

Attachment 1 Statement of Work

1. Purpose

On Dec. 29, 2025, Indiana was awarded a grant of nearly \$207 million for the first year of a five-year federal Rural Health Transformation Program (RHTP) to address health outcomes in the State's rural communities through a total of twelve (12) initiatives. One of these initiatives, the eighth (8th) initiative, Growing Telehealth Access and Infrastructure, focuses on improving access to care in rural communities by expanding telehealth capabilities, strengthening infrastructure, and enabling timely, coordinated, technology-supported care for high-impact conditions. As part of this initiative, Indiana is seeking to collaborate with one or more awarded organizations serving rural regions of Indiana via Telehealth Pilot Grants. For more information on Indiana's RHTP and its other initiatives, please visit the [Grow Rural Indiana webpage](#).

Through these Telehealth Pilot Grants, the Indiana Department of Health ("IDOH" or "State") seeks to understand health technologies and telehealth access programs currently in place or contemplated to increase access to remote and telehealth services in rural regions of Indiana. These Grants will thereby improve health outcomes for Hoosiers served by these Pilot programs and inform future State decision making. Through a competitive process, IDOH will identify **one or more Grantee(s)** to receive funding to implement a Pilot program which will either:

- Extend or expand existing, successful telehealth programs; and/or
- Conduct a short pilot of new telehealth program(s)

Upon completion of the Telehealth Pilot Grants, the State will review each Grantee's program outputs to inform future decision making around telehealth solutions in rural regions and statewide. Receipt of this Pilot Grant funding does not guarantee eligibility for, or receipt of, other funds associated with Indiana's RHTP.

Eligible organizations include organizations providing health services to/within rural counties. Rural eligibility will be determined using the rural designation criteria established by the Health Resources and Services Administration (HRSA) as shown in Figure 1. Entities located in fully rural counties may participate. Entities in partially rural counties must demonstrate that proposed activities directly benefit rural populations.

Figure 1: HRSA Rural Designation Map

Attachment 1 Statement of Work



- Shaded counties indicate a full rural designation by HRSA, and entities in these counties may fully participate in the receipt of funding from this grant.
- Striped counties are designated as partially rural counties per HRSA, and entities in these counties may be eligible to receive funding, pending Applicants, available funding, and Applicants' ability to demonstrate rural benefit.
- Unshaded counties are not designated as rural counties per HRSA and therefore entities in these counties are not eligible to receive funding, unless entities demonstrate how they are providing services for individuals within a fully or partially rural county.

Technology system vendors are also encouraged to apply but are strongly recommended to partner with a rural health organization to ensure capacity and ability to positively impact Hoosier health. Vendors who apply without a rural health organization or community partner must provide a detailed plan as to how they will:

- Reach and engage with the target population the proposed service area;
- Establish trust and develop meaningful relationships with local stakeholders;
- Adapt the solution to interact with the target population in a culturally and/or geographically sensitive way;

Attachment 1 Statement of Work

- Engage with stakeholders to avoid a duplication of efforts;
- Ensure sustainable practices (for services, partnerships, and impact) through the Pilot period and beyond.

The CMS RHTP Notice of Funding Opportunity (NOFO), Federal Funding Requirements for RHTP, and a Sample Grant Agreement will be included as appendices in any Telehealth Pilot Grant Agreements. Sample Grant Agreement is subject to change based on received proposals and State direction.

This Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$206,927,896.80 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

2. Description of Work

The Grantee may begin performing grant-funded activities starting October 1, 2026, and will have through July 31, 2027, to complete all work required under this grant. All deliverables associated with the grant must be submitted no later than August 14, 2027, to support issuance of final invoices and administrative closeout. The federal funding supporting this grant must be expended within strict deadlines, therefore, failure to complete work by or submit deliverables by the specified deadlines may subject this grant to termination to ensure funds are spent in accordance with federal requirements.

In the defined grant period, the Grantee shall:

- a. **Implement a telehealth Pilot program** to assess impact and feasibility of the proposed telehealth solution(s). Proposals should present clear, actionable Pilot program implementation and delivery steps, clearly tied to achievable outcomes which enhance rural Hoosier health and telemedicine connectivity. Please see the Guidance on Pilot Program Design section below for more detail on the types of projects the State is prioritizing.
- b. **Identify internal and external stakeholders** needed for successful implementation
- c. **Monitor and evaluate outcome measures.** Proposals should suggest outcome metrics relevant to the proposed Pilot program. For reference, Indiana's approved outcome metrics for this initiative are:
 - i. Improved access to clinical care, both primary and specialty/subspecialty
 - ii. Improved access to preventive services and prenatal and postpartum care
 - iii. Improved health outcomes through expanded health coaching access; such as, BMI, cholesterol, hypertension, etc.
 - iv. Improved timeliness of access to appropriate care, by county
 - v. Increased number of patients served through telehealth solutions
- d. **Participate in regular meetings** with Telemedicine Program Manager
- e. **Collaborate with the State and State-led Working Group**, as requested
- f. **Invoice IDOH upon completion of below deliverables.** The Telehealth Pilot Grants

