# Telemedicine Program in Puerto Rico CORONAVIRUS RELIEF FUND

# **Program Guidelines**

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## GOVERNMENT OF PUERTO RICO



# Table of Contents

PROGRAM GUIDELINES	3
Program Overview	3
Background	3
Program Description	3
Points of Contact	3
Eligibility Criteria	4
Allowable Expenditures	4
Ineligible Expenditures	5
Process Overview	5

### **PROGRAM GUIDELINES**

#### **Program Overview**

#### Background

In response to the sudden decline in economic output following the Coronavirus disease 2019 (COVID-19) outbreak, Congress signed the Coronavirus Aid, Relief, and Economic Security (CARES) Act into law on March 27, 2020. The CARES Act established the Coronavirus Relief Fund (CRF), which provides \$150 billion in direct assistance for domestic governments, territories, and tribal areas to disburse in accordance with its provisions.

To ensure the expeditious processing of apportioned funds from the CARES Act, the Government of Puerto Rico established the Disbursement Oversight Committee, consisting of a representative of the Secretary of the Department of the Treasury, a representative of the Director of the Office of Management and Budget (OGP), and a representative of the Puerto Rico Fiscal Agency and Financial Advisory Authority (AAFAF).

#### **Program Description**

On May 14, 2020, Governor Wanda Vázquez Garced announced the Telemedicine Program in Puerto Rico (Program), which makes up to \$40 million in immediate CRF funds available to ensure that citizens have access to health services during the COVID-19 emergency to limit the exposure to the coronavirus in the form of a grant. The implementation of this program will be in accordance with applicable Puerto Rico and federal regulations.

On March 20, 2020, the Office of the Commissioner of Insurance (OCS) issued Joint Senate Resolution 491 (Resolution) which provided flexibility for physicians who are authorized to practice in Puerto Rico to use telemedicine and telephone consultations as a mean to care for patients during the COVID-19 emergency. Please visit <u>https://ocs.pr.gov/English/Legal\_%20Affairs/RulingLetters/Documents/2017-2020/CN-2020-270-D.pdf</u> for additional information about this Resolution.

To ensure telemedicine is accessible to all populations, Applicants should define relevant target populations and geographical coverage of its proposed program activities. Additionally, Applicants are encouraged to actively collaborate with the Puerto Rico Department of Health (DOH) throughout the duration of the Program (e.g., establishing MOU's, sharing data, etc). Lastly, to ensure sustainability of the telemedicine programs, Applicants are encouraged to define other strategic partnerships and collaborations to achieve program outcomes related to the COVID-19 emergency and beyond.

Disbursement of Program funds will be subject to the strictest standards to ensure compliance with federal regulations and best practices. Therefore, each request for disbursement will be duly documented and subject to control and audit.

#### Points of Contact

The Program will be supervised by the Puerto Rico Department of Health (DOH). Queries related to the Program must be submitted in writing to the Department of Health. All questions and responses will be made public without attribution.

#### Eligibility Criteria

Eligible Applicants must meet all the following criteria:

- Be an entity of Puerto Rico's Health Care System, including local health clinics (e.g., IPA's), Federally Qualified Health Centers (330s), state and private universities, Centers for Diagnostic and Treatment (CDTs), township governments, 501(c)(3) non-governmental organizations (NGOs), or coalition capable of providing patient care via telemedicine to populations that include rural, underserved communities, and other vulnerable groups (e.g., elderly, homeless);
  - Private hospitals are not eligible to receive Program funds as private hospitals received funds for Telemedicine through the CRF Assistance Program to Private Hospitals program;
- Have incurred or planned necessary expenditures related to the COVID-19 emergency and maintain documentation that reliably demonstrates the expenses;
- Commit to abide to the terms and conditions of the Program, including requests for documentation and auditing;
- Agree to return the funds, if it is determined that they did not comply with any of the Program eligibility requirements or if the funds were not spent on eligible expenses by December 31, 2021; and
- Agree that while receipt of other funds for COVID-19 related assistance does not preclude an Applicant from receiving funds under the Program, expenses are only eligible that 1) have not been covered or reimbursed and 2) will not be covered in the future, by other state, federal, or private programs.

