

**OFFICE OF MENTAL HEALTH AND SUBSTANCE
ABUSE SERVICES (OMHSAS)
TELEHEALTH FUNDING OPPORTUNITY FOR
BEHAVIORAL HEALTH PROVIDERS**

January 2023

GUIDELINES FOR OMHSAS TELEHEALTH FUNDING OPPORTUNITY FOR BEHAVIORAL HEALTH PROVIDERS

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FUNDING GUIDELINES

Section I – General Information and Instructions

The Commonwealth of Pennsylvania (“Commonwealth” or “Pennsylvania”) Department of Human Services (“DHS” or “Department”) has received enhanced federal Medicaid funding made available to states through the American Rescue Plan Act (“ARPA”). This funding will support Medicaid’s home- and community-based services (“HCBS”) system throughout the Commonwealth, which helps seniors, people with disabilities, children with complex medical needs, and many other groups to safely live in their community among their family and peers.

The Office of Mental Health and Substance Abuse Services (“OMHSAS”) has designated four million dollars of the enhanced federal Medicaid funding to this opportunity. The Department will provide funding of up to \$50,000 per approved request for funding to qualified providers to invest in technology and training for behavioral health telehealth providers (“Project”). The Department will approve funding on a one-time basis to each qualified provider (see Section II.A, Eligible OMHSAS HCBS Providers). Funding is limited to the allowable uses set forth in Section II.B, Eligible Telehealth Improvement Strategies.

A. Rejection of Requests

The Department may, in its sole and complete discretion, reject any request received as a result of this program funding announcement.

B. Incurring Costs

The Commonwealth of Pennsylvania and the Department are not liable for any costs incurred by an entity in preparation and submission of funding request, in participating in the funding process or for any service performed or expenses prior to the Department’s approval of a funding request.

C. Request Submissions

The Department will accept funding requests beginning on February 1, 2023. The request submission period will remain open until the earlier of December 31, 2023 or the date on which all ARPA funding made available through this announcement has been exhausted. The Department will reject requests submitted after the expiration of the request submission period. Approved providers must spend the funding by June 30, 2024.

The Department will accept only one funding request from an entity (“Entity”). Entities are determined by a 13-digit PROMIS^e™ ID/Medical Assistance Provider ID number. Only one funding request per 13-digit PROMIS^e™ ID/Medical Assistance Provider ID number will be accepted. Providers with multiple qualifying Entities may only submit one request for funding per 13-digit PROMIS^e™ ID/Medical Assistance Provider ID number.

To be considered, Entities must submit a complete response to this announcement providing one copy of the completed request form to: RA-PWOMHSAS@pa.gov. The subject

line of the email must be: “ARPA HCBS Telehealth Funding Opportunity – (PROVIDER NAME)”

D. Use of Electronic Versions of the Funding Opportunity

This funding opportunity is being made available by electronic means. If an applicant electronically accepts the funding opportunity, the applicant accepts full responsibility to ensure that no changes are made to the funding opportunity. If a conflict arises between a version of the funding opportunity in the applicant’s possession and OMHSAS’ version of the funding opportunity, OMHSAS’ version shall govern.

Section II – Eligibility

A. Eligible OMHSAS HCBS Providers

To be eligible for funding, an Entity must:

1. Have an active thirteen-digit DHS-issued Medicaid Provider Reimbursement and Operations Management Information System (“PROMIS^e™”) identification number.
2. Be a provider serving clients or patients in the Commonwealth.
3. Be a provider with a service location in the Commonwealth.
4. Have been in operation as of January 1, 2022 and maintain operations for twelve months after receiving the funds.
5. Have no more than 50 employees across its entire organization. This includes, but is not limited to, the number of employees employed by division or separate location of Applicant’s organization, a parent company, any subsidiaries or affiliates of Applicant’s parent company, and any subsidiaries or affiliates of Applicant.
6. Serve a caseload of patients of which no less than 51% are Pennsylvania Medical Assistance enrolled beneficiaries.
7. Have an active professional license to deliver behavioral health services in the Commonwealth from the Pennsylvania Department of State or a facility license from OMHSAS.
8. Have an active electronic funds transfer account in PROMIS^e™ to receive direct deposit payment.

