHS will begin accepting applications on 7/30/2022 and continue through 5/30/2024, pending full distribution of funds. Applications must be received by the closing date to be considered.

- Project timelines must indicate completion of reimbursable activities/purchases by 01/31/2025 which allows the DHHS to meet the CMS imposed deadline for the ARP Section 9817 grants to expend funds by 3/31/2025.Projects will be reviewed and approved on a first come first served basis.

- Maximum use of $25,000 per application, with exceptions allowable on a case-by-case basis (e.g., for programs that cover a large number of Medicaid recipients).

- Approval of projects will include consideration of alignment with grant goals, community impact, and completeness of application.

ARPA Home and Community Based Telehealth Equipment Grant Application

1. Confirm this project meets the requirements outlined in Instructions.

   Yes   No

2. **Applicant Contact and Background Information**

Organization Contact Information	
Organization:	
Name:	
Phone:	
Email:	
Address:	
State:	
License Type (if active):	
License Number (if active):	

3. Summary of the Grant Request and its Purpose

Summary must describe:

- The problem or gap this request is aiming to address,
- The plan to implement this request, and
- How these technology or infrastructure requests will meet the objectives of the grant for Medicaid services.

4. Total ARPA Fund Request Amount   _$_____

Note: this amount should match the total project cost reflected in the Budget section below, as well as any items documented in the Addendum.

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5. Budget

Applicants must provide a line-item budget for all items, broken down per project, for which ARPA funding is requested. All items must directly relate to provision of direct clinical services through telehealth and telemonitoring for two-way audio/video communication or technology for asynchronous management of chronic diseases.

Entity/Provider Name	Medicaid Provider ID	Technology Type (e.g., Tablet, Webcam)	Cost per Device	Number of Devices	Total Cost per Technology
TOTAL PROJECT COST					$

If the project includes more items than will fit in the table above or the addendum section below, please provide a *complete* record in an Appendix.

6. Attestation Statement

ARPA Telehealth Enhancement funds have been provided for the express purpose of providing telehealth services to patients in home and community settings. By signing below, you are confirming that everything stated in this application is truthful and you are aware of and in compliance with the ARPA project and grant requirements.

Name of the Applicant (print): _____

Date of Signature: _____

Signature of the Applicant: _____

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7. Addendum to Budget *(for use if items exceed Budget Table in Section 5)*

Applicants must provide a line-item budget for all items, broken down per type of technology, for which funding is requested

Entity/Provider Name	Medicaid Provider ID	Technology Type (e.g., Tablet, Webcam)	Cost per Device	Number of Devices	Total Cost per Technology

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Entity/Provider Name	Medicaid Provider ID	Technology Type (e.g., Tablet, Webcam)	Cost per Device	Number of Devices	Total Cost per Technology
TOTAL PROJECT COST					$