#### Other CRF Programs

In addition to the Program detailed above, the Governor allocated funds for additional programs to address both government needs (mainly associated with addressing the public health emergency and continuing government operations) and those of the private sector, which has been severely affected by interruption of operations. Please visit <u>http://www.aafaf.pr.gov/covid-19-resource-center/</u> for additional information about these programs.

#### Allowable Expenditures

Recipients may use funds only for reasonable program purposes. Allowable expenses under this award include, but are not limited to:

- Technological software, hardware, and infrastructure required to implement or expand a telemedicine program;
- Clinical, technical, and administrative payroll for dedicated personnel required to implement or expand a telemedicine program;
- Travel directly related to implement or expand a telemedicine program;
- Development and delivery of educational content and training materials;
- Expenses necessarily incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19);
- Expenses that were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the State or government; and
- Expenses incurred during the period that begins on March 1, 2020 and ends on December 31, 2021.

For more information please refer to the Guidance published by the U.S. Treasury at <u>https://home.treasury.gov/system/files/136/CRF-Guidance-Federal-Register 2021-00827.pdf</u>.

#### Ineligible Expenditures

Ineligible expenses will be determined by the DOH, the U.S. Department of the Treasury, the Office of the Inspector General (OIG), and other regulatory bodies, and under this award include, but are not limited to:

- Necessary expenses that have been covered or reimbursed, or that will be covered in the future, by other state, federal, or programs that the Applicant may have, including funds received through the CARES Act's Public Health and Social Services Emergency Fund;
- Expenses arising from an improper procurement process, as well as those that are deemed unreasonable or fraudulent; and
- Other expenses that are determined to be unnecessary for continued operations in the COVID-19 environment.

For more information please refer to the Guidance published by the U.S. Treasury at <u>https://home.treasury.gov/system/files/136/CRF-Guidance-Federal-Register 2021-00827.pdf</u>.

#### Process Overview

The following is intended to outline the process by which funds from the CRF will be distributed to Applicants of the Program.

May 14, 2020	Award announced
July 31, 2020	Request period opens
Funds Expended	Request period closes
July 31, 2020– Funds	Requests reviewed and approved by the Program
Expended	
September 2020 –	Recipient submits Use of Funds Report by the 15 <sup>th</sup> day of each month for
December 2021	the prior month
December 31, 2021	Deadline for Award Funds to be used by Recipient
January 31, 2022	Recipient submits Funds Report and Expenses Evidence to AAFAF
February 1 – April 30,	Program audits Use of Funds for compliance, to the Federal Program and
2022	AAFAF guidelines, and pursues recovery of funds if applicable
May 1, 2022	Program closes

#### Applications

Applications will be originally extended via invitation only to organizations with relevant Telemedicine experience and will be submitted by electronic mail in PDF format to the Department of Health. In addition to the PDF application, Applicants must submit a thorough grant proposals. Grant proposals should include a workplan, budget, and key performance indicators (KPIs) to measure Program success. An application submitted without a thorough grant proposal will be considered incomplete. Upon submission, Applicants will receive a confirmation via electronic mail. More information on forms, documents, and eligibility can be found on the web at <a href="http://www.aafaf.pr.gov/covid-19-resource-center/">http://www.aafaf.pr.gov/covid-19-resource-center/</a>. All submissions will be accepted based on the time of submission and evaluated in accordance

with criteria set forth by the Program. Applications may be subsequentially extended based on need and availability of funds.

#### Administrative Costs

Administrative costs reduce the amount of Relief Funds that are directly supporting Puerto Rican projects and initiatives related to the COVID-19 emergency. If administrative costs are too substantial, there is a risk that the U.S. Treasury will deem the costs unreasonable and subject them to recoupment.

While the appropriate amount of administrative costs for any program is dependent on specific facts and circumstances, the CRF Disbursement Committee has determined that indirect, administrative, or other expenses incurred in managing the Program, or individual proposal under the Program, should be aligned with Federal guidance. The Program's administrative cost cap, determined by an Advisory Panel consisting of representatives of the Department of Health and AAFAF, is 10% of the total proposal cost.

