

South Carolina Department of Health and Human Services
1801 Main Street
P.O. Box 8206
Columbia, South Carolina 29202-8206

Telemedicine Home Care Grants(GAR 03-08)

Grant Application Request: To implement or expand innovative telemedicine home care programs and activities with documented outcomes for South Carolinians. Multiple grants in varying amounts, not to exceed \$50,000 each, will be awarded through a competitive process. Grants should target telemedicine home care provided by Medicare certified home health agencies, contracted with the South Carolina Department of Health and Human Services (SCDHHS), related to chronic diseases associated with Congestive Heart Failure (CHF), Diabetes, Hypertension, or Chronic Obstructive Pulmonary Disease (COPD).

Submittal Deadline: Friday, April 11, 2008
2:00 p.m. Eastern Daylight Savings Time

You are invited to submit Grant Proposals in accordance with the requirements described in this document. Grant Proposal(s) must be received no later than 2:00 p.m. EDST, on Friday, April 11, 2008.

Mail to:
Ernestine J. Staley, Director
Division of Contracts
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Or

Hand Deliver to:
Ernestine J. Staley, Director
Division of Contracts
South Carolina Department of Health and Human Services
1801 Main Street, Jefferson Square Building, 6th Floor
Columbia, South Carolina 29202-8206
(803) 898-2605

Grant Proposal(s) will be accepted at any time before, but not later, than 2:00 p.m. EDST on Friday, April 11, 2008. Each Grant Proposal must be signed by an official with authorization to sign on behalf of the sponsoring agency. NO FAXES WILL BE ACCEPTED.

Key Events and Dates:

- | | |
|---|----------------|
| 1. Grant Application Request (GAR) Issued | March 7, 2008 |
| 2. Deadline for Receipt of Written Questions | March 19, 2008 |
| 3. Pre-Proposal Conference | March 19, 2008 |
| 4. Deadline for Receipt of Formal Grant Proposal(s)
an original and six (6) copies | April 11, 2008 |
| 5. Written Notice to Award Grants | May 16, 2008 |
| 6. SCDHHS Prepares Contracts for Grantees' Signature | June 2008 |
| 7. SCDHHS Staff Meets with Grantees | June 17, 2008 |

Pre-Proposal Conference

The Pre-Proposal Conference for this GAR will be held at 10:00 a.m., on Wednesday, March 19, 2008 in the conference room on the 1st floor at the South Carolina Department of Health and Human Services, 1801 Main Street, Columbia, SC 29202-8206. No more than one representative from each applying agency shall attend the conference. The conference is not mandatory, but applicants are encouraged to send staff that will be actively involved in grant preparation.

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PART I

GENERAL INFORMATION AND INSTRUCTIONS

A. Purpose

To implement or expand innovative telemedicine home care programs and activities with documented outcomes for South Carolinians. Multiple grants in varying amounts will be awarded through a competitive process. Grants should target telemedicine home care provided by Medicare certified home health agencies, contracted with the South Carolina Department of Health and Human Services (SCDHHS), related to chronic diseases associated with Congestive Heart Failure (CHF), Diabetes, Hypertension, or Chronic Obstructive Pulmonary Disease (COPD).

SCDHHS recognizes that every community and its needs are different and the methodology chosen to address those needs is unique. In addition, the SCDHHS recognizes the numerous ways that a telemedicine home care program can be crafted. Therefore, SCDHHS will accept for consideration any home health agency Grant Proposal that implements or expands innovative telemedicine home care focused on the diseases of CHF, Diabetes, Hypertension, or COPD.

B. Eligibility

Applicants must be a home health agency that is certified to participate under Title XVIII (Medicare) and meet the conditions governing participation as certified by the South Carolina Department of Health and Environmental Control. The home health agency must also be in compliance with all Federal, State and local laws and contracted with SCDHHS.

C. Fiscal Agent

Applicant community groups must designate one entity as the lead applicant agency that will serve as the fiscal agent for the project.

D. Funding Restrictions

Grants will not be awarded for funding capital projects or to replace lost funding. Funds from this Grant shall not be used for land purchases; cost of buildings or facilities; bad debts; cost of life insurance when the Grantee is the beneficiary; late payment charges, including penalties and fines; contingency funds; contributions; entertainment; fines and penalties; actual losses which could have been covered by insurance; interest; fund raising costs; investment management costs; profit/losses on disposition of depreciable property of other capital; legal fees; or organizational promotional expenses or other expenditures specified in OMB circular A-87.