Attachment 1 Statement of Work

will operate under a deliverables-based payment model. Grantees will receive payment upon satisfactory completion and submission of required deliverables outlined by IDOH and as described in Table 1 below. Payments will not be based on reimbursement of incurred expenses, though invoices must include sufficient detail describing the work performed. Payments will be tied to the following deliverables:

- i. **Submission of Finalized Pilot Implementation Plan**
- ii. **Submission of Monthly (or Quarterly) Update Reports**
- iii. **Submission of Pilot Program Assessment**
- iv. **Completion of closeout activities and submission of Final Closeout Documentation**

IDOH reserves the right to adjust payment percentages or withhold payment if required deliverables are incomplete or not submitted in accordance with grant requirements.

- g. **Submit reports on a monthly basis.** The reports shall be in a form determined by IDOH and contain information required by IDOH, including but not limited to success stories from program implementation/delivery, progress updates, key activities completed, outcome metrics as requested by the State, and any risks, challenges, or mitigation strategies. The Grantee shall also participate in monthly touchpoints with IDOH, as requested, to discuss report findings and align on expectations.

By the deadlines indicated in Table 1 below, the Grantee shall submit the following deliverables to the State:

- a. **Pilot Implementation Plan:** Awarded organizations shall deliver a final, comprehensive Pilot Implementation Plan that incorporates feedback from the State as needed.
- b. **Monthly and Quarterly Update Reports:**
Monthly Reports: Awarded organizations shall deliver Monthly Update Reports no later than the 15th of each month, or closest following business day, capturing:
 - i. Summary of recent activity
 - ii. Specific barriers faced in program implementation/delivery and mitigation strategies
 - iii. Specific successes achieved in program implementation/delivery
 - iv. Outcome metrics and latest relevant dataQuarterly Reports: A Quarterly Update Report will be required once each quarter in lieu of a monthly report. The Quarterly Report will cover the same topics as listed above, but will reflect the activity, outcomes, and trends across the entire quarter.
- c. **Pilot Program Assessment:** The primary deliverable of the Telehealth Pilot Grant shall be a comprehensive solution-specific program assessment focused on the implementation, delivery, and outcomes associated with the approved Pilot solution. At a minimum, the Program Assessment shall include the below elements. The structure of the final Assessment to be delivered to the State will be collaboratively determined with the awarded Grantee(s) based on the nature of the proposed solution and Pilot program.
 - i. Summary of Pilot solution and program implementation
 - ii. Outcome metrics and overall aggregate data
 - iii. Identification of technological barriers for Pilot solution
 - iv. Identification of patient barriers for Pilot solution

Attachment 1 Statement of Work

- v. Identification of key stakeholders
 - vi. Assessment of current resources and infrastructure
 - vii. Summary of staffing and resource needs that would be required to maintain the Pilot solution in the long-term
- d. Final Closeout Materials:** Closeout Materials shall include all documentation necessary to close the grant agreement and support final payment, including but not limited to: confirmation of expenditure completion, submission of the final invoice, administrative closeout forms, and verification that all reporting obligations under the grant have been met.

Table 1: Milestones and Deliverables

Milestone	Deliverable	<u>Anticipated</u> Start Date	<u>Anticipated</u> Completion Date	Percent of Total Award Paid Upon Completion
Pilot Implementation Plan and Kickoff	Finalized Pilot Implementation Plan and Kickoff Materials	October 1, 2026	October 7, 2026	25%
Monthly Updates	Monthly Update Reports (or Quarterly Report when applicable)	October 15, 2026	Due the 15 th of each month or closest following business day	50% (allocated evenly across reporting months)
Conduct Approved Telehealth Pilot Program	Pilot Program Assessment	October 7, 2026	June 30, 2027	20%
Pilot Closeout	Final Closeout Documentation	---	August 14, 2027	5%

IDOH shall:

- a. **Provide oversight and guidance** throughout the Pilot Grant period
- b. **Present Pilot program(s) overview and relevant success stories to a statewide telemedicine steering committee** as requested. IDOH may request Grantee representative(s) to join such meetings as appropriate.
- c. **Incorporate findings from monthly reports and Grantee discussions** into the State's teleconsult and telehealth strategic plan, as appropriate.
- d. **Review deliverables and provide feedback**, as appropriate
- e. **Establish reporting formats and requirements**

IDOH shall **not** be responsible for:

- a. Implementation or operational activities associated with telehealth Pilot programs.

