

Updated: June 15, 2025

Hospital Transformation Funding Opportunity (Year 1 Planning Grant)

CFSA Number: 478-00-3979

JUNE 2026 TOWNHALL Q&A RESPONSES

I. General

- 1. If an ICQ has not been completed for 2025 or 2026, do we have to complete and submit both? Or just the 2026 one?** The ICQ should be completed for 2026 AND 2027. An Approved 2027 ICQ is required for this funding opportunity.
- 2. Will OMI provide access to any data to use for the assessments?** OMI (Office of Medicaid Innovation) will provide guidance and technical assistance to Year 1 Planning Grant awardees. Specific data access and support for assessments will be addressed during the Planning Grant period as awardees engage with OMI. Awardees should plan to utilize existing available data sources for their needs assessments while

working with OMI to identify additional data resources that may be available to support Transformation Plan development.

- 3. Do we need to complete the fiscal and administrative internal controls questionnaire and the indirect cost rate election system in the GATA portal before submitting our application?** As a best practice, grantees should submit and obtain approval of both their SFY26 and SFY27 ICQs before submitting an application. An approved ICQ is required before a state-awarding agency can execute a grant agreement. If the grantee has previously received a State-issued award, they may complete their Indirect Cost Rate (ICR) election before submitting an application. If the applicant has not previously received a State-issued award, they will be eligible to make an ICR election after receiving an approved award from the state-awarding agency.
- 4. Do we have an idea of what continued funding would look like for Years 2-5 if it is competitive? Developing a transformation plan for the next five years would be easier if we**

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knew what funding we would have during that time. At this time, we are unable to anticipate what individual hospital awards may be for Years 2 to 5. At large, program funding will increase but will be competitive and individual funding awards will vary. Note, a completed hospital transformation plan is not due as part of the June 17, 2026, application deadline. The hospital transformation plan is a deliverable that will be due to the state by the end of the year.

- 5. Can you please provide directions on how to meet the Application Review Start Date/Pre-Qualification Deadline of 6/1/2026 for CSFA #478-00-3979?** Pre-Award Requirements are outlined in the following link: <https://gata.illinois.gov/grantee.html>. There are five grantee pre-award requirements: 1. Authentication, 2. Grantee Registration, 3. Grantee Pre-qualification, 4. Fiscal and Administrative Risk Assessment (ICQ), 5. Programmatic Risk Assessment. These grantee pre-award requirements are mandated by Federal Uniform Guidance (2 CFR 200) and the Grant Accountability and Transparency

Act (GATA). Grantees must complete these requirements prior to receiving a grant award from the State of Illinois.

- 6. The funding opportunity link has a deadline of 6/17/26 but also states there is a "pre-qualification deadline" of 6/1/26. Can hospitals still apply if they have not started the process after the pre-qualification deadline?** All applicants should meet all pre-qualification requirements. The deadline does not prohibit an applicant from applying. Once the applicant has established an account in the grantee portal, the applicant will be able to complete their pre-qualification requirements. Please use this link <https://grants.illinois.gov/portal/> to create an account and gain access and begin the application in EUNA.
- 7. What hospitals are eligible for the Year 1 Planning Grant? Where can I find the methodology?** Eligibility criteria use three factors: **1. Facility Type:** General short-term acute hospitals that meet either the Hospital Designation or Inpatient Discharge Threshold

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requirements are eligible to apply. Longterm acute care hospitals, rehabilitation facilities, psychiatric hospitals, and children's hospitals are not eligible to apply as primary grantees but may participate as partners of a grantee. **2. Hospital**

Designation: All

CMS designated Critical Access Hospitals (CAHs) are eligible to apply, regardless of location. **3.**

Inpatient Discharge

Threshold: All non-CAHs with a three-year rural discharge percentage of at least 15% are eligible to apply. To view the methodology, download Appendix A is listed in the application on page 28 -30.

