Increase Access to Telehealth–2 (TELEHEALTH–2)

Scope of Services (Section C.2.–C.4. of the NOFO)

Applications due <mark>*February 2, 2026*</mark>

Contents

About This Document

This document contains sections C.2. Need, C.3. Funding Purpose and Scope of Services, and C.4. Deliverables and Performance Measures of the second round of the Increase Access to Telehealth (TELEHEALTH-2) Notice of Funding Opportunity (NOFO). All application materials are available on the Illinois Regional Care Coordination Agency website via the Funding Opportunities page.

C.2. Need

The funds from the settlements will support prevention efforts in communities hit hardest by the opioid crisis and throughout the state. Fund distributions must be used equitably in service areas disproportionately affected by the opioid crisis as outlined in the Illinois Opioid Allocation Agreement, for example, areas with the following characteristics:

- High opioid fatality rates, including the following:

  - Counties other than Cook County with a crude rate of 1.8 or greater per 100,000 people

  - Community areas within Cook County with more than 100 overdoses (fatal and nonfatal) within the most recent year included in the Drug overdose mortality rate dashboard by Chicago Health Atlas

- Concentrated poverty, including the following:

  - Counties other than Cook County with a poverty rate greater than twelve percent (12%)

  - Zip codes within Cook County with a poverty rate greater than twelve percent (12%), per the Poverty rate dashboard by Chicago Health Atlas

- Concentrated firearm violence, including communities eligible for Reimagine Public Safety Act (RPSA) funding (RPSA Eligible Community Areas/Municipalities and Associated Programming)

- Other conditions that hinder the communities from reaching their full potential for health and well-being, including counties other than Cook with a crude nonfatal overdose rate of four (4.0) or greater per 100,000 people, as listed in the Illinois Opioid Data Dashboard (https://dph.illinois.gov/topics-services/opioids/idph-data-dashboard.html.)

The availability and use of telehealth services increased dramatically during the COVID-19 pandemic, generating heightened awareness of their value to communities that lack healthcare resources and providers, are geographically isolated, or have limited transportation options. Yet, telehealth is not available to everyone for a variety of reasons, including the cost of acquiring necessary technology infrastructure and software licenses.

Compared to in-person healthcare services, the initial investment for a telehealth platform can be significant but offers long-term benefits in terms of accessibility and efficiency.

This funding is intended to support establishment of telehealth services for people with OUD in communities that have been disparately impacted by the opioid crisis, as well as in rural communities with few or no appropriate services. Marginalized groups (e.g., individuals experiencing homelessness, indigenous communities, veterans) will receive priority consideration.

Although applicants from all regions may be considered, this funding opportunity will prioritize services to be delivered to and within the following Illinois Department of Public

Health (IDPH) regions: Champaign, Marion, Metro East, Peoria, Rockford, and West Chicago. Applications in those regions will be prioritized based on overdose data in the applicant's proposed service area, current availability of other services, and plans to specifically outreach to populations that reflect the social and racial disparities that persist in the opioid crisis. C.3. Funding Purpose and Scope of Services

A minimum of eleven (11) organizations is the anticipated number of organizations that may be awarded TELEHEALTH-2 funding to increase access to prevention, treatment, harm reduction, and recovery support services for people with or at risk of OUD and other co-occurring SUDs.

To achieve this goal, subrecipients shall establish telehealth services in areas and communities of Illinois not adequately served by existing resources and/or that are historically underserved, as prioritized in Section C.2. above. Program objectives are as follows:

- Design a telehealth system, including technology infrastructure, compliant with regulatory requirements, documentation of processes and procedures, and training and technical support.

- Acquire and maintain necessary hardware and healthcare devices, platform/software licensing, and functionality support (e.g., security systems, cloud services).

- Provide training and technical support to telehealth providers.

Of the three (3) anticipated years of funding, startup expenses, which include Tasks 3, 4, and 5, will be allocated for the first two (2) years only. Year three (3) expenses may be used to support technology, software, and staffing to support the program. Funded organizations must accept people who receive Medicaid/Medicare and/or are uninsured.

