



COLORADO

Department of Health Care
Policy & Financing

303 E. 17th Ave. Suite 1100
Denver, CO 80203

Telehealth Remote Monitoring Grant Eligibility Questions and Application

Instructions

This document contains the eligibility and grant application questions for the Telehealth Remote Monitoring Grant Program that will be administered by the Colorado Department of Health Care Policy & Financing (HCPF).

Please read the Request for Applications (RFA) and the associated FAQ document on the [HCPF website](#) before proceeding with this application. Applicants are required to communicate their intent to apply by 11:59 p.m. MDT on March 30, 2025, before applying. It is recommended that after you download this form, you save frequently while you are completing it.

All fields on this application form are required. Please observe word counts when responding to questions.

Applications and all accompanying documents must be submitted via email to hcpf_rmg@state.co.us no later than 11:59 p.m. MDT on May 1, 2025. Please put “Application” and your organization’s name in the email’s subject line.

Applicant Information

Applicant’s Organization: _____

Organization’s Street Address: _____

City, State, Zip: _____

Application Contact Person: _____

Contact’s Title: _____

Contact’s Phone: _____

Contact’s Email: _____

Improving health care equity, access and outcomes for the people we serve while
saving Coloradans money on health care and driving value for Colorado.
hcpf.colorado.gov



Please note: You will be required to attach a completed W-9 form and a Certificate of Good Standing from the Colorado Secretary of State when you apply for this grant opportunity. The organization name and street address on this form must match what you provide in your W-9 form and on invoices, should you be awarded grant funds.

Eligibility Questions

To meet eligibility requirements and be considered for the grant, a rural health care facility (hospital, rural health center, or Federally Qualified Health Center [FQHC]) must provide outpatient clinical services in Colorado and:

- Be located in a designated rural county
or
- Be located in a designated Health Professional Shortage Area (HPSA)

Applicants with populations experiencing disparities in health care access and outcomes, including marginalized and underserved communities composed of Health First Colorado (Colorado's Medicaid program) members, will be prioritized, as will those that are positioned to support the use of the funded equipment consistently over time.

1. Does your health care facility deliver outpatient services?
2. Is your facility a hospital, rural health center, or FQHC? Please see [list of eligible facilities](#).
 - 2a. If yes, please indicate which kind of facility your health care center is (hospital, rural health center, or FQHC):
3. Is your rural health care facility located in a designated rural county or HPSA in Colorado? Please see list of [designated rural counties and HPSA's](#).



3a. If yes, please indicate the designated county where your facility is located or the name of your HPSA facility.

4. Do you serve populations experiencing disparities in health care access and outcomes, including marginalized and underserved communities composed of Health First Colorado members?

Please note that the Evaluation Team will reference [county data](#) maintained by HCPF to understand the percentage of the population in your county that is served by Health First Colorado.

Application Questions

Responses to questions 1-7 will be scored on a scale of 1-5, with 1 being “poor” and 5 being “exceptional.” Questions 8-24 will be considered complete or incomplete/requirements “met” or “not met.”

1. Please describe the populations you serve in 250 words or less. Be sure to include information about populations experiencing disparities in health care access and outcomes, including marginalized and underserved communities composed of Health First Colorado members.
2. How would diverse community needs be met by using funds from this grant? Please respond in 250 words or less.
3. Describe the needs your patients have for telehealth remote monitoring services as related to their chronic conditions including diabetes, heart disease, and chronic obstructive pulmonary disease. Please respond in 250 words or less.



4. Do you feel your facility has ample staff in place to deliver telehealth remote monitoring services and to maintain the equipment? Please describe your ability/capacity to deliver telehealth remote monitoring services and maintain equipment in 250 words or less.
5. Please describe your facility's training needs and how often you anticipate offering training sessions for telehealth remote monitoring equipment use and maintenance (in 250 words or less).
6. Please provide an explanation of how remote monitoring services will be sustained after grant funds have been expended, in 250 words or less.
7. Describe how your facility will meet or exceed the accessibility requirements detailed in Section XIII (Accessibility) of the Request for Applications (RFA), which is posted on our website. Please respond in 250 words or less.
8. Our facility is currently offering telehealth remote monitoring services:
9. Our facility needs to replace **existing** telehealth remote monitoring equipment:



9a. If yes, what is the expected useful life of the current equipment?

Please describe the equipment and provide the expected useful life for each kind of equipment.

9b. What is the age of the equipment now?

Please describe the equipment and provide the age of each kind of equipment.

10. Will your team be monitoring the data from remote monitoring equipment, or will you be contracting this service out? If contracting it out, please describe your contract oversight practices in 250 words or less.

11. Please estimate the amount of funds needed for telehealth remote monitoring equipment using only numbers and no symbols (a more specific budget worksheet will be requested later in the application):

Please estimate the amount of funds needed for training on telehealth remote monitoring equipment/maintenance.

