



ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

## Request for Proposals (RFP):

### CARES Act: Maternal and Child Health Telehealth Capacity in Public Health Systems Direct Awards

**RFP Release:** August 18, 2020

**[RFP Q&A Webinar](#):** August 26, 2020 2 – 3 PM Eastern

**Letters of Interest Due (Required):** September 1, 2020

**Cycle I Deadline for Proposals:** September 15, 2020, 8 PM Eastern

**Cycle I Awards Announced:** September 30, 2020 (estimated)

**Deadline to Request Assistance in Strengthening**

**Your Application ([more information](#)):** October 1, 2020

**Cycle II Deadline for Proposals:** October 16, 2020, 8 PM Eastern

**Cycle II Awards Announced:** October 30, 2020 (estimated)

**All Project Activities Completed:** April 30, 2021

Please join our [Q&A webinar](#) on Wednesday, August 26 at 2 PM Eastern. The session will be recorded and shared at [www.amchptelehealth.org](http://www.amchptelehealth.org), with an FAQ.

**Note:** Telehealth implementation technical assistance is available at any time, at no cost, and without application, to all MCH programs.

Please send TA requests and any questions to [telehealth@amchp.org](mailto:telehealth@amchp.org).

The Association of Maternal & Child Health Programs leads and supports programs nationally to protect and promote the optimal health of women, children, youth, families, and communities. AMCHP envisions a nation that values and invests in the health and wellbeing of all women, children, youth, families, and communities so that they can thrive.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$4,000,000 with 0% percentage financed with nongovernmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the US Government.

## The CARES Act Telehealth Initiative

AMCHP is honored to have received a grant from HRSA as part of the CARES Act Covid-19 pandemic response. In conjunction with national subject matter experts, AMCHP's award will support maternal and child health (MCH) programs to build, improve, expand, and sustain the use of telehealth in the following focus areas:

- **Title V and Children & Youth with Special Health Care Needs (CYSHCN)**
- **Newborn Screening**
  - Newborn Bloodspot Screening (NBS)
  - Early Hearing Detection & Intervention (EHDI)
  - Critical Congenital Heart Disease (CCHD) Screening
- **Maternal, Infant, and Early Childhood Home Visiting (MIECHV)**

AMCHP, HRSA, and programmatic partners identified technical assistance; direct awards to MCH agencies; and capacity building at the national level to be essential to the success of telehealth implementation in the focus areas. AMCHP and its partners share a common goal: using telehealth to improve the experience of families receiving services from MCH systems.

All MCH programs are eligible to receive technical assistance from AMCHP or AMCHP's partners, at no cost and without application, by emailing [telehealth@amchp.org](mailto:telehealth@amchp.org).

## Implementation Partners

AMCHP is proud to partner with the following organizations in implementing this project.

<b>Newborn Screening</b>	<a href="#">Expecting Health at Genetic Alliance</a> <a href="#">Hands &amp; Voices</a> <a href="#">Association of Public Health Laboratories</a> <a href="#">National Center for Hearing Assessment &amp; Management</a>
<b>Home Visiting</b>	<a href="#">Rapid Response Virtual Home Visiting Collaborative</a>
<b>Lived Experience</b>	<a href="#">Parent to Parent USA</a>
<b>Telehealth</b>	<a href="#">Center for Connected Health Policy</a> <a href="#">Regional Telehealth Resource Centers</a>
<b>State, Territorial, &amp; Local Public Health</b>	<a href="#">Association of State &amp; Territorial Health Officials</a> <a href="#">National Association of County &amp; City Health Officials</a>

## Direct Awards to Support Telehealth in MCH Public Health

AMCHP, with its partners, will award at least 18 competitive, direct grants to eligible MCH programs of up to \$100,000 each. Proposals are encouraged, but not required, to encompass more than one of the focus areas to leverage resources across MCH systems and maximize benefits to families.

An estimated \$1.83 million will be shared across the focus areas:

Title V & CYSHCN programs	\$1,220,000
Newborn screening programs	\$460,000
MIECHV programs	\$150,000

If additional funds become available, they will be allocated across focus areas.

All potential applicants must submit a non-binding [Letter of Interest](#) by September 1, 2020. AMCHP will offer two distinct application periods; up to half of available funds will be distributed in Cycle I, with the remainder distributed in Cycle II. Proposals that are not funded in Cycle I will have the opportunity to submit revised applications for Cycle II.