- 8. In Section 2: Project Overview, 2.2, item 3 states "Engage with OMI." What is OMI? I googled and find "Office of Multicultural Interests"... is that correct?** OMI Definition: OMI stands for the Office of Medicaid Innovation. OMI is a collaborative partnership between the University of Illinois System and the Illinois Department of Healthcare and Family Services (HFS), serving as a core technical assistance stakeholder for the Rural Health

Transformation (RHT) Program. Engaging with OMI is a required Planning Grant activity, as OMI provides guidance and support on program implementation, including moving to value-based payment (VBP) methodologies.

II. Euna System Navigation

- 1. I created an account in Euna, but it is blank when I sign in. What are my next steps?** Use the following URL to log into the application for Transforming Rural Healthcare Delivery, Community Care Infrastructure.
<https://il.amplifund.com/Public/Opportunities/Details/d37720d3-ac35-43c2-b1d1-8f5db84e977e>
- 2. Do we need to set up a Public Account in Euna? One was created but when signing in, Euna states to contact the system administrator.** The applicant organization may have an existing account. If so, contact the organization's existing administrator to grant access to Euna.
- 3. The links in the application pdf do not have clickable hyperlinks. How can we access the work**

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plan template document, appendices, and the budget worksheet? The downloadable PDF application does not have clickable links. These must be accessed from the live application in the Euna system.

4. **When I access Euna, the log in screen states “Illinois.gov Authentication Portal” and provides the option to sign in as a Public Account, Private Account or Partner Account. Can you tell me which one of these I should select?** Please create a Public Account.
5. **I am trying to download the full application. How can I access the PDF downloadable version?** Please click on the URL <https://il.amplifund.com/Public/Opportunities/Details/718067c2-ffd1-4f38-ad4f-082e500132f3> and click “download” at the top of the screen.
6. **When logging into Euna, I receive the following error message “AmpliFund Grant Management Software An error occurred when attempting to login. The user provided may not exist, or the user may be disabled. Please contact your administrator”. Please advise.** Navigate to the

following link:

<https://grants.illinois.gov/portal/>

to create an account and gain access to begin the application in EUNA. Use the applicant’s username when logging in via the public account.

7. **Is there an issue with the application webpage? The application does not load.** Clear browser history or try to use another browser. Example, if the applicant is using Edge, please try Chrome.
8. **I am unable to log into the Euna site to access the grant application. I have successfully created a username and password. I believe the issue I have is with the GATA portal. Although I have an account, I cannot link the account to our hospital.** Navigate the following steps:
 - **Step 1:** Request GATA Account Linking. Personal Account may be unable to be automatically linked, and a manual association will need to be requested. Log into the Illinois GATA Grantee Portal. Submit a linking request for the applicant organization's

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Unique Entity Identifier (UEI). Once submitted, reach out directly to the GATA Grant Management unit to expedite approval by emailing OMB.GATA@illinois.gov or calling their support line at 217-782-4520.

- **Step 2:** If applicable, once login is linked, remove any previous associated organization members identified as account administrators and update with current users. Scroll down the main menu in the Grantee Portal and access the *Manage/User Access* section.
- **Step 3:** Grant Euna Permissions: Euna operates as the State's grant management system. Navigate to the User Access section in the GATA portal main menu. Check the box to grant the applicant profile portal and AmpliFund access and click Save Changes. Once saved, log directly into the Illinois Euna Grants Portal using the applicant's GATA

credentials to complete the application.

If encountering a Euna Grants system problem (i.e. having trouble logging in or needing a password reset), please call Euna Grants Support directly at +1 (844) 407-3572 or contact the Euna Grants support team by submitting a ticket using this link:

<https://grants-help.eunasolutions.com/hc/en-us/requests/new>

- 9. I have gotten into EUNA, and I can't find the link to the funding opportunity.** Use the following link for instructions on how to log into Euna.

<https://grants.illinois.gov/portal/GMS.aspx>. In order to see the Opportunity, follow the link posted on the GATA CSFA site:

<https://gata.illinois.gov/grants/csfa.html>. If encountering a Euna

Grants system problem (i.e. having trouble logging in or needing a password reset), please call Euna Grants Support directly at +1 (844) 407-3572 or contact the Euna Grants support team by submitting a ticket using this link

<https://grants-help.eunasolutions.com/hc/en-us/requests/new>.

