

## PNMI Telehealth Technology Expansion Project FAQ's

### What is the overall goal of the pilot program?

Funded through a grant from the Office of MaineCare Services, the goal of the PNMI Telehealth project is to enhance access to healthcare services for PNMI residents, through telehealth technology. Year 1 of our efforts saw 35 Facilities across the state receive funding, resulting in a number of unique technology designs tailored to their space and their residents.

In Year 2, we're able to work with up to 95 PNMI sites across Maine – this will include conducting in-depth technology assessments at each of the selected sites, helping each individual location select a telehealth solution that meets their needs, and finally to purchase and deliver the technology to each of the sites under the MaineCare PNMI project funding.

### Are all types of PNMI's eligible to participate including PNMI Appendix E and C facilities?

Yes! All PNMI facility types are eligible, including C and E licensed facilities.

### What are the expectations regarding Staff time and Staff project support?

Staff time per facility should be viewed two ways:

First- during the site visit and ordering process: A residential manager and/or IT person should be identified to be the point of contact for each facility; this will entail being the email contact for the Project Team to work with to pick a site visit date and to coordinate ordering of the devices, along with delivery, and eventually any staff training that needs to be held.

The second perspective is "post-delivery": This "effort" is intended to be a similar lift that your facility staff already do in their day, whether that's coordinating and scheduling resident travel to medical visits on-site (at a healthcare facility) or via your current telehealth set-up, and besides the pilot program evaluation, there are no additional expectations via the grant reporting.

### How is the Pilot Funding set up?

All Participating sites are allocated a base level of funding around \$5,500; This funding will be to purchase at least one device that will be used *solely* for telehealth encounters. All equipment will be purchased via grant funds, and then owned/maintained by the PNMI's in perpetuity.

If spatial considerations **or** assistive software and hardware needs are required to best suit the residents and the facility's needs, both of these open up an additional funding bucket that can be utilized in addition to the base funding.

### What are the long-term costs of the devices?

All setups ordered and installed thus far have not resulted in long term cost for the organization regarding both the hardware and the software, as this was an intentional aspect of the design considerations, and therefore, except for a select set of assistive software (Screen Reader, etc.), there is no foreseeable long-term costs for Year 2 sites.

### **How will the devices be ordered? Delivered and Set-up?**

In the initial/first year of this effort, we at MCD have purchased the equipment directly for the majority of sites and had the organization's IT team be a part of the delivery/install process. However, we worked with one organization who preferred to purchase their actual PCs/Operating systems (iPads) directly due to an organizational contract w/Apple and Microsoft respectively, and we (MCD) simply had them invoice MCD upon Purchase.

### **Will there be support for operational questions and other issues that arise once the devices are installed and being used?**

Yes, during the project, MCD Global Health's team will be directly available to support and issues that may arise; additionally, the project team will work with the facility to develop a "user guide" that will be left with all devices, to assist in "real time" support.

Alongside this support, both during the pilot project and in perpetuity, MCD Global Health's HRSA (Health Resources and Services Administration) funded [Northeast Telehealth Resource Center](#) is available to assist facilities and/or staff.

### **Are there certain providers or organizations that facilities will be expected to use for clinical encounters with these devices?**

No, the pilot project's intent is to support continuity of care for current residents of your facilities and allow your organization/ facility to continue in that vein moving forward. Therefore, all devices will be designed to accept any of the video visit software that a provider may use (Zoom, Teams, GoToMeeting, Etc.); If you were willing to compile a list of provider organizations that your residents often use for Mental Health /Behavioral Health and Primary Care (i.e. MaineHealth, Northern Light, KBH, etc.) **by facility**, we'd be happy to work provider outreach into your expansion efforts on a site by site basis

### **Next Steps**

If you are interested, as a next step, we are hoping you will take just a few minutes to complete our survey. <https://www.surveymonkey.com/r/DW6HMKB>

If you have questions about this endeavor that are not answered here, please do not hesitate to reach out to our project contacts at MCD Global Health: Reid Plimpton ([rplimpton@mcd.org](mailto:rplimpton@mcd.org)) or Alphonsine Allen-Laney ([aralaney@mcd.org](mailto:aralaney@mcd.org))

Many thanks in advance for your time, and thanks again for your interest in leveraging telehealth to improve access to care for your residents!