B. Eligible Telehealth Improvement Strategies. An Entity must request funding to implement one or more of the following activities.

1. Purchasing equipment for providers:
 - a. Computers, monitors, tablets, webcams, microphones, and other similar equipment
 - b. Mobile medical devices for providers (e.g., remote vital monitoring, virtual stethoscopes, wireless scales, thermometers, digital otoscopes, and pulse oximeters)
 - c. Telemedicine cart (e.g., storage system to carry cameras, computer monitors, keyboards, computers, and mobile medical devices)
 - d. Telemedicine kiosk (e.g., kiosk stocked with all the equipment and commonly used mobile medical devices needed for telemedicine visits)
2. Purchasing equipment for service recipients:
 - a. Computers, monitors, tablets, webcams, microphones, and other similar equipment
3. Purchasing or maintaining HIPAA-compliant software or platforms:
 - a. Telemedicine software and online patient portals, including set-up fees
 - b. Telehealth system maintenance
4. Support for increased broadband speed
5. Purchasing Wi-Fi hotspots
6. Purchasing provider training on telehealth best practices, beyond what is offered by OMHSAS
7. Telehealth technical assistance

In addition, in order to be eligible, telehealth improvement strategies must be purchased between January 1, 2022 and June 30, 2024. The Department will provide funding for purchases made prior to an Entity's submission of a funding request, provided the purchase is for an otherwise eligible telehealth improvement strategy and the purchase was made within the dates set forth in this section.

C. Funding Amounts and Limits – Up to \$50,000

The maximum funding amount is \$50,000 per Entity as defined in Section I.C of this announcement. The minimum amount of funding that may be requested is \$5,000 per Entity.

The total amount of funding allocated for the funding opportunity is \$4,000,000. The Department will not reimburse funding in excess of these amounts.

Section III –Funding Requests, Review and Approval Procedures

A. Request Submission

Requests for funding will be accepted by the Department on an ongoing basis, subject to availability of funds and the closing date identified in Section I.C. The Department will process requests in the order in which complete request forms are received.

B. Review Criteria

The Department will review the requests for funding and determine compliance with the following factors:

1. The request is properly signed by the Entity. To be considered properly signed, the request must be signed by an individual with the authority to bind the Entity to the requirements of the request and this funding announcement.
2. The request is being made by an eligible Entity and for an eligible telehealth improvement strategy.
3. The Entity has submitted only one request per 13-digit PROMIS^e™ ID/Medical Assistance Provider ID number. The Department will reject any subsequent or duplicate requests for the same PROMIS^e™ ID/Medical Assistance Provider ID and any requests that include more than one PROMIS^e™ ID/Medical Assistance Provider ID.
4. The request is complete, including the address and the legal ownership of the Entity.
5. The request identifies the use of funds fully and completely.
6. The request includes the actual or proposed date the allowable use of funds will be spent, which must be between January 1, 2022 and June 30, 2024.
7. The request contains a Budget Submittal, which is required to be completed and submitted along with the funding request. The template should be completed for all eligible activities checked on the request form.
8. The request is for an amount between \$5,000 and \$50,000.
9. The Entity agrees to all conditions and attests to all facts contained in the Funding Request Form.

The Department will reject requests that do not comply with the factors above.

HCBS TELEHEALTH FUNDING REQUEST FORM

Entities that are seeking one-time funding for HCBS Telehealth must complete all parts of this form. Please have the Entity's authorized representative initial all statements to which the Entity is agreeing or attesting and provide the name, title and signature of the representative authorized to bind the Entity to the conditions of this funding announcement below.

_____ I agree that any payments received shall be subject to recoupment if expenses were reimbursed by duplicative funding streams, as identified in a state or federal audit or any other authorized third-party review or are not compliant with the conditions and requirements of the funding request.

_____ I agree that any payments received shall be subject to recoupment if (**INSERT ENTITY NAME**) does not maintain operations for twelve months after receiving the funds.