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10. I am in the process of completing the application and I am receiving “Error code 403 Forbidden (Microsoft-Azure-Application-Gateway/v2)” when logging in. The *Error 403*

Forbidden message is typically a browser or access-related issue. Navigate the following troubleshooting steps: 1. Clear browser history and cache, 2. Try using a different browser (e.g., if using Edge, try Chrome), 3. Ensure use of the correct login credentials and username. If continuing to experience issues, please call Euna Grants Support directly at +1 (844) 407-3572 or contact the Euna Grants support team by submitting a ticket using this link: <https://grants-help.eunasolutions.com/hc/en-us/requests/new>.

11. We are currently unable to access the application, as no one within our organization has been able to successfully log in. We appear to be experiencing issues related to access through the SAM portal. Could you please provide guidance on the login process for accessing the application, including any required steps or permissions?

Please see the link below for instructions on how to log into Euna.

<https://grants.illinois.gov/portal/GMS.aspx>. To see the opportunity, follow the link posted on the GATA CSFA site:

<https://gata.illinois.gov/grants/csfa.html>. If encountering a Euna Grants system problem (i.e. having trouble logging in or needing a password reset), please call Euna Grants Support directly at +1 (844) 407-3572 or contact the Euna Grants support team by submitting a ticket using this link <https://grants-help.eunasolutions.com/hc/en-us/requests/new>.

III. Hospital Transformation Funding Opportunity Application

- 1. Is VBP testing only for Medicaid or Medicare also?** VBP efforts may address other payor types. However, the focus of the RHT Program is to address healthcare disparities experienced by underserved communities.

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2. What qualifies as billable vs grant-funded activities/Structuring reimbursement w/o duplication

As outlined in federal CMS guidance (see <https://www.cms.gov/files/document/provider-payments-fact-sheet.pdf>), provider payments are payments to healthcare providers for the provision of healthcare items or services not paid by insurers and/or other programs. Provider Payments are intended for the provision of items and services not currently paid by insurance (i.e., billable services under Medicaid and commercial payment). Billable services are unallowable costs.

3. Regarding Attachment 2: Organization Chart showing all staff that are planning to work on this project, is this an organizational reporting structure for each partner and all included staff? Per Attachment 2:

An applicant may provide a high-level organizational structure.

4. Regarding Attachment 3: Job Descriptions for all key positions, are job descriptions to be included from each partner

role? Per Attachment 3: Yes, please include job descriptions.

5. Can the department confirm proposed counties and areas and proposed approach that can be included to be firmed up during Year 1 Planning. For the purposes of the first-year application, an applicant may include anticipated counties/areas impacted under their program proposal.

6. What happens to funding if roles are unable to be filled? There will be an opportunity to reallocate funds in the event that funds are unable to spent as originally proposed.

7. Who should letters of support be addressed to? Letters of support are not required for the Year 1 Planning Grant. If included, these may be addressed to Dani Mendez, Director, RHT Program.

8. Can you provide more details, RE: “Year 1 - Engage in TA to guide program implementation from an external expert.” Future technical assistance may include guidance and support on moving to VBP methodologies.

9. If our CHNA is within the 3 year mark, can we use that for our needs assessment or are we

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required to perform a new one?

Any needs assessment must meet the criteria established in the NOFO. If a needs assessment has been recently completed, this may be submitted for consideration but will be rejected if it does not satisfy specified requirements. Additional template material will be provided by HFS.

10. We are thinking about technological upgrades in our Freeport area that would increase access and communication with patients. These upgrades would be transformative in many ways. The question we have is whether we would be purchasing them as a system and implementing it as a system, rather than just the Freeport hospital alone. Our question is, can we allocate some of the cost to the grant and if so, how would you want us to divide up the cost? Do we need to sign a NICRA agreement if we only have direct costs? Planning grant dollars awarded are meant for the purposes of planning related expenses. Awardees will be expected to submit a full draft of Hospital Transformation Plan by December 1, 2026. Involvement of

all eligible hospitals will need to be demonstrated in this plan. Any actual purchase of technology, capital or other health related services will be part of the Hospital Implementation Grant funding opportunity that will be released at a future date and time.