The tasks required and associated performance measures, standards, and potential metrics to be collected are as follows:

Task 1. Fulfill Award Administration Requirements

Subrecipients shall fulfill obligations detailed in Section H.10. Reporting and Grants Administration Requirements of the NOFO, including the following:

- **Organizational Needs Assessment**: Complete an organizational needs assessment (ONA) survey.

- **Implementation and Sustainability Plan Development**: Develop and update an implementation and sustainability plan (ISP), which informs the performance metrics used for program activities.

- **Equity and Racial Justice Plan Development:** Develop and implement an equity and racial justice (ERJ) plan.

- **Performance Reporting:** Complete quarterly periodic performance reports (PPRs).

- **Fiscal Reporting:** Complete monthly periodic financial reports (PFRs).

- **Training and Technical Assistance Participation:** Participate in program status meetings (PSM) and training and technical assistance (TTA) as prescribed.

- **Data Collection and Reporting with the RCCA Opioid Abatement Strategies Effectiveness Evaluator (OASEE) Subrecipient:** Identify performance metrics, collect relevant data to evaluate program effectiveness, and perform monthly evaluation reporting (MER).

Anticipated performance measures for these activities are detailed in Section C.4. Deliverables and Performance Measures.

Task 2. Staff and Administer Program

The subrecipient shall allocate or hire sufficient staff to support the design, implementation, and monitoring of telehealth services. As described by the U.S. Department of Health and Human Services, staff roles may include the following:

- **Telehealth champion**, to provide leadership for all aspects of the program

- **Program manager**, to oversee daily logistics, goal setting, and data gathering

- **Education manager**, to ensure familiarity and comfort with telehealth provision among patient-facing staff (e.g., physician, physician's assistant, registered nurse, care manager, scheduler)

- **Technical lead**, to manage all devices and create procedures and best practices for their use

- **Installers**, to educate patients on remote patient monitoring devices and to track their connectivity to medical services

- **Technical support staff**, to provide support on technical issues during telehealth sessions. Upon implementation, support should be available during the organization's standard business hours

If new staff are to be hired, interim staff must be available at the commencement of the period of performance. Leadership must be supported by appropriate staff to ensure program operations comply with fiscal, legislative, administrative, and technical requirements pursuant to the subaward agreement.

Staff should be reflective of the community/population being served. **Preference is given to subrecipients that commit to having direct service staff who both live and work in their communities.**

Task 2.a. Performance Measure

Submit a **program organizational chart** detailing assigned staff (or designated to-be-hired), their roles, and matrixed supports within fifteen (15) days from the commencement of the period of performance. This organizational chart should include a list of names and emails of all individuals assigned to work on the design, implementation, and monitoring of the program.

Task 3. Plan Telehealth Implementation

Subrecipients shall provide the following deliverables:

Task 3.a. Conduct Telehealth Planning Assessment

The subrecipient shall assess the acceptability, feasibility, and effectiveness of telehealth for increasing access to prevention, treatment, harm reduction, and recovery support services among people with or at risk of OUD and other co-occurring SUDs. The assessment shall evaluate health disparities and the related social and economic inequities that impact access to and need for services, as well as technology infrastructure.

Task 3.a. Performance Measure

Submit the **planning assessment report** within sixty (60) days from the commencement of the period of performance. It shall include the following:

- A **position statement**, explaining the reason for, end goal of, and features of the new telehealth service.

- A **user profile**, indicating the proposed end users and their intended use of the new telehealth service. The user profile(s) should specifically address priority populations.

- A **comprehensive written report** detailing the results of a **strengths, weaknesses, opportunities, and threats (SWOT) analysis** of implementing new telehealth services in the catchment area. The SWOT analysis shall specifically address opportunities to outreach to priority populations.

For tips on developing the above, go to The National Telehealth Technology Assessment Resource Center's *Technology Assessment 101*.