Attachment 1 Statement of Work

- b. Funding large-scale telehealth implementation beyond the term of this Grant; any future funding will be informed by these initial Pilots and additional extensions for future years will be solely subject to IDOH program priorities and federal funds received.

3. Guidance on Pilot Program Design

Please see below several examples of the types of solutions that the State may be interested in funding through these Pilot Grants.

- Self-contained stations providing remote, live access to providers and diagnostic tools
- Blood pressure cuff with remote data upload to providers for visibility between patient visits
- Remote patient monitoring by vendor's clinical staff through vendor-provided tools to monitor patients and refer to providers as needed
- Digital therapeutics tools (e.g., medication adherence, software interventions)
- Telehealth enabled at-home diagnostic testing services
- AI-powered tools that advance the overall efficacy of other telemedicine tools and support healthcare innovation in the State
- Telemedicine tools addressing new patient populations, such as tele-ICU
- Tele-pharmacy or tele-dentistry solutions
- Teleconsult solutions

Additionally, Applicants should consider the following factors when developing their proposed Pilot programs:

- Wearable technology and mobile health applications are being studied in other parts of Indiana's RHTP and applicants are encouraged to propose pilots for other technologies. If proposing these technologies, Applicants should ensure their proposal provides clear justification on how the tool is, or would be, well-utilized among rural Hoosiers, how it expands on the work that the State is already conducting in other parts of its program, and how the tool will support Hoosier health outcomes.

Evaluation Criteria – The State will evaluate received proposals holistically based on the solutions proposed, ensuring that innovative approaches with clear and achievable outcome metrics are prioritized for consideration and selection.

The State reserves the right to make all final award decisions, including selecting recipients based on the State's evaluation, total evaluation score, and other factors to be determined by the State. The State may incorporate strategic considerations when making award decisions. The State will only issue as many grants as funding allows and reserves the right to issue a partial award or no award. Finally, the State reserves the right to disqualify and not score incomplete Applications that do not provide all the required items as detailed in this RFF.

The RFF Application evaluation process includes:

- a. **Review for Mandatory Requirements and Complete Application:** In this step, proposals will be evaluated to ensure that they adhere to all grant requirements,

Attachment 1 Statement of Work

including Applicant eligibility. Applicants must submit all information required by this RFF. Incomplete proposals or those that do not adhere to grant requirements may be disqualified. Further, any applications received after the deadline set forth in the RFF may be disqualified.

b. Qualitative Review of Technical and Budget Proposal

4. Consideration and Budget Guidance:

The State has allotted \$1,860,000 to Telehealth Pilot Grants, and Grantees shall receive a portion of this amount based on the number of Grantees selected by the State and their proposed costs. Proposals should not exceed this total allotment. Applicants should ensure that their proposed costs are clearly tied to the expected outcomes they plan to achieve via their program.

Grantees shall receive Pilot Grant funding to support completion of the activities and deliverables outlined in this Statement of Work. All funds must be expended in accordance with federal and State requirements by July 31, 2027, and final invoices must be submitted no later than August 14, 2027.

All proposed costs must be categorized under one of the CMS cost categories – please see Table 2 below with a listing of each Cost Category and examples of allowable costs thereunder. Please refer to [CMS' webpage on budget narrative preparation](#) for more information on these Cost Categories.

Funds may not be used to replace payment for clinical services that could be reimbursed by insurance. Funds also may not be used for payments to clinical services if they duplicate billable services and/or attempt to change the payment amounts of existing fee schedules.

All specific funding and award decisions are subject to State review and approval.

Table 2: Cost Categories

Cost Category	Cost Description	Required Information
Personnel	Staff salary costs for personnel employed by the grantee	- Title of position, and name of staff member (if available) - Annual Salary - % of Time for this Effort (i.e., % FTE) - Start and End Date - Administrative Cost Yes/No - Position Justification
Fringe Benefits	Fringe Benefits costs for proposed Personnel	- Fringe Benefit Value - Fringe Benefit Type (Flat Rate or %)

**Attachment 1
Statement of Work**

Travel	In-State travel costs for proposed Personnel (if any)	- Purpose of Travel, location - # of miles for mileage calculation - Other travel costs (e.g., Airfare, luggage, hotel) - Travel Justification - # of trips
Equipment	Generally, tangible equipment purchases over \$10,000 per unit. See 2 CFR 200 for equipment definition.	- Item name - Unit Cost - Administrative Cost Yes/No - Quantity
Supplies	Generally, tangible supplies purchases under \$10,000 per unit	- Item name - Unit Cost - Administrative Cost Yes/No - Quantity
Contractual	Contract costs. This could include, but is not limited to, the following: - IT System design, development, and implementation vendor - Staff augmentation vendor - Communications support vendor	- Contractor role and name (if available) - Administrative Cost Yes/No - Period of performance (start and end date) - Administrative Cost Yes/No - Projected cost
Other	Other costs that do not fit into above categories. This could include, but is not limited to, the following: - Office supplies - Software license costs - Training costs	- Item name - Unit Cost - Administrative Cost Yes/No - Quantity

5. Application Instructions

Applicants must submit all proposal materials to REDCap via a simple form [here](#), which will request organizational information, a field to provide the Telehealth Pilot Grant Proposal, a field to provide the Budget Proposal, and a field to provide any supplementary reference documents. The application period will close on July 31, 2026 at 11:59 pm ET. Applications will not be accepted after the deadline.