11. All nine of our Illinois hospitals are eligible for the Hospital Transformation grant funding. For those, like St. Elizabeth's Hospital in O'Fallon, that are near the state's border, are they allowed to work with partners in other states, such as Missouri, to ensure the success of the project? Transformation efforts should focus on Illinois partnerships and residents.

12. Two of our nine eligible hospitals for the Hospital Transformation funding do not currently have active Sam.gov registrations. We are looking to prepare nine applications (one for each of our nine eligible hospitals). Alternatively, is it possible to apply under one application as our hospital system (Hospital Sisters Health System) with each eligible hospital being an active participant/beneficiary/subawardee and the value of the one

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budget request being \$290K x 9?

Applicants may apply for and submit an application without an active SAM.gov registration, provided they have a GATA Grantee Portal account and a valid GATA number. However, submitting an application does not guarantee an award. Before a grant agreement can be executed, applicants must meet all GATA prequalification requirements. HFS cannot issue a grant award until the applicant has complied with all applicable SAM.gov requirements. If an applicant has not met these requirements by the time the HFS is prepared to make an award, HFS may determine that the applicant is not eligible to receive grant funding.

- 13. Sarah Bush Lincoln Health Center (provider 140189) and Fayette County Hospital (provider 141346) are both part of Sarah Bush Lincoln Health System and eligible for funding per Appendix A. However, both hospitals share the same tax ID number. In order to get on the portal an active SAM.gov registration is required, but since they share a TIN, I don't believe it's possible to obtain a separate**

SAM registration for both

hospitals. What is the best way to apply for both hospitals?

If there are multiple hospitals in the applicant's system, HFS expects each hospital to submit an application. If there is a circumstance that would not allow an applicant to do so, such as a FEIN number being shared across multiple hospitals, an applicant may then submit one application. But the applicant must notify HFS.

- 14. In the workplan, it says the goals and objectives should align with section 2.3 in the Project Overview. In the document that I have printed, I cannot seem to find that section in the Project Overview. My document has 2.1 and 2.2 and then moves on to section 3.1. I just want to make sure I develop appropriate goals and objectives. Any suggestions on where I can find detailed instructions for the work plan?**

The submitted workplan should outline how the applicant intends to achieve the Planning Grant activities detailed in Part 1: Program Description. Applicants should detail how they intend to meet the milestones required within progress reports to the State

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as described in Appendix C:
Hospital Reporting Requirements.

- 15. For the letter of support, it says we need to have one from a primary care provider and one from a behavioral health provider. Is it acceptable to utilize internal providers for these letters?** Letters of support are not required for this funding opportunity. What applicants are required to provide is the identification of up to five partners. If letters of support are provided, these should come from partners outside of a health system. Letters of support will be required for Year 2 to Year 5 funding opportunities.
- 16. For the partnership requirement with an FQHC, what if there is not an FQHC in our county or service area? Our hospital has RHCs, but no FQHC in the county. How do we satisfy that requirement?** The funding opportunity requires that awardees form and/or participate in a regional partnership that includes primary care providers. This may include FQHCs as well as RHCs.
- 17. Are Year 1 planning grant funds available to utilize towards hiring staff like a Community Health**

Worker/Insurance Navigator, behavioral health NP or even a strategic implementation coordinator who would assist our hospital in implementing initiatives under this grant? Year 1 Planning Grant awards must comply with RHT allowable and unallowable costs. Funds may be used toward hiring staff to support the development of a Hospital Transformation Plan (please refer to NOFO for additional limitations). Forthcoming Year 2 Implementation Grant awards may also be used to hire staff to implement work proposed in Hospital Transformation Grants.

- 18. Can we use the planning grant funds for surgical and other equipment needed to help expand a recently created urology clinic? The urology clinic has filled an underserved need in our area, and we recently had to add a second urology surgical day.** Year 1 Planning Grant funding supports planning grant awardees to complete foundational planning including submission of Transformation Plans, establishing regional partnerships, engaging with the Office of Medicaid Innovation (OMI) and establishing

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program infrastructure. Years 2-5 funding supports implementation of approved Transformation Plans that aim to improve access, quality, care coordination, and financial sustainability for rural communities in Illinois. Any proposed activities or services must align with the proposed goals of the funding opportunity and intent of the Rural Health Transformation Program.