Task 3.b. Design Telehealth Services

The subrecipient shall identify specific telehealth services to be provided, based on the above telehealth planning assessment. The subrecipient is responsible for adjusting services based on any regulatory revisions which may impact types or levels of allowable telehealth services. Services shall include but are not limited to the following:

- **Synchronous activities**: Interaction between provider and recipient occurring in real time, such as through videoconferencing or audio only (via landline or wireless connection).

- **Asynchronous (store-and-forward) activities**: Sharing of information between provider and recipient that does not require real-time interaction, such as the following:

- o Texting healthcare questions and updates.

- o Uploading medical reports, lab results, digital medical imaging, or health histories into a portal.

- o Remote patient monitoring.

Services shall focus on prevention, treatment, harm reduction, and recovery support for individuals with or at risk of OUD and other co-occurring SUDs, particularly in communities and populations disproportionally impacted by the opioid/overdose crisis.

Task 3.b. Performance Measure

i. Submit, within 120 days from the commencement of the period of performance, a **telehealth implementation plan** that details the telehealth services to be provided in terms of meeting the needs of the community within its telecommunication parameters. State what the services will include, when and how they will be rolled out, and how and which staff will be trained on telehealth provision.

Task 4. Build Systems Infrastructure

The subrecipient shall identify and acquire the services, healthcare devices, and functionality support necessary for the operation of the services proposed in accordance with legal and regulatory requirements. At a minimum, this shall include the following functionality:

- Patient consultation portal with texting and video communication capabilities;

- Mobile medical devices that gather, analyze, and transmit data;

- Internet and device support for providers and patients; and

- Health Insurance Portability and Accountability Act (HIPAA) compliance assessments, policy development, and implementation.

Technology components considerations include the following:

- Computers, webcams, microphones, and other optional hardware (e.g., digital telescope, examination camera, endoscope)

- Platform and/or software licensing

- Networks, data centers, cloud services

- Reliable internet services/hotspots for providers and patients

  - o Loaner tablets for patients lacking reliable internet connections or devices suitable for video consultations

- Mobile device support

- A patient portal

- Electronic health record interoperability

- Security systems

Funding is limited to the technology required to establish the new telehealth services above. General technology upgrades are not allowable costs.

Task 4.a. Performance Measure

i. Submit, within 180 days from the commencement of the period of performance, evidence of acquisition of all technology infrastructure components, as well as evidence of relevant licensing.

Task 5. Establish Processes and Procedures

The subrecipient shall develop processes and procedures to ensure user-friendly, effective, and reliable telehealth services. Such documentation shall be provided for at least the following:

- Preferred telehealth platform or software
- Internet connectivity standards

  Compliance with all federal and state licensing, privacy, security, and confidentiality laws, rules, or regulations, including HIPAA and internal control cybersecurity requirement under 2 CFR § 200.303(e).

- Informed consent process for telehealth services
- Technical issue resolution during telehealth sessions
- Patient concerns or complaints related to telehealth services
- Reporting mechanisms for quality assurance and data analysis
- Quality assurance and quality control procedures that include annual reviews of program policies and procedures and ongoing assessment of patient outcomes

Task 5a. Performance Measure

i. Submit, within 240 days from the commencement of the period of performance, **policies and procedures documentation** related to telehealth operations.

Task 6: Provide Training and Technical Support

The subrecipient shall provide training and technical support to patient-facing staff (e.g., physician, physician's assistant, registered nurse, care manager, scheduler) on the use of telehealth for prevention, treatment, harm reduction, and recovery support services to assist and meet the needs of people who have an OUD or other co-occurring SUD.

Task 6.a. Performance Measure

i. Submit, within 240 days from the commencement of the period of performance, an **education plan** for training staff, including content, intended audience, and expected frequency of training sessions.

Task 6.b. Performance Measure

i. Submit a **training log** (staff name, staff role, training subject, name and credentials of the training provider, delivery mode, and date of completion) within twelve (12) months of the commencement of the period of performance for initial training and every six (6) months thereafter as needed for new staff, follow-up, and refresher training sessions.

