

**New York State Department of Health
TELEHEALTH CAPITAL PROGRAM
Attachment 3
Project Proposal**

- 1. Applicant Organization Name: Click or tap here to enter text.**
- 2. Project Name: Click or tap here to enter text.**
- 3. Provide the payer composition of the entire patient/client population served by the Applicant Organization. Indicate the total number and percent of the population served that is:**

(1) Medicaid (*include both Medicaid Managed Care and Medicaid Fee for Services*):

Click or tap here to enter text.

(2) Medicare: Click or tap here to enter text.

(3) Uninsured: Click or tap here to enter text.

(4) Commercially insured: Click or tap here to enter text.

4. Eligible Project Location

a. Provide the street address(es) of the Eligible Project Location (if multiple addresses please write “multiple addresses”)

Click or tap here to enter text.

b. Identify the county in which the project is physically located:

Click or tap here to enter text.

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- c. Using Attachment 1, or the counties per region indicated below, identify the Regional Economic Development Council in which the project will be physically located:
- Western NY:** Allegany, Cattaraugus, Chautauqua, Erie, Niagara
 - Finger Lakes:** Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Wyoming, Yates
 - Southern Tier:** Broome, Chemung, Chenango, Delaware, Schuyler, Steuben, Tioga, Tompkins
 - Central NY:** Cayuga, Cortland, Madison, Onondaga, Oswego
 - Mohawk Valley:** Fulton, Herkimer, Montgomery, Oneida, Otsego, Schoharie
 - North Country:** Clinton, Essex, Franklin, Hamilton, Jefferson, Lewis, St. Lawrence
 - Capital Region:** Albany, Columbia, Greene, Saratoga, Schenectady, Rensselaer, Warren, Washington
 - Mid-Hudson:** Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
 - New York City:** Bronx, Kings, New York, Richmond, Queens
 - Long Island:** Nassau, Suffolk
- d. Identify the primary geographic area the project will serve. If the Eligible Project Location serves a defined priority population from one primary county, select "County". If the priority population is from multiple counties, select "Region". If the priority population is from multiple regions, select "Statewide".
- County
 - Region
 - Statewide

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- e. To expand access to telehealth, the project location will ideally not be the same address of the Eligible Applicant's clinic address. Depending on the proposed project, the project location may not be owned or operated by the Eligible Applicant. Identify the project location setting from one of the following:
- A patient/client's private residence;
 - Multiple patient/client addresses;
 - A congregate living facility such as a homeless shelter, transitional housing program, or group home;
 - A communal space near public housing or other residential setting;
 - A human, health or social service agency such as a local welfare or public service office or program or local health department;
 - A local community organization such as a community center, senior center, food pantry or faith-based community organization;
 - A library;
 - A fire station;
 - A pharmacy;
 - Multiple locations served by a mobile van; or
 - A location other than the clinic or professional office(s) of the Eligible Applicant where members of the priority population or community live or gather.
Please specify: [Click or tap here to enter text.](#)
- f. Describe in more detail the setting of the Project Location and include a description of the physical project space for which the eligible funds will be located.
[Click or tap here to enter text.](#)
- g. If applicable, name the partner(s) organization(s) involved with this project. If there is a partner organization, upload a letter of support or written permission from the partner organization(s) that will be the project location.
[Click or tap here to enter text.](#)

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5. Eligible Project Expenses

- a. Describe the proposed project expenses:
Click or tap here to enter text.

- b. Describe how the eligible expenses will increase access to telehealth services in the community(-ies) to be served.
Click or tap here to enter text.

6. Community Engagement

- a. Identify the specific stakeholders that were contacted to develop the project:
 - Patient/client/family
 - Community group(s)
 - Elected officials
 - Other: Click or tap here to enter text.

- b. Identify the manner in which stakeholders were engaged:
 - Meeting
 - Town hall forum
 - Other: Click or tap here to enter text.

- c. Describe how stakeholder feedback was incorporated into the proposed project.
Click or tap here to enter text.

7. Priority Population

- a. Provide the estimated number of patients/clients to be served by this project per month:
Click or tap here to enter text.

- b. Provide the estimated number of telehealth visits per month:
Click or tap here to enter text.

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- c. Do you expect multiple telehealth visits per patient/client per month?
- Yes
- No
- d. Provide the total number and percentage of the patient/client population that will be served by this project that is or is expected to be Medicaid members (*include both Medicaid Managed Care and Medicaid Fee for Services*):
Click or tap here to enter text.
- e. Do you expect that at least 50% of your proposed patient/client population will be Medicaid eligible?
- Yes
- No
- f. Describe the patient/client population to be served by this project. Please specify if the patient/client population includes older, rural, low-income, minority, homeless or other individuals from under-resourced communities.
Click or tap here to enter text.

8. Project Benefits

- a. Describe how this project will address barriers to telehealth access for the proposed population to be served.
Click or tap here to enter text.
- b. Provide any additional comments on how the proposed project will contribute to the expansion of telehealth services in the community or communities served by the Eligible Applicant.
Click or tap here to enter text.