19. For salaries associated with Administrative Costs that include time spent on grant management activities like tracking expenses and completing progress reports, are those to be reported under the administrative budget tab or under Personnel Services?

Salaries for time spent on grant management activities such as expense tracking and completing progress reports are administrative in nature. The portion of effort directly attributable to developing the Planning Grant deliverables (needs assessment, Transformation Plan) is program effort and is reported under Personnel Services; general grant-management effort is administrative.

20. The grant allows up to 10% for administrative costs. Are those treated like other federal indirect costs where the admin costs are allotted and there is no need to track or document the use of the indirect administrative costs? Or must the administrative costs also be supported with time studies and payroll records as well.

The 10% administrative cost limit is a cap applicable to the RHT Program at-large, not an automatic indirect allocation. Administrative costs charged to the grant must still be supported with documentation—time and effort records and payroll records consistent with 2 CFR 200. This differs from a negotiated/De Minimis indirect cost rate, which is applied to modified total direct costs without itemized documentation of the underlying costs. For this grant, administrative personnel costs counted toward the 10% cap should be supported by time studies and payroll records.

21. For Year 1 Planning Grants, the NOFO says "*Applicants must include up to five names of potential partners for engagement in regional*

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partnerships...When applying for competitive funding in Years 2-5 through the Implementation Grant, applicants must submit letters of support from organizations within their regional partnership." This suggests letters of support are not required for this initial application. However, the portal has letters of support uploads as a required action before submitting. Do we have to have letters of support from our identified partners? In the Letters of Support/Commitment section, please upload list identifying up to five names of potential partners for engagement in regional partnerships as required in the NOFO. These do not have to be letters of support.

22. Are we allowed to use planning funds for purchasing EMR upgrades, reports, or interface products to increase capability for creating dashboards and tracking data? Is there a limit to how much in planning funds we can spend on that? These may be allowable costs but must be justified and for the direct purpose of supporting the Year 1 Planning Grant effort and align with the

goals of the Rural Health Transformation Program. Year 1 funding supports Planning Grant awardees to complete foundational planning including submission of Transformation Plans, establishing regional partnerships, engaging with the Office of Medicaid Innovation (OMI) and establishing program infrastructure.

23. Is the budget submitted for the transforming rural healthcare delivery grant for planning purposes/expenses only? Yes. Year 1 is a Planning Grant, and the budget submitted for this opportunity should reflect planning-related expenses only—activities such as developing the Transformation Plan, conducting the needs assessment, establishing regional partnerships, engaging with the Office of Medicaid Innovation (OMI), and building initial program infrastructure. The actual purchase or implementation of services, technology, or capital would be part of the future competitive Years 2-5 Implementation Grant.

24. In the application budget sections for the Hospital

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Planning grant, each category and line item section has a spot for an attachment. Is there a specific attachment you want included in each budget category or is this only required if we have something we want to include to support the category/line item?

This is only required if the applicant has something they would like to include to support the category/line item.

25. Are the CAHs required to include a certain level of match funds for the planning grant?

There is no matching requirement for the Year 1 Planning Grant. Critical Access Hospitals (and other eligible applicants) are not required to provide any level of match funds.

26. For a hospital system that has multiple hospitals eligible for Hospital Transformation funding (CSFA Number: 478-00-3979), should each hospital have an independent grant portal account for each hospital and submit a distinct application for each hospital?

If an applicant has multiple hospitals in its system, we expect each hospital to submit an application. If there is a circumstance that would not allow the applicant to do so, such as a

FEIN number being shared across multiple hospitals, the applicant may then submit one application. But the applicant must notify HFS.

27. We are part of a hospital system that includes several qualifying hospitals for the Transformation Plan grant due June 17. We intend to apply as a system, including each eligible hospital as part of the application. Given this approach, can the total funding request equal the sum of the amounts each hospital would be eligible to apply for individually, as if each were submitting its own application? Is this assumption correct?

