

South Carolina Department of Health and Human Services
1801 Main Street
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Columbia, South Carolina 29202-8206
March 26, 2008

**Amendment Number One
Telemedicine Home Care Grants (GAR 03-08)**

Questions submitted by Interim Health Care of Greenville:

1. Does the diagnosis (CHF, COPD, HTN, Diabetes) have to be the primary diagnosis for the patient?

The agency must be providing intervention for one of the focus diagnosis.

2. Can the diagnosis be a secondary diagnosis for which the agency is providing clinical intervention?

The agency must be providing clinical intervention for the diagnosis.

Question submitted by Palmetto Health HomeCare:

3. Can the agency spend the amount requested in order to purchase equipment and then the grant will be paid out over the year? Equipment purchases can be less expensive if done at once.

An agency may spend the funds at one time and invoice the Grant on a quarterly basis for reimbursement. The agency must provide an invoice at each request for funds and indicate the balance due on the purchase.

Question submitted by Roper – St. Francis Home Care:

4. Regarding dual eligibility: does the Medicaid have to be the payer primarily billed or can Medicare be the payer primarily billed as long as the patient also has Medicaid?

Medicaid is always the payer of last resort. Therefore, if a recipient is dually eligible, Medicare is the primary payer, and then Medicaid. The exception is that Medicaid provides coverage for venipuncture nursing visits and associated home health aide visits for stabilized dually eligible individuals, provided that such services are medically necessary.

Questions submitted by Home Health Services of Self Regional Healthcare:

5. Will SCDHHS consider giving larger portions of grant (with appropriate supporting invoice) program so that participating agencies can purchase necessary equipment upfront to allow for more patients served and greater period to impact outcomes?

If included in the Budget Spending Plan and with the appropriate documentation of a purchase order and paid invoice, an agency may purchase equipment upfront. However, the agency must comply with the quarterly reporting requirements. Failure to do so will result in a discontinuation or withholding of funding.

6. Can agencies upfront pay for the entire cost of equipment then use the grant money to “pay back” the agency? Purpose: to allow for greater impact to patient outcomes.

See questions/answers for #3 and #5.

Question submitted by AnMed Health Home Care:

7. Target Population: are all patients required to meet Medicaid home health definition? Example – Post hospitalization discharge of CHF patient that is not home bound. However, we would monitor to prevent re-hospitalization. An exacerbation could lead to a home health admission.

Preferably, participants must meet the criteria to participate in the Medicaid Home Health benefit. However, it would be appropriate for a Medicaid or dually eligible participant in the project to have been recently discharged from a hospital setting (with in the past 7 days) and monitored through the project for the next 60 days or until a care plan would be updated.

Questions submitted by South Carolina Home Care Association:

8. Can the funding be used for projects that include Medicare-only patients?

Funding for this project is targeted toward Medicaid only and Medicaid/Medicare dually eligible recipients.

9. Can applications from multiple agencies working collaboratively exceed the \$50,000 cap?

It would be necessary to submit additional information regarding the collaborative efforts between agencies before an answer could be given.

10. Under Part 1-Section D Funding Restrictions it outlines that organizational promotional expenses are not allowed. Part 2-Section L says that promotional materials must be approved in advance by SCDHHS. Can you define what type of promotional expenses are not allowed?

Funding for promotional expenses that promote the agency as a whole are not allowed. Funding to promote the project would be allowed.

11. Can outline what sections specifically contribute to the 8-page limit? For example, is the cover page, table of contents, program narrative, budget narrative included?

Part III, A., 3 states no more than 8 narrative pages. Those should be the program narrative and the budget narrative information. This does not include the title page, table of contents, or attachments.

12. What types of collaboration with community partners/organizations would you expect to see in the grant applications?

Collaborative community partners/organizations would be those an agency normally works with to provide the best services for their clients or new partners necessary to implement the project.

13. The table of contents includes a listing under Budget Narrative for Spending Plan for Grant Funds. This section is not described. What should be included in this section?

The Spending Plan for Grant Funds is the summary of how an agency plans to spend the requested funding, it is not a form. The Plan should present a clear picture of how resources will be utilized.

14. People define goals and objectives in different ways. Can you give an example of a goal and an objective?

The approach for each agency will be different as will their methodology for achieving the desired results. An agency could utilize the SMART process for developing their goals and objectives – Specific, measurable, achievable, realistic, and time bound or time limited.

15. One of the required attachments is the Organization's Business Status Documentation. What is this form?

This is a document, usually from the IRS, that indicates what status the agency may be, Non-Profit, For Profit, etc.

ALL OTHER TERMS AND CONDITIONS OF THIS GAR REMAIN THE SAME.