Funding for equipment may be allowable if it is an integral part of the proposed project. This will be subject to review and approval prior to implementation. Expenses that directly promote the initiative or program may be allowable, but these are also subject to review and approval.

E. Time Frame

Costs may be incurred commencing with the beginning date of the grant, June 15, 2008.

F. Grant Proposal Constitutes Offer

By submitting a Grant Proposal, the applicant agrees to be governed by the terms and conditions described in this document, except where subsequent amendments of any grant resulting from this GAR are specifically agreed to by the parties to supersede any such provision of this GAR.

G. Awards

Grants shall be awarded to applicants whose proposals are determined most likely to positively impact South Carolinians and their health behaviors/lifestyles related to the diseases of CHF, Diabetes, Hypertension, or COPD, that also include a clear outcome measurement plan. The total amount of funds available to be awarded is \$1,000,000; grants of various dollar amounts will be awarded. However, each grant award will be capped at \$50,000. SCDHHS reserves the right to reject any and all Grant Proposals that are deemed to not meet the requirements of this GAR. SCDHHS is the sole judge as to whether an applicant's Grant Proposal has or has not satisfactorily met the requirements of this GAR.

NOTE: Not meeting performance standards on a grant awarded by SCDHHS may cause a grant proposal to not be funded or discontinuation or withholding of funding.

H. Notice of Award

Each applicant will be notified by letter after all Grant Proposals have been evaluated, and funding has been allocated.

I. Amendments

If it becomes necessary to revise any part of the GAR, all amendments will be provided to all applicants. Verbal comments or discussions relative to this solicitation cannot add, delete, or modify any written provision. Any alterations must be in the form of a written amendment to all applicants.

J. Discussion/Negotiation

By submission of a Grant Proposal, the applicant agrees that during the period following issuance of the GAR and prior to the final award of a grant, the applicant shall not discuss this GAR with any SCDHHS employee, except Ms. Ernestine J. Staley, Director, Division of Contracts, at SCDHHS. Ms. Staley can be reached at (803) 898-2605.

PART II

SPECIAL INSTRUCTIONS AND CONDITIONS

A. Receipt of Grant Proposal

It is required that the Grant Proposal be submitted no later than the date and time specified in the GAR. Applicants mailing Grant Proposals should allow a sufficient mail delivery period to ensure timely receipt of their Grant Proposals by the issuing office. Any Grant Proposals received after the scheduled date and time will immediately be considered non-responsive and disqualified. Postmarks will not be considered.

B. Preparation of Grant Application

Each applicant is to submit an original and six (6) copies of the Grant Proposal, in one package under seal. Each copy of the Grant Proposal should be bound (stapled or spring clipped) in a single volume. All documentation submitted with the Grant Proposal should be bound in the single volume. Grant Proposals should not have hard covers or be spiral bound. The applicant is required to have typed on the envelope or wrapping containing the Grant Proposal the name and address of the applicant and the Grant Proposal due date of April 11, 2008.

All Grant Proposals should be completed and carefully worded and must convey all of the information requested, as outlined in Part III, Section A.

Grant Proposals should be prepared simply and economically, providing a straightforward, concise description of applicant's capabilities to satisfy the requirements of the GAR. Emphasis should be on completeness and clarity of content. Grant applications should be no more than eight (8) pages, excluding appendices.

C. Maintenance of Records

The Grantee must maintain an accounting system with supporting fiscal records adequate to assure that claims for funds are in accordance with this Grant Agreement and all applicable laws, regulations, and policies. The Grantee further agrees to retain all financial and programmatic records, supporting documents, statistical records and other records of recipients relating to the delivery of preventive services under the Grant Agreement, and as further required by SCDHHS, for a period of three (3) years after the expiration of the Grant Agreement. If any litigation, claim, or other actions involving the records have been initiated prior to the expiration of the three (3) year period, the records shall be retained until completion of the action and resolution of all issues which arise from it or until the end of the three (3) year period, whichever is later. This provision is also applicable to any subgrantee.

D. Inspection of Records

At any time during normal business hours and as often as SCDHHS, the State Auditor's Office, the Office of the Attorney General, the Comptroller General, and/or any of the designees of the above may deem necessary during the grant agreement period and for three (3) years after last payment under this Grant Agreement, the Grantee shall make all program and financial records available for review. These representatives shall have the right to examine and make copies, excerpts or transcripts from all records, contact information, and conduct private interviews with clients and employees, and do onsite reviews of all matters relating to service delivery as specified by the Grant Agreement. If any litigation, claim, or other action involving the records has been initiated prior to the expiration of the three (3) year period, the records shall be retained until completion of the action and resolution of all issues which arise from it or until the end of the three (3) year period, whichever is later.