If an applicant has multiple hospitals in its system, we expect each hospital to submit an application. If there is a circumstance that would not allow the applicant to do so, such as a FEIN number being shared across multiple hospitals, the applicant may then submit one application. But the applicant must notify HFS. If multiple hospitals are being submitted under one application due to only having one FEIN number, it must be clear in the budget how the expenses are being separated by hospital.

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28. There was confusion as to why some of our hospitals that were not included in the rural health definition map sent out in the State's narrative were then included in the Transformation Grant Planning opportunity as qualifying for funds. We assume that as long as initiatives, activities or services serve rural populations and are meant to transform rural healthcare, we can include them in our planning efforts. Is this correct? Eligibility to apply is determined by the criteria in the NOFO (Appendix A), and the eligible hospital list is based on Critical Access Hospital designation or the inpatient discharge threshold methodology—not solely the rural definition map referenced in the State's narrative. When developing planning efforts, applicants must ensure when proposing initiatives, activities, or services serving rural populations that proposals are intended to transform rural healthcare in alignment with the program's goals.

29. Are training costs for a Nurse Practitioner to become trained and/or certified in a specialty service an allowable expense

under the Year 1 RHTP grant? It would be a development cost so that when the Year 2 RHTP application is made, we would be able to roll out implementation of expanded specialty services. Training or certification of a Nurse Practitioner in a specialty service may be an allowable Year 1 Planning Grant cost if it is justified as a foundational planning/development activity that directly supports Transformation Plan and aligns with the goals of the Rural Health Transformation Program. To ensure compliance, it must be confirmed that: 1. The training costs are for activities not currently funded by other federal, state, or private sources, 2. The expenses are incurred within the active grant budget period, 3. The training directly aligns with the RHTP's strategic goals. The cost must be reasonable, allocable, and compliant with 2 CFR 200. The actual roll-out and implementation of expanded specialty services would be supported through the competitive Years 2-5 Implementation Grant.

30. Would a cyber security tabletop and preparedness consultant

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fees designed to ensure a strong foundation for a secure information system and electronic health record be an allowable development cost under the Year 1 RHTP grant?

While listening to today's RHTP forum webinar, one of the participants mentioned cybersecurity.

Cybersecurity tabletop exercises and preparedness consultant fees may be allowable Year 1 Planning Grant costs if they are justified, directly support the Year 1 planning effort, and align with the goals of the Rural Health Transformation Program. Cybersecurity and information system/EHR security improvements are recognized priorities under the federal RHT Program. Please ensure these consultant fees are classified correctly. RHTP guidelines cap total administrative expenses at 10%. Any such cost must be reasonable, allocable, and compliant with 2 CFR 200, and clearly tied to foundational planning activities. The actual purchase or implementation of major technology or capital would generally be part of the Years 2-5 Implementation Grant.

31. The RHT Program does not require any in-kind matches. If we decide to forego claiming any fringe benefit costs, would you prefer to see those amounts listed on the budget, but recorded as in-kind expenses that are not required. Or is it preferred that we simply leave fringe benefit costs blank to avoid confusing on recording them as non-required in-kind expenses? The Planning Grant does not require an in-kind match. If the applicants chooses not to claim fringe benefit costs, the applicant does not need to record them as in-kind expenses. To avoid confusion, the preferred approach is simply to leave fringe benefit costs blank (or zero) rather than listing them as non-required in-kind contributions.

32. Looking at the required budget template, it's a little unclear how to complete administrative costs. If there is administrative staff listed on the personnel tab are they also to be listed in the Administrative Tab? And should indirect be listed on both the Indirect Tab and the Administrative Tab? Costs should be reported consistently and

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should not be double-counted. An administrative staff person whose salary is charged directly to the grant should be listed once—on the Personnel tab—as a direct personnel cost; the Administrative tab is used to capture administrative costs in aggregate for purposes of demonstrating the 10% administrative cap, not to re-list the same salary. Indirect costs should be reported on the Indirect tab; they should also not be duplicated on the Administrative tab. The key principle from 2 CFR 200 is that each cost must be treated consistently and charged only once, and total administrative costs (direct + indirect) must be 10% or less of the total budget.