11a. If the above estimated amounts totaled more than \$100,000, do you have funds secured to pay for the remaining costs that will not be covered by the grant, e.g., additional grant funds or matching funds?



12. Please attach a completed [Budget Worksheet](#) in PDF format, to account for the equipment and training for which you want the grant funding. All grant applicants must apply for one grant in the amount of \$100,000. The Budget Worksheet will not be scored in the evaluation, only considered “met” or “not met.” If the totaled budget exceeds the grant award, the grantee is responsible for the remaining funding needs.

Note: Funds may not be used to service debt, satisfy a judgment or settlement, or contribute to a “rainy day” fund. They must only be used to acquire telehealth remote monitoring equipment and devices and for training staff to use, assess, and monitor telehealth remote monitoring equipment and devices.

Please attach to your application clearly labeled “Budget Documentation” (e.g., documentation which demonstrates the cost of equipment or training in the form of vendor estimates, price agreements, screenshots from a catalog, etc.).

13. Please attach a clearly labeled PDF of your health care facility’s most recent audited financial statements **and** a clearly labeled PDF of your most recent quarterly financial statements.
14. Is there anything else you would like to share related to your application? Please limit your response to 250 words or less. You may also submit supportive documentation that is clearly labeled “Supportive Documentation,” i.e., letters of support.

Note: Please check the boxes below to indicate that you have read and understood the terms.

15. Should our facility be awarded Telehealth Remote Monitoring Grant funds, we agree to use the funds only for:
- a) Paying for the acquisition costs of telehealth remote monitoring equipment and devices
 - and
 - b) Training staff to use, assess, and monitor telehealth remote monitoring equipment and devices
16. Should our facility be awarded Telehealth Remote Monitoring Grant funds, we will comply with requests for documentation, including requests for



invoices/receipts/photos of new equipment, and training documents/course rosters to demonstrate training session attendance and frequency, and agree to an in-person visit from a Colorado Department of Health Care Policy & Financing representative.

17. Our facility agrees to submit quarterly reports and a final report by the designated due dates (to be outlined in the Grant Agreement).
18. Should our facility be awarded Telehealth Remote Monitoring Grant funds, we agree not to use grant funds for any supplanted costs, including but not limited to subsidizing or offsetting executive salaries and benefits of individuals who are not employees, or to supplant existing expenses not part of this program.
19. Our facility acknowledges that if any findings of misuse of funds are discovered, grant funds must be returned to HCPF and HCPF may terminate a grant award upon thirty (30) days' notice if it is deemed that the grantee is not fulfilling the requirement of the grant program as specified.
20. Our facility acknowledges that any project modifications and budget changes must be requested in writing and be approved in writing by HCPF before we move forward with any modifications.
21. Our facility acknowledges that once the Telehealth Remote Monitoring grant application is signed and submitted, it is final and cannot be changed or modified.
22. Our facility acknowledges that Telehealth Remote Monitoring Grant funds are subject to monitoring for allowable uses of funds, internal controls etc. We will document and maintain expenditure support related to each expenditure reimbursement requested. This may include receipts, documented authorizations of purchases, and documented decision items for vendors.



23. Our facility will cooperate with any examination of records with respect to grant funds by making records available for inspection, production, and examination, and authorized individuals available for interview and examination, upon the request of (i) HCPF, the State of Colorado, or any auditors on its behalf; or (ii) any other state agency, commission, or department in the lawful exercise of its jurisdiction and authority.
24. The signatory of this document is authorized to submit this application on behalf of the organization.

Required Documentation to Submit with Application

- Signed [W-9 form](#) in PDF format, with facility name and address that matches the one provided on this Eligibility Questions and Application document
- A Certificate of Good Standing from the Colorado Secretary of State
- [Budget Worksheet](#) in PDF format
- Budget documentation in PDF form, labeled “Budget Documentation”
- Your health care facility’s most recent audited financial statements, clearly labeled and in PDF format
- Your most recent quarterly financial statements, clearly labeled and in PDF format



Affirmation and Signature

To my knowledge, the content of this application for the Telehealth Remote Monitoring Grant is complete, true, and accurate.

Please note: Once you sign and submit this application, no changes can be made.

Printed Name of Authorized Representative:

Signature of Authorized Representative:

Date:



Checklist

Please fill out this checklist to ensure your application is complete.

Application Requirement	How to Include in Your Application	Please Indicate if Complete (Yes or No)
Eligibility Questions and Application	Fill out the above form completely, be sure to sign the Affirmation and Signature section, and email the entire document in PDF form to hcpf_rmg@state.co.us no later than 11:59 p.m. MDT on May 1, 2025.	
Budget Worksheet and Supportive Budget Documentation	Add as attachments to your application email in PDF format. Please label clearly.	
Required Documentation	Add as attachments in PDF format: <ul style="list-style-type: none"> • Completed and signed W-9 • Certificate of Good Standing from the Colorado Secretary of State • Copy of your health care facility's most recent audited financial statements • Copy of your health care facility's most recent quarterly financial statements 	