A Q&A will be held on July 15, 2026, at 9 am ET. Participants can register and submit questions [here](#).

Proposals must include the following two attachments. Applicants may also submit supplementary reference documents, such as organizational charts or other information not

Attachment 1 Statement of Work

critical to the proposal.

a. Telehealth Pilot Grant Proposal

Format: Word document. Maximum of 30 pages, 1-inch margins, minimum 12 pt font size, Arial or Times New Roman fonts are preferred. Maximum pages do not include supplemental reference attachments.

Content: Must describe the proposed approach to providing the services and deliverables described above and must include responses to each of the questions listed below. Must include the following clearly labelled sections/components:

- i. **Executive Summary** - Maximum 500-word overview of key application components and value of the proposed solution in supporting rural Hoosier health outcomes.
- ii. **Organization Overview** - Please provide the following information about your organization in your proposal:
 - Organization Legal Name
 - Organization Address
 - Primary Contact Name, Email Address, and Phone Number
 - Type of Organization (e.g., Hospital, FQHC, RHC, etc.)
 - A brief description of your organization's experience serving rural communities in Indiana, including any existing telehealth programs or relevant operational experience supporting technology-enabled care.
- iii. **Solution Overview –**
 - Specify what telehealth solution is being proposed and provide background on the solution's use in healthcare settings
 - Has the solution been used previously? If so, for how long has it been in use and how will this Pilot expand its current offerings?
 - If not, why will the proposed solution be helpful for improving Hoosier health if implemented/piloted?
 - If proposing a new tool, explain how it was selected and how it was evaluated for efficacy. If proposing an existing tool, clearly explain why it was implemented, how it was successful, and how its current use will be expanded.
 - Is your proposed telehealth solution currently in use in your organization?
 - What activities would you propose if given another year of funding to continue/expand delivery of the proposed solution?
 - If your organization currently partners with rural health providers, community organizations, and/or local stakeholders, or plans to during the Pilot period, briefly describe those relationships.
 - If a rural health organization is not included as a project partner, describe your strategy for reaching and serving the target community. Include your plans for outreach, engagement of local stakeholders, incorporation of

Attachment 1 Statement of Work

community input, development of local partnerships, and sustainability beyond the Pilot period.

- iv. **Pilot Implementation Plan/Roadmap** - Provide a schedule of implementation steps and key delivery milestones that will take place in the Pilot Grant period. Highlight any potential timing or rollout risks and associated mitigation strategies. The Implementation Plan should align with the Evaluation Plan, described below, to ensure that outcome measurement is closely incorporated in program design and rollout. Pilot implementation and timing will be finalized collaboratively following Grant award with the State's Telemedicine Program Manager.
 - Identify what start-up costs, if any, you would be required to begin your proposed program and why these funds would be critical to the implementation and delivery of the program. Such costs, if approved, would be part of a Grantee's award, not additional funding.
- v. **Evaluation Plan** - Detail how the proposed solution will be evaluated during the Pilot Grant period, describe the metrics that will be used, and identify how data will be captured. If available, provide benchmark metric data that demonstrate the proposed solution's efficacy.
 - What specific outcome metrics do you plan to monitor as part of this program? How will data be collected?
- vi. **Staffing Plan** – List the key staff positions that will support the proposed Pilot program, describe relevant expertise with the proposed solution, and explain how they will support Grantee's program delivery and engagement with the State.
- vii. **Sustainability Plan**: Describe your organization's sustainability plan for continuing the telehealth solution beyond the Pilot Grant period. Include anticipated operational, financial, staffing, and technology needs; how these will be supported; and any plans for maintaining or expanding the program over time.

b. Budget Proposal

- i. Content: Detail the planned expenditure line items that would support the proposed Pilot program with line item justifications. Proposed expenditures must be categorized under one of the Cost Categories listed and must contain the required information listed above in Table 2: Cost Categories and in the Budget Proposal Template Instructions tab.
- ii. Format: Must utilize Attachment 2: Budget Proposal Template provided with this Grant opportunity and submit the file in the Excel format, rather than PDF.