_____ I agree that any payments received shall be subject to recoupment if (**INSERT ENTITY NAME**) does not expend the full funding amount by June 30, 2024.

_____ I agree that the supplemental payments received through this funding opportunity will be used to fund the following expenses:

Please check all items for which you intend to use the funding and provide a brief description of the planned activity(ies) below (You may attach one additional sheet if additional space is needed):

- ☐ Equipment for providers
- ☐ Equipment for recipients
- ☐ HIPAA-compliant software or platforms
- ☐ Increased broadband speed
- ☐ Wi-Fi hotspots
- ☐ Provider training on telehealth best practices
- ☐ Telehealth technical assistance

Activity(ies) Description:

Attach one budget that details the use of funds for each activity checked using the included budget submittal template.

_____ I agree that (**INSERT ENTITY NAME**) shall comply with all reporting requirements and shall provide the Department with all documentation in a format prescribed by the Department.

_____ I agree that (INSERT ENTITY NAME) is a service location located in the Commonwealth of Pennsylvania.

_____ I agree that (INSERT ENTITY NAME) has been providing services to clients or patients in the Commonwealth.

_____ I agree that (INSERT ENTITY NAME) has been providing services as of January 1, 2022.

_____ I agree that (INSERT ENTITY NAME) has no more than 50 employees across its entire organization. This includes, but is not limited to, the number of employees employed by divisions or separate location of Applicant's organization, a parent company, any subsidiaries or affiliates of Applicant's parent company, and any subsidiaries or affiliates of the Applicant.

_____ I agree that (INSERT ENTITY NAME) has been serving a caseload of patients of which no less than 51% are Pennsylvania Medicaid Assistance enrolled beneficiaries.

_____ I agree that (INSERT ENTITY NAME) has an active professional license to deliver behavioral health services in the Commonwealth from the Pennsylvania Department of State or a facility license from OMHSAS.

_____ I attest that the individual signing the request is duly authorized to bind the Entity to the terms and conditions of this funding announcement and the request submission.

Name of Entity:	
Address:	
Legal Ownership:	
PROMIS ^e ™ ID/Medical Assistance Provider ID number (13 digits):	
Name of Entity's Authorized Representative:	
Title of Authorized Representative:	
Signature of Authorized Representative:	
Funding Request Amount:	
Actual or Proposed Date the allowable use of funds will be spent:	

Once you submit the completed request form, OMHSAS will review and process the form for payment. If approved, the Department will make payment through the PROMIS^e™ system. Disbursements will be made via electronic funds transfer.

ARPA funding must be used for the costs and expenses listed above in the request form. The Department may audit your use of the funding. Failure to comply with the terms of the ARPA payment and with the Department requirements may result in the recovery of funding through collection activities, offset, or other legal action. The funding is MA funding and is subject to all applicable MA requirements.

Entities will be required to report to the Department on the use of ARPA funding. Details of the reporting requirements, including the timing, format, and mechanism by which to send reports, will be available in coming months.

Budget Submittal Template

Use of Funds		
Detailed Use of Funds (must include number of items purchased per category, where applicable)	Amount of Funds Requested	Category
	\$	Equipment: Computers, monitors, tablets, webcams, microphones, and other similar equipment.
	\$	Equipment: Mobile medical devices for providers (e.g., remote vital monitoring, virtual stethoscopes, wireless scales, thermometers, digital otoscopes, and pulse oximeters)
	\$	Equipment: Telemedicine cart (e.g., storage system to carry cameras, computer monitors, keyboards, computers, and mobile medical devices)
	\$	Equipment: Telemedicine kiosk (e.g., kiosk stocked with all the equipment and commonly used mobile medical devices needed for telemedicine visits)
	\$	HIPAA Compliant Software/Platforms: Telemedicine software and online patient portals, including set-up fees
	\$	HIPAA Compliant Software/Platforms: Telehealth system maintenance
	\$	Increased broadband speed

Use of Funds		
	\$	Wi-Fi hotspots
	\$	Provider training on telehealth best practices, beyond what is offered by OMHSAS
	\$	Telehealth technical assistance
	\$	Total Funds Requested (minimum \$5,000; maximum \$50,000 total)