Rural Health Transformation Program (RHTP)
Assistive Technologies Initiative
Frequently Asked Questions (FAQ)

1. **Is there a defined total funding amount?**

   The goal is to provide the awards to entities that can provide the services requested. There may be some fluctuations with the total amount associated with this component based upon the responses received and overall RHTP funding allocations.

2. **Does DHHS or the broader Rural Health Transformation Program provide participant referral support or a target population list, or is participant identification and enrollment the responsibility of the selected entity?**

   Most participants in the program will come from referrals within. DHHS care managers or service coordinators (depending on the member's Medicaid type) will work with the entities to ensure their capacity to provide the service in identified areas. DHHS will not be providing a targeted participant list to the vendors as it will be up to the participant on whether they want to take advantage of the service(s).

3. **Does DHHS anticipate or encourage coordination with the existing aging and disability network — such as Area Agencies on Aging or the Aging and Disability Resource Connection — for participant identification, or is that approach left to each entity's discretion?**

   DHHS strongly encourages a coordinated effort. In fact, the service coordinators and care managers will be heavily involved in helping participants determine what service(s) is best for their needs.

4. **Is there an expected or typical participant scale per entity that DHHS has in mind? The response requirements ask for an expected number of participants and growth, and any indication of the range envisioned would help inform a responsibly sized proposal.**

   There are multiple Medicaid programs where participants would be eligible, so this makes it difficult to determine an appropriate range. There are several forms of assistive technologies available making it difficult to provide a range. DHHS does recognize some difficulty in estimating the potential or expected number of participants and could adjust plans if growth exceeds or falls short of expectations.

5. **Does DHHS have a preferred response format or length for submissions?**

   Submissions should include the requested information in a concise understandable manner

6. **Given that the title of Initiative 4.4b explicitly highlights Chronic Disease Management and Remote Patient Monitoring (RPM), but the funding restrictions on Page 3 exclude traditional Remote patient monitoring, could DHHS clarify the state's intent regarding software platforms built on chronic care logic?**

   This is a subset component of the 4.4b Remote Patient Monitoring Initiative. It is separate from the RPM component and only addresses entities that can provide Assistive Technologies models that help older adults and individuals with disabilities remain safe in home and community settings. The subaward RPM component for 4.4b can be found here.

7. **If a respondent utilizes an established software platform to support complex chronic conditions (e.g., diabetes, hypertension, heart failure, CKD), can the platform's clinical features remain active to complement ongoing care management?**

   Not at this time, possibly in future years; as that really goes towards the first component of 4.4b. The focus of this opportunity is to provide funding for assistive technologies that help older adults and individuals with disabilities remain safe in home and community settings. It does not include coverage for chronic condition monitoring.

8. **Specifically, this applies if the platform functions natively as an assistive mobile application/software interface where no insurance claims or fee-for-service reimbursements are submitted to Medicare, Medicaid, or third-party insurers, thereby operating outside of an insurance-reimbursed RPM device framework. Will this delivery model be fully compliant with and aligned to the goals of Initiative 4.4b?**

   This would be more in reference to the first part of 4.4b. Regarding this subset, the platform will need to be in compliance with HIPAA and confidentiality narratives but will not be subject to other things such as Medicare, Medicaid, or 3rd party insures because it is not going to be clinically based.

9. **Are service subscriptions, specifically cellular data plans necessary for the operation of assistive devices in rural or low-bandwidth environments, an allowable expense under this initiative?**

   This initiative would not be able to fund cellular data plans if they are needed. Also, it should be noted that rural and frontier areas don't always have good cell service, so we may not want participants depending on an assisted device that requires cell service. The initiative could potentially pay for other types of subscriptions depending on the vendor's services.

10. **We're deciding whether to respond solo or alongside a complementary assistive-technology provider, and the answer here shapes that choice. The notice lists a $1,500,000 maximum per entity. If we partnered with a complementary provider, would a single joint response fall under one $1,500,000 ceiling — or could each entity apply and remain eligible up to $1,500,000 individually? And does DHHS have any preference between a joint response and separate coordinated ones?**

    This would depend on the situation. If the two entities were combining to be complementary of each other with the services, it could be where each entity would receive up to $1.5. We may need more information on how you would be collaborating.

11. **Our budget is built on a projected base number of participants, with a stated growth range beyond that. If actual enrollment exceeds our projected base during the term, can the contract amount be increased — for example, by amendment — to serve the additional participants, up to the $1,500,000 maximum? Or is the awarded amount fixed for the term regardless of demand?**

    We are not able to fully determine that as this time. Due to the fact that we are not sure how many vendor applications we will be receiving/awarding and the fact that we are not able to truly know the scale of participants, this is a difficult question to answer. Unfortunately, we won't know the scale for either until the applications close.

Questions regarding the program and responses should be sent to:

Jennifer.J.Clark@nebraska.gov and Ron.Stewart@nebraska.gov

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.