E. Political Activity

The Grantee agrees that none of these funds provided under this Grant Agreement shall be used for any partisan political activity, or to further the election or defeat of any candidate for political office.

F. Safety Precautions

SCDHHS assumes no responsibility with respect to accidents, illness, or claims arising out of any work undertaken with the assistance of funds paid under this Grant Agreement. The Grantee shall take necessary steps to insure or protect itself and its personnel. The Grantee agrees to comply with all applicable local, state, federal occupational and safety acts, rules, and regulations.

G. No Obligation to SCDHHS

Neither SCDHHS nor any agent thereof on behalf of SCDHHS will be obliged in any way by any applicant response to this GAR.

H. Right of Rejection

SCDHHS reserves the right to accept or reject any or all Grant Proposals received as a result of the GAR, to negotiate with all qualified applicants, and to cancel, in part or in whole, this GAR if it is in the best interest of SCDHHS to do so.

I. Funding Availability

The total amount available for the grants for the period of June 15, 2008 through June 14, 2009 is \$1,000,000. Each grant will be capped at a maximum of \$50,000. Funding is provided by the state of South Carolina and is available for a one-year period.

J. Grant Review

All projects selected for funding will be expected to work cooperatively with SCDHHS by completing brief quarterly reports on service and activities delivered, performance outcomes, and program expenditures.

K. Termination

The parties agree that their liabilities and responsibilities shall be contingent upon the availability of funds, and that this agreement shall be terminated if such funding ceases to be available. This agreement may be canceled and terminated by either party at any time within the agreement period whenever it is determined by either party that the other has failed to comply with its obligations. Notification of termination will be sent by Certified Mail, return receipt requested.

L. Approval of Program Materials, Audio Visuals, and Presentations

The Grantee agrees to design all educational and promotional materials related to the project in a format that is easily understood and medically evidence based (including press releases).

The Grantee shall not distribute any promotional or marketing materials without prior written approval from SCDHHS. Marketing, promotional, or educational materials shall not make any assertion or statement (whether written or oral) that participation in their program will affect Medicaid benefits. Marketing materials shall not make any assertion or statement that CMS, the Federal or State government or similar entity endorses the Grantee.

PART III

SCOPE OF SERVICES FOR TELEMEDICINE HOME CARE GRANTS

A. Grant Proposal Structure and Content

The Grant Proposal must include the following sections, in this order.

1. Cover Sheet

Submit the completed cover sheet provided with this GAR.

2. Table of Contents

The following sections must be included, with page numbers:

Program Narrative:

Program Background and Problem Statement
Target Population/Project Participants
Goals and Objectives
Approach and Methodology with a Clear Timeline and Operational Plan
Summary of Applicant's Qualifications
Sustainability

Budget Narrative:

Staffing
Budget (Using Budget Summary Form)
Spending Plan for Grant Funds

3. Section Descriptions:

a. Program Narrative

The narrative is the core of the Grant Proposal. It must be organized and self-explanatory. All narrative pages must be single-spaced, 12 PT Font, and limited to no more than eight (8) pages. (Submitted Grant Proposals containing more than 8 narrative pages, excluding appendices, will not be considered for review). SCDHHS acknowledges the validity of utilizing telemedicine home care and it is not necessary for applicants to use the Program Background and Problem Statement section to reiterate the positive nature of telemedicine home care. The narrative section should be prepared as follows:

Program Background and Problem Statement:

Description of the health problem(s) and how this telemedicine home care project will address the problem(s). Include a description of any existing telemedicine home care programs or

initiatives already operating in the community by the agency. Applicants must define the “community” (i.e. as a county, residential setting, or any other specific geographic location).

Target Population/Project Participants:

Applicants should specifically target the population to be current or recently discharged home health clients who have the diagnosis of congestive heart failure, diabetes, hypertension or COPD.

Goals and Objectives:

List the specific goals and measurable outcome objectives for the proposed telemedicine home care project. Provide a timeline with an operational plan. In addition, describe the techniques that will be used to collect outcome data as well as any other self-evaluation processes that will be used to measure the success of the project.

