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**South Dakota Department of Health**

**Office of Health Facilities Licensure & Certification**  
PHONE: 605-773-3356

WEB: [doh.sd.gov](http://www.dss.sd.gov)

**Funding Opportunity for SNF, NF & ALC Facilities**

The South Dakota Department of Health has funding available to provide telemedicine technology and infrastructure to assisted living centers and nursing homes in remote and underserved parts of South Dakota.

## **SECTION I: Overview**

### During the 2024 legislative session, the legislature passed Senate Bill 209 which appropriated $5,000,000 in federal fund authority relating to the American Rescue Plan Act (ARPA). This funding is to be used to provide grants to assisted living centers and nursing homes with telemedicine technology and infrastructure necessary to use the telemedicine technology. The purpose of the grants is to use ARPA dollars to provide telemedicine technology to assisted living centers and nursing centers in remote and underserved parts of the state.

### Criteria for Eligibility

* Skilled nursing facilities (SNF), nursing facilities (NF), and assisted living centers (ALC)
* Facility must be a state-licensed SNF, NF, or ALC Medicaid provider
* State-owned facilities are NOT eligible for this funding opportunity

### Supported Activities

Allowable use of funds supporting telemedicine include, but are not limited to:

* Infrastructure development
* Technology or hardware (new or upgrades)
* Subscription costs
* Broadband/Wi-Fi connectivity upgrades
* Electronic medical record upgrades

The SDDOH will accept applications for other innovative requests supporting telemedicine infrastructure and technology provided the request is supported with appropriate documentation and justification, and meets the intent of the funding opportunity.

### Facility Funding

Facilities may apply for an award up to the funding amounts outlined below based on the facility’s number of licensed beds.

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| **Funding Available by Number of Licensed Beds** | |
| 0 – 25 Beds | $30,000 |
| 26 – 50 Beds | $35,000 |
| 51 – 100 Beds | $40,000 |
| 100+ Beds | $45,000 |

Funding will be first come, first served throughout both phases. Upon SDDOH approval, the SDDOH will contact the applicant to begin initiating contracts. If the SDDOH needs additional information to approve the facilities request, the SDDOH will contact the applicant. Please note, these contracts will be subrecipient agreements and there are several requirements that must be met before the SDDOH can enter into a contract with the facility. These requirements will be communicated to your facility once your application is approved.

Please also note that facilities awarded the grants are expected to cover the ongoing costs when the grants have been depleted.

No pre-award costs will be eligible for reimbursement. Completion of activities is subject to the scope of what is being proposed.

All requests for funding must not affect a facility’s compliance with state licensing and/or federal certification requirements and regulations.

### Application Timelines

The SDDOH will be prioritizing facility applications without current telemedicine capabilities. To ensure prioritization, the SDDOH will be accepting applications in two phases. Facilities without current telemedicine capabilities include those without the equipment, technology, hardware, and connectivity necessary for telemedicine. For example, if a provider wants to upgrade their electronic medical record or existing hardware, but already has existing technology, they already have current telemedicine capability and will have an opportunity to submit an application in Phase II.

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| **Application Phases** | |
| Phase I | Facilities without current telemedicine capability are eligible to apply for funding based on their number of licensed beds. |
| Phase II | All eligible facilities with or without telemedicine capability are eligible to apply for funding based on their number of licensed beds. |

## **Available Funding and Checklist**

**Application Deadline:**The final application deadline is 5:00 PM CT on September 15th, 2024. Facilities that were eligible to apply in Phase I, but missed the August 15th application close deadline may still apply during Phase II, but will be prioritized as first come first serve with all applicants.

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| **Important Dates** | |
| Phase I: Application Opens | 8:00 AM CT, July 15th, 2024 |
| Phase I: Application Closes | 5:00 PM CT, August 15th, 2024 |
| Phase II: Application Opens | 8:00 AM CT, September 1st, 2024 |
| Phase II: Application Closes | 5:00 PM CT, September 15th, 2024 |
| Tentative Contract Period | October 1st, 2024 – September 30th, 2026 |
| End of Funding Period | December 31st, 2026 |

**How to Submit an Application:**

Send the completed application form and required attachments (see below) to [DOHLTCTeam@state.sd.us](mailto:DOHLTCTeam@state.sd.us)

Please indicate in the subject line: **"SDDOH Telemedicine Funding Opportunity”**

**Application Checklist:**

The following documents should be provided to ensure your application is received as complete.

* Completed, signed Application Form
* Completed Budget

## **Additional Questions?**

Please contact the South Dakota Department of Health, Office of Health Facilities Licensure and Certification at [DOHLTCTeam@state.sd.us](mailto:DOHLTCTeam@state.sd.us) or by phone at 605-773-3356.

Application Form

**Funding Opportunity for SNF, NF & LTC Facilities**

Instructions: SNF, NF & ALC facilities seeking funding for telemedicine must fill out the application below.

## **Section A: Applicant Information**

### Contract Signatory & Facility Applicant

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME & TITLE: | | |  | | | | | |
| ADDRESS: | |  | | PRIMARY CONTACT: | |  | |
| CITY/STATE: | |  | | TELEPHONE NO: |  | | |
| ZIP: | |  | | FAX NO: | | |  |
| E-MAIL: |  | | | TAX IDENTIFICATION NUMBER: | | |  |

## **Section B: Funding Justification**

**Attach a separate page describing your facility's specific needs to support telemedicine, how your facility is considered remote or underserved, number of residents this funding will impact and how it will impact residents, and any other information you feel would help justify the award for your facility.**

## **Section C: required attachment: Completed Budget**

Applicants must include a detailed budget as a separate attachment (.pdf, .xlsx, or .docx) to this application form.

Costs should be itemized, and calculations/assumptions provided to allow the state full understanding of how requested funds are being calculated.

The Cost Proposal must also include a detailed narrative providing justification for each item requested.

## **Section D: Terms and Conditions**

By signing this application form, applicants understand and will adhere to the following terms:

* The State reserves the right to reject any or all proposals, waive technicalities, and make awards as deemed to be in the best interest of the State of South Dakota.
* The State, upon satisfactory review and notice of award to the Applicant, will execute a contract for services using its standard agreement terms and conditions.
* If awarded, the Applicant acknowledges that it will submit for reimbursement of expenses as outlined in the executed contract monthly and that pre-payment for expenses is not allowable.

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| --- | --- | --- | --- |
| Date Application Submitted: |  | Organization's Authorizing Official Signature |  |