

## ARPA HCBS Telehealth Equipment Grant Checklist

1. Support the provision of direct clinical services through telehealth and telemonitoring for two-way audio/video communication
2. Support the the provision of asynchronous management of chronic diseases
3. Help Nebraska Medicaid beneficiaries receive services in their homes and communities

|                              |                                                 |                                                  |                                              |
|------------------------------|-------------------------------------------------|--------------------------------------------------|----------------------------------------------|
| <b>APPLICANT INFORMATION</b> | <b>Provider Name &amp; Contact Information:</b> | <b>Project Leader &amp; Contact Information:</b> | <b>Project ID:</b> <i>(Assigned by MLTC)</i> |
| <b>Project Title:</b>        |                                                 |                                                  |                                              |

| Prioritization Category | Definition                                                                                                                                       | Criteria                                                                                                                                | Submission Reflects:<br>(Choose those that apply) |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Benefit and Value       | Must support the provision of direct clinical services through telehealth and telemonitoring or for asynchronous management of chronic diseases. | Aligns with DHHS Medicaid and Long-Term Care regulatory requirements <i>(Mandatory)</i>                                                 | <input type="checkbox"/>                          |
|                         |                                                                                                                                                  | Support the provision of direct clinical services through telehealth and telemonitoring for two way audio/video communication           | <input type="checkbox"/>                          |
|                         |                                                                                                                                                  | Support the provision of asynchronous management of chronic diseases                                                                    | <input type="checkbox"/>                          |
|                         |                                                                                                                                                  | Help Nebraska citizens receive Medicaid services in their homes and community <i>(Mandatory)</i>                                        | <input type="checkbox"/>                          |
|                         |                                                                                                                                                  | Clearly Identifies Medicaid billable services that would benefit from the implementation of the requested technology <i>(Mandatory)</i> | <input type="checkbox"/>                          |
| Reach                   | Who directly benefits from the project?                                                                                                          | Nebraska Medicaid beneficiaries <i>(Mandatory)</i>                                                                                      | <input type="checkbox"/>                          |
|                         |                                                                                                                                                  | Clear evidence of how project need was determined and the services to be provided                                                       | <input type="checkbox"/>                          |
| Project Planning        | Does the project have clear objectives and timelines?                                                                                            | There are clear and obtainable timelines that align with HCBS grant funding guidelines                                                  | <input type="checkbox"/>                          |
|                         |                                                                                                                                                  | Project identifies specific deliverables                                                                                                | <input type="checkbox"/>                          |
| Application Packet      | Was the application packet submitted according to the instructions?                                                                              | All required documents and information are submitted as directed <i>(Mandatory)</i>                                                     | <input type="checkbox"/>                          |

**Notes:**