Approach and Methodology:

Discuss in detail the approaches and methods for carrying out the goals and objectives of the telemedicine home care project. The specific programs and activities along with an Operational Plan must be included. Special emphasis should be placed on innovative and/or creative approaches that are specifically designed to meet the needs of the targeted population to be served. At a minimum, descriptions should include the following:

- When, where, how and for whom specific activities will be provided,
- Specific programs/activities to be implemented along with staff responsibilities,
- Specific diagnosis criteria that may be utilized in developing standards,
- Timeline for implementation,
- Facilities and equipment utilized,
- Evidence of collaboration with multiple community partners/ organizations (Letters of commitment should be included in the Attachments section), and
- Plans for promoting the telemedicine home care project to potential participants.

Summary of Applicant's Qualifications:

The applicant must, upon request of SCDHHS, furnish satisfactory evidence of ability to furnish products or services in accordance with the terms and conditions of this GAR. SCDHHS reserves the right to make the final determination as to the applicant's ability to provide the services requested herein before entering into any grant.

In addition, the applicant must describe their background and experience in conducting telemedicine home care programs for the targeted population they wish to serve and the applicant must provide resumes for professional staff members that will be assigned to this project.

Sustainability:

Describe your plans for continuation of the program that will ensure continuity following the grant period.

b. Budget Narrative

Staffing:

Submit a job description for the staff person(s) designated to be directly responsible for the telemedicine home care project that includes job title, responsibilities, supervisory relationships, education and any other qualifications. (Job Descriptions should be included in the Attachments section.)

Budget:

Using the Budget Summary Form, provide budget breakouts and sub-totals for the proposed project. In the budget narrative, provide a brief line-item justification for every entry. It is important that the Budget Summary Form and narrative provide a clear picture of how resources will be utilized to conduct the proposed project. Also develop a monthly tracking process to show how the Grantee anticipates spending the requested funds.

Describe facilities, equipment, financial resources and other resources presently available to carry out the telemedicine home care project. If equipment and/or other supplies are included in this budget, detailed descriptions and justifications must be provided, indicating lack of availability. Applicants are encouraged to utilize existing and/or donated facilities and equipment, when possible. Any changes to the original budget approved at the time of the original award must be prior approved by SCDHHS.

NOTE: Information regarding community or agency contributions of resources is required if these resources are included in the budget. Specifically, a determination of what amounts of community or agency contributions are cash and/or in-kind contributions must be included.

B. Attachments and Required Documents

Attachments shall consist of copies of cooperative agreements, pledges of resources, letters of support, lead applicant organizational status, and any other applicable and relevant documentation that supports and enhances the Grant Proposal.

- Properly completed W-9 IRS Tax Form
- List of Current Board Members of Governing Body
- Drug-Free Workplace Form
- Invoice on Agency letterhead for one-fourth of the total project amount
- Checklist Review

C. Reimbursement/Reporting Requirements

The Grantee shall receive four quarterly payments for implementing the telemedicine home care program.

- The first payment will be forwarded in the first month of the Grant.
- Within one month of operation, the Grantee shall provide confirmation to SCDHHS that the Program Implementation Plan, a detailed monthly program expenditure report and spending plan has been established.
- By the end of the third month of operations, the Grantee must submit a progress report identifying accomplishments and program activities, expenditures by month, and the invoice for the second quarter. An overview of expected activities planned for the next quarter must also be included.
- By the end of the sixth month the Grantee must submit an updated progress report, program expenditures by month, a listing of activities planned for the next quarter, and the invoice for the third quarter of operations.
- By the end of the ninth month, the Grantee must submit a progress report identifying accomplishments and program activities, expenditures by month, and the invoice for the fourth quarter of operations.

A final Telemedicine Home Care Program Report is due no later than one month from the expiration of this grant. The format for this report is found in Part V of this GAR.

PART IV
EVALUATION CRITERIA

All Grant Proposals will be reviewed and assigned an overall score based on the criteria listed below.

<u>POINTS</u>	<u>CRITERIA</u>
50	Scope of Work and Objectives What is the specific telemedicine home care program related to the four diagnoses that is going to be delivered? Are there clearly defined objectives that would indicate a positive implementation of the telemedicine home care project for the targeted audience? Is there a comprehensive approach with realistic plans for the project implementation or expansion? Are the goals and objectives for this project clearly aimed at implementing or enhancing a telemedicine home care program focused toward the targeted population? Does the project clearly address the identified population needs? Is the program or project innovative and creative and potentially replicable?
15	Coordination and Collaboration Is there evidence of coordination and collaboration with other resources/organizations? Are these dollars going to be maximized in relation to existing agency resources? Will these dollars significantly complement an already-existing project/program? Is there documentation of cash and/or "in kind contributions" from the community and/or other agencies?
15	Performance Measurement/Outcomes Are the outcome measures clearly defined? Do these performance measures "build upon" already documented outcomes such as decreased re-hospitalizations related to the disease, reduced inappropriate admissions, medication compliance, etc.
15	Experience/Project Management Experience Is there documented evidence that the applicant has the capacity, experience, and expertise to deliver what is being proposed? Is there evidence that the applying agency has the ability to manage the proposed telemedicine home care program/project? Does the applying agency have experience in fiscal management related to project/grant management?
5	Sustainability Describe your plans for program continuation after the grant period.