Task 6.c. Performance Measure

i. Submit a **technical support log** (date, nature of technical support, and job title of recipient) at 12, 18, 24, 30, and 36 months from the commencement of the period of performance.

Task 7: Provide and Monitor Telehealth Services

The subrecipient shall launch and maintain the proposed telehealth services in accordance with program requirements as well as all federal and state licensing, privacy, security, and confidentiality laws, rules, or regulations, including HIPAA and internal control cybersecurity requirement under 2 CFR § 200.303(e).. The subrecipient shall participate in monitoring and evaluation of services. At minimum, aggregate data on individuals served and specific services provided should be collected for all service provision included in the scope of services (for example, the number and nature of telehealth interventions provided, number of unique users, and patient and provider satisfaction with access to and operation of telehealth services). Data on the reach of subrecipient services shall also be collected to ensure services reach priority communities and populations with the highest needs. The subrecipient shall work with OASEE to identify additional outcome indicators for subrecipient's scope of services.

Task 7.a. Performance Measures

i. Launch services no later than 365 days from the commencement of the period of performance.
ii. Submit required information on MER for any month that telehealth services are delivered.

C.4. Deliverables and Performance Measures

The following table details (a) the deliverables required according to the scope of services and (b) associated performance measures, standards, and potential metrics (subject to change) to be collected by task. Time periods refer to the days from the commencement of the period of performance, unless otherwise specified. Standards for activities refer to percentages of those described in the ISP.

Task 1. Fulfill Award Administration Requirements

See Section H.10. Reporting and Grants Administration Requirements of the NOFO for detailed descriptions of Task 1 activities.

Performance Measures	Standards	Metrics
(a) Complete ONA survey	100%	ONA survey completed (30 days after distribution of survey)
(b) Develop ISP	100%	ISP submitted (45 days)
(c) Develop ERJ Plan	100%	ERJ organizational assessment completed (90 days) ERJ plan drafted (120 days) ERJ plan finalized (180 days)
(d) Complete PPR	100%	Program implementation progress reported (15th day following each quarter end)
(e) Complete PFR	100%	Financial performance reported (15th day following each month end)
(f) Participate in TTA	75%	# Every-other-month cohort meetings (initiated within 60 days) # TTA sessions attended (quarterly or as prescribed) # Learning collaboratives (as prescribed)
(g) Participate in PSM	75%	# Every-other-month PSM
(h) Evaluation reporting	100%	Activities and services metrics reported (15th day following each quarter end unless otherwise prescribed)

Task 2. Staff and Administer Program

Performance Measures	Standards	Metrics
(a) Identify program staff	100%	Organizational chart and staff list submitted (15 days)

(b) Maintain staffing throughout period of performance	80%	# Full-time equivalent dedicated monthly

Task 3.Plan Telehealth Implementation

Performance Measures	Standards	Metrics
(a) Conduct telehealth planning assessment	100%	Planning assessment report (60 days)
(b) Design telehealth services	100%	Telehealth implementation plan (120 days)

Task 4. Build Systems Infrastructure

Performance Measures	Standards	Metrics
(a) Acquire all technology infrastructure components, including licensing	100%	Evidence of acquisition (180 days)

Task 5. Establish Processes and Procedures

Performance Measures	Standards	Metrics
(a) Write documentation	100%	Evidence of documentation (240 days)

Task 6: Provide Training and Technical Support

Performance Measures	Standards	Metrics
(a) Develop education plan	100%	Training plan (240 days)
(b) Provide training	80%	Training log (12, 18, 24, 30, and 36 months)
(c) Provide technical support	100%	Technical support log (12, 18, 24, 30, and 36 months)

Task 7: Provide and Monitor Telehealth Services

Performance Measures	Standards	Metrics
(a) Provide telehealth services	100%	Within 45 days of the completion of any month in which the subrecipient provides telehealth services: #/nature of telehealth interventions # of unique users Patient and provider satisfaction