Cycle	Proposals Due	Awards Announced (est)
<b>All Applicants must submit a Letter of Interest by September 1, 2020</b>		
Cycle I	September 15, 2020, 8pm ET	September 30, 2020
Cycle II	October 16, 2020, 8pm ET	October 30, 2020

This award originates as part of the federal response to the COVID-19 pandemic, and all project activities must be completed by April 30, 2021. Because the funding is intended to address the immediate and unmet needs of MCH programs, AMCHP does not intend to request a no-cost extension from HRSA.

### Eligibility

All 59 jurisdictions that receive Title V awards from HRSA are eligible. This includes the 50 states, the District of Columbia, Puerto Rico, the US Virgin Islands, Guam, the Northern Mariana Islands, American Samoa, and the Freely Associated States (Federated States of Micronesia, the Marshall Islands, and Palau).

Agencies that manage the programmatic activities and budget for the focus areas are eligible to apply:

- HRSA-funded Title V & CYSHCN agencies
- HRSA-funded MIECHV agencies  
*Note: Home visiting programs not funded by MIECHV may be supported under Title V in proposals*
- ACF-funded MIECHV [Tribal Home Visiting](#) agencies
- HRSA-funded Universal Newborn Hearing Screening & Intervention agencies (EHDI programs)

- Agencies that manage newborn bloodspot screening (NBS) and/or critical congenital heart disease (CCHD) screening functions

Each eligible jurisdiction may submit one application and may receive a maximum of \$100,000 in funding, though it may be shared across agencies and focus areas. AMCHP will assist programs in developing a single application if multiple letters of intent for one jurisdiction are received.

Tribal nations awarded MIECHV funds through the HHS Administration for Children and Families' program may apply for, and receive, awards independently and separately from any state or territory.

All proposals are REQUIRED to include a letter of support from at least one organization or individual who has utilized the agency's MCH programs and has expertise in the lived experience (i.e. family or individual advocates or leaders). AMCHP and its partners are available to assist in identifying family experts. Additionally, because [Family Voices](#) received separate funding from HRSA to support telehealth use by the Family-to-Family Health Information Centers (F2F), applicants are strongly encouraged to collaborate with their [F2F](#) to maximize benefit.

**Application Assistance:** Every jurisdiction is urged to apply. AMCHP's goal is to fund the most innovative projects in the places with the highest need and will offer technical assistance in the application process. Requests for assistance may be made in the letter of interest; AMCHP will provide assistance in improving competitiveness to proposals submitted by October 1, 2020.

Project Timeline & Requirements		
Date	Item	Details
August 18, 2020	RFP Release	<a href="#">RFP Documents</a>
August 26, 2020, 2 PM Eastern	RFP Q&A Webinar	Attend via <a href="#">Zoom</a> (Registration Required)
September 1, 2020	Letters of Interest Due	All programs considering applying must submit a Letter of Interest, on letterhead, to include: <ul style="list-style-type: none"> <li>- Intent to apply</li> <li>- Expected application date (Cycle I or II); note any barriers in internal processes</li> <li>- Focus area(s)</li> <li>- Requesting TA in application process?</li> <li>- Name and organization of a stakeholder with lived family experience who will submit letter of support with application, or a request for assistance in identifying a partner</li> </ul>
September 15, 2020, 8 PM Eastern	Cycle I Proposal Deadline	Proposals must include: <ul style="list-style-type: none"> <li>- Completed application, including narrative &amp; budget</li> <li>- Letter of Support from a stakeholder with lived family experience</li> </ul>
September 30, 2020	Cycle I Awards Announced	Primary contacts will be notified of status by AMCHP
October 1, 2020	Deadline to Request Assistance in Strengthening Applications	Request assistance by email: <a href="mailto:telehealth@amchp.org">telehealth@amchp.org</a>
October 16, 2020, 8 PM Eastern	Cycle II Proposal Deadline	Proposals must include: <ul style="list-style-type: none"> <li>- Completed application, including narrative &amp; budget</li> <li>- Letter of Support from a stakeholder with lived family experience</li> </ul>
October 30, 2020	Cycle II Awards Announced	Primary contacts will be notified of status by AMCHP
April 30, 2021	Project Completion	All award activities must be complete

## **Telehealth Definition**

Telehealth has the potential to expand access and increase equity within MCH public health systems. It is AMCHP's goal and expectation that all funded projects work to directly improve the experience of the families being served through telehealth, by expanding services to those who previously could not access it or by easing barriers to access within communities. As used here, the term "family" means an individual or family for whom services are being provided by an MCH program.

To maximize the limited resources of this project, AMHCP defines telehealth as the remote delivery of health care services and clinical information via telecommunications technology. Telehealth services provided to families include appointments with health care providers, family education, and peer-to-peer support. They should be synchronous (real time) and can have capacity for audio and video ("virtual visit"). Families and providers may participate in telehealth services from their homes or another location, such as a local clinic. Telehealth may also be utilized for synchronous group health visits, such as those held for new parents. Telehealth consultation between providers may be synchronous or asynchronous ("store and forward" or "eConsult") and includes remote patient monitoring. Telehealth may include use of technology platforms for synchronous provider education or site visits.

Telehealth activities typically serve as a direct replacement of activities typically or commonly conducted in-person. Technology-based services such as "virtual check-ins" that use technology to deliver a service, but that are not services typically delivered in-person, are not considered telehealth. While a connection exists between health information technology (HIT), health information exchange (HIE), and telehealth, neither HIE nor HIT are telehealth. Proposals may include activities related to HIT or HIE if they enable or enhance the program's ability to use telehealth.

## Evaluation

All applications will be scored by AMCHP staff, experts in the family experience, and experts in telehealth, using the rubric outlined below. Special attention will be focused on a proposal's efforts to:

- Improve the family's experience receiving services from MCH programs
- Increase equity and access for communities often underserved by public health systems, including but not limited to:
  - Families of color, including Black, Indigenous, Latinx, Asian, and Pacific Islander families
  - Children and families with special health care needs, including those at higher risk for severe complications due to COVID-19 infection
  - Families whose preferred language is not English, including American Sign Language
  - Individuals who are immigrants or refugees, and their families
  - Families experiencing homelessness or poverty
  - Adolescents and young adults, including those who are pregnant or parenting
  - LGBTQIA-identifying individuals and their families
- Improve, enhance, and expand telehealth in innovative ways, including through community engagement and partnerships

*Funded projects will be highly encouraged to submit their work for consideration to [AMCHP's Innovation Station](#)*

In addition to the overall evaluation, AMCHP's expert partners will independently score proposals related to their focus areas, prioritizing:

- Innovation in the application of telehealth in the focus area
- Meeting immediate needs of families served by the focus area
- Integration with the focus area's operations
- The feasibility of timeline and budget.

For newborn screening proposals, NBS & CCHD will be evaluated separately from EHDI due to their distinct technical needs.

**Note:** *More comprehensive guidance on focus area evaluation will be posted to [www.amchptelehealth.org](http://www.amchptelehealth.org) the week of August 24, 2020.*

Focus area scores and overall scores will be averaged into a composite score. If one or more focus areas scores substantially higher than others, a project may be awarded funding only for the stronger components.

## Proposal Evaluation Guide

<b>Overall Score</b>	
Proposed Plan (including needs, challenges, innovation)	55
Family Experience	15
Equity & Access	15
Partnerships & Collaboration	15
<b>Total</b>	<b>100</b>

<b>Focus Area Score(s)</b>	
Proposed Plan (including needs, challenges, innovation)	55
Family Experience	15
Equity & Access	15
Partnerships & Collaboration	15
<b>Total</b>	<b>100</b>

**Note:** More comprehensive guidance on focus area evaluation will be posted to [www.amchptelehealth.org](http://www.amchptelehealth.org) the week of August 24, 2020.

<b>Allowable Expenses (Not an Exhaustive List)</b>
Supplies and equipment, including software licenses, to support telehealth implementation for use by state and local health agencies; health care providers; and families <i>*Equipment purchases &gt; \$5000 are allowable under this grant</i>
Consultant services, including in IT and telehealth applications
Sub-awards to local health agencies or community organizations
Costs associated with cellular or broadband service for families
Indirect expenses equal to 10% of salary and fringe, or your federally negotiated indirect rate
Contracts with sites that can support community-based telehealth sites, such as clinics, libraries, or schools; supplies to support such sites, such as personal protective equipment (PPE) or scales for non-clinical locations
Training or education on use of telehealth

<b>Unallowed Expenses (Not an Exhaustive List)</b>
Supplies and equipment that support telework but not telehealth
Expenses that supplant, rather than supplement, existing funding and resources
Expenses that are part of usual and customary programmatic functions, such as laboratory supplies for newborn bloodspot screening