PART V

Attachments

The following forms must be completed by each Applicant and included in the grant proposal:

- Cover Sheet
- Project Budget Summary Form
- Checklist Review
- Properly Completed W-9 IRS Tax Form
- List of Current Members of Governing Board
- Drug-Free Workplace Form
- Invoice on Agency letterhead for one-fourth of total project amount

Within one month of operation (July 15, 2008), the Grantee shall complete and submit the following:

- Program Implementation Plan

At the end of three months of operation (August 15, 2008), the Grantee shall complete and submit the following:

- Progress Report
- Program Expenditure Form for the quarter
- List of Activities/Programs planned for the next quarter
- Invoice for 2nd quarter

At the end of six months of operation (December 15, 2008), the Grantee shall complete and submit the following:

- Progress Report
- Program Expenditure Form for the quarter
- List of Activities/Programs planned for the next quarter
- Invoice for 3rd quarter

At the end of nine months of operation (March 15, 2009), the Grantee shall complete and submit the following:

- Progress Report
- Program Expenditure Form for the quarter
- List of Activities/Programs planned for the final quarter
- Invoice for the 4th quarter payment

Within one month of the end of the project (June 15, 2009), the Grantee shall complete and submit the following:

- Final Program Report highlighting accomplishments, Lessons Learned, Implications for Future Projects, and Performance Measures/Outcomes
- Program Expenditure Form

TELEMEDICINE HOME CARE GRANT PROPOSAL COVER SHEET

Project Name: _____

Brief Description: _____

Lead Applicant Agency: _____

Address: _____

County: _____

Phone Number: _____

FAX Number: _____

Contact Person: _____

Partner Organization(s),
Agencies or Hospitals: _____

Authorized Signature of
Lead Agency: _____

Date: _____

TELEMEDICINE HOME CARE GRANT BUDGET SUMMARY FORM

	Grant Funds Requested	Agency Resources Amount/Type	Source	Total
Personnel				

Benefits (At _____%)				
Travel				
Equipment				
Supplies				
Program Marketing/Promotions				
Contractual				
Other (Please Specify)				

* See Part I, Section D, Funding Restrictions

PROPOSAL CHECKLIST REVIEW

1. _____ Original proposal plus six (6) copies delivered to SCDHHS by 2:00 p.m. EDST on Friday, April 11, 2008

2. _____ Each copy must contain the following:
 - _____ Completed Cover Sheet
 - _____ Table of Contents with page numbers
 - _____ Narratives: Program and Budget, including Budget Projection Summary Form

3. _____ Attachments:
 - _____ Organization's Business Status Documentation
 - _____ Letters of Collaboration/Support/Commitment
 - _____ Job Description(s)
 - _____ Resumes of Key Staff Members
 - _____ Other Pertinent Documents of Support
 - _____ Properly Completed W-9 IRS Tax Form
 - _____ Current Listing of Board Members
 - _____ Completed Drug-Free Workplace Form
 - _____ Invoice on Agency letterhead for Payment for 1st Quarter

**TELEMEDICINE HOME CARE GRANT
QUARTERLY PROGRESS REPORT**

Goal 1:

Project Objective	Project Activities	Project Performance Measures	Quarter ____ Performance Measures	Time Frame	Quarter ____ Status Report

Goal 2:

Project Objective	Project Activities	Project Performance Measures	Quarter ____ Performance Measures	Time Frame	Quarter ____ Status Report

Include list of Activities/Programs planned for the next quarter

Telemedicine Home Care Expenditure Reporting Form

Applicant Organization _____

Grant Reporting Period _____

	Grant Funds Budgeted Year-to-Date	Grant Funds Expended Year-to-Date	Problem/Concerns	Reason for being over/under budget
Personnel _____ _____ _____ _____ _____ _____				
Benefits (At _____%)				
Travel				
Equipment				
Supplies				
Program Marketing/Promotions				
Contractual				
Other (Please Specify) _____ _____ _____ _____ _____ _____				

Signature of Project Administrator: _____

Date Completed: _____