#### Evaluation

Grant Applications will be evaluated for completeness and eligibility, and final determinations will be made by an Advisory Panel, consisting of representatives of the Department of Health and AAFAF.

Funding award decisions will be supervised by the Department of Health. Each Application will be evaluated, and Program Grant funds will be allocated using a standard of necessity prioritizing the magnitude of necessary eligible expenditures and impact. To ensure the Program can easily provide care, the interoperability attributes of the proposed Program equipment, including peripherals, will also be considered.

To ensure a rigorous and standardized application review, the Advisory Panel plans to use the following criteria as a primary input when evaluating applications:

#	Criteria	Question	1 or 0	Weight (%)	Total
Pro	gram Effectiveness (60%)				
1	Proven Telemedicine Capability	Has the Applicant sufficiently proven its ability to provide effective medical care via Telemedicine?		10.0	
2	High Program Reach	How many individuals can this program reach? (Choose 1)			
		> 150,000		10.0	
		25,001 – 150,000		6.0	
		1 – 25,000		3.0	
3	Assistance to Rural and Vulnerable Populations	Can the Applicant's program serve rural areas and underserved/vulnerable populations?		10.0	
4	Positive Health Outcomes	To what degree does the Applicant's program improve health outcomes? (Choose 1)			
		High (will significantly improve health outcomes)		10.0	
		Medium (will marginally improve health outcomes)		5.0	
		Low (will do little to improve the health outcomes)		0.0	
5	Expansion of Existing Programs	Can the Applicant build upon its existing Telemedicine programs rather than starting from scratch?		10.0	
6	Sustainability	Is this program sustainable by the Applicant after Grant funds are expended?		10.0	
Арр	roach (25%)		•	•	
7	Operational Readiness	When will the program be operational? (Choose 1)			
		0 – 30 days		15.0	
		31 – 75 days		7.0	
		> 75 days		0.0	

8	Physician Specialties	To what degree does the Applicant's program have access to physicians with relevant specialties? (Choose 1)		
		High (program has access to many relevant specialties)	10.0	
		Medium (program has access to some relevant specialties)	5.0	
		Low (program has access to few relevant specialties)	3.0	
Con	tracting (15%)			
9	Ease of Contracting	Does the Applicant have any previous, positive experience working with PR (or other government)?	2.5	
10	Administrative Cost	What % of the Applicant's proposed costs is estimated to be Administrative expense? (Choose 1)		
		< Approved administrative expense cap	12.5	
		≥ Approved administrative expense cap	0.0	
			Total	

#### Award and Funding

Upon Department of Health review, Applicants will be notified in writing via electronic mail of funding decisions. To maximize Program impact, Applicant requests may be filled in whole or in part. Subsequent Grant funding opportunities (including expansion of eligible institutions and use of funds) will be determined based on availability of Grant funds remaining after completion of initial awards.

Upon notification of an affirmative funding decision, the Grantee will sign a Grant Agreement, which will be provided to the Grantee upon receipt of the Grant Application. The Grant Agreement document will be a legally binding agreement between the Grantee and The Government of Puerto Rico and lays out the terms and restrictions for the use of Grant funds.

Upon execution of the Grant Agreement, the Department of Health will authorize payment to the Applicant and transfer funds. The award amount will be transmitted in one lump sum to the Grantee via electronic funds transfer.

#### Compliance

Any recipient that receives Program funds will be required to submit monthly financial reports by the 15<sup>th</sup> of everyone month using the template provided by the Program. Additionally, recipients that receive Program funds will be required to submit a comprehensive final financial reconciliation report before January 31, 2022 detailing the use of Program funds. Recipients may additionally be required, upon request, to show proof of payment and submit other required documentation.

Any recipient of Program funds will be required to retain evidence of eligible expenses for a period of five (5) years. Furthermore, by accepting CRF funds the recipient is required to certify proper and legal use of the funds and agrees to cooperate in any audit proceedings requested by The Government of Puerto Rico or other governing entity responsible for the compliant use of funds.