33. In trying to attract physicians to rural areas, would we be able to plan (in Years 2-5) on providing student debt relief to physicians? Is there a cap that would exist for such assistance?

Year 1 is a Planning Grant and funds support foundational planning (developing the Transformation Plan, establishing regional partnerships, engaging with OMI, and building initial infrastructure)—not the direct provision of recruitment

incentives. Workforce recruitment and retention strategies, including incentives such as student debt relief, may be proposed within an applicant’s Transformation Plan for implementation in Years 2-5 through the competitive Implementation Grant. Under the federal RHT Program, recruitment/retention incentives generally carry a minimum five-year rural service commitment, and funds may not support clinician wage/salary support for facilities that subject clinicians to non-compete restrictions. Specific caps for such assistance would be addressed and reviewed for allowability under the Years 2-5 Implementation Grant guidance.

34. It was mentioned in the webinar that a hospital system with multiple hospitals that share a single FEIN needs to inform HFS that we will be submitting one application. Who do we inform? Is there a specific contact I can reach out to?

If the applicant has multiple hospitals in its system, HFS expects each hospital to submit its own application. If a circumstance, such as a shared FEIN across multiple hospitals prevents the applicant from doing

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so, the applicant may submit one application, but the applicant must notify HFS. If multiple hospitals are submitted under one application due to a single FEIN, the budget must clearly show how expenses are separated by hospital. To notify HFS, please submit question/notification using the program question link: <https://officeofmedicaidinnovation.jotform.com/form/rural-health-transformation-program>, or contact the Opportunity Manager, Dani Mendez.

35. If executive team staff will be spending hours working on the needs assessment and transformation plan development, should those salaries be reported under Administrative staff instead of Program staff? If reported under Administrative staff in the Personnel tab, are those wages capped at 10% of the total grant funds? Time spent by executive team staff and the CFO/Grant Manager on developing the needs assessment and Transformation Plan should be reported based on the nature of the work performed. Time spent directly developing program deliverables (e.g., the

needs assessment and Transformation Plan) is program/personnel effort and should be reported under Personnel Services for the portion of effort directly attributable to those Planning Grant activities. Time spent on general grant administration—such as expense tracking, drawdowns, and progress reporting—is administrative in nature.

36. What about time spent by the CFO as Grant Manager on grant expense tracking and grant progress reports - is that time considered "Administrative staff" and is that capped at 10% of the grant funds? Administrative costs (direct and indirect combined) are capped at 10% of the total grant award. Personnel charged directly to the grant must be supported with time and effort documentation and payroll records consistent with 2 CFR 200, regardless of whether the cost is classified as program or administrative.

37. In the NOFA it states:
"Transformation strategies, with at least one in each transformation category and at least one strategy addressing

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each of the following critical service gaps: behavioral health, maternal health, and child health needs." Can you clarify the meaning of that requirement? Does it mean that we can only plan for transformation strategies for behavioral health, maternal health, and child health needs? Does it mean that we can plan for transformation in any area of need, but must also include one or all of those areas too? Is there something else that statement means that I am not understanding? The application as a whole must include strategies that, collectively, address all three critical service gaps: behavioral health, maternal health, and child health. The requirement is that the Transformation Plan includes at least one strategy in each transformation category and that, across the plan, there is at least one strategy addressing each of the three critical service gaps. An individual Transformation Strategy does not have to connect to all three gaps. The applicant may have a strategy that focuses on a single gap, so long as the plan as a whole covers all three (at

minimum, one strategy per gap across the strategies). Please note that the completed Hospital Transformation Plan is not due as part of the June 17, 2026, application. It is a deliverable due to HFS later in the calendar year.

- 38. Can we use internal behavioral health and primary care providers in our list of potential partners for engagement in regional partnerships?** The Planning Grant requires that awardees form and/or participate in a regional partnership that includes primary care providers and behavioral health providers. The intent is to build a regional partnership that extends beyond an applicant's own health system. While the applicant may reference internal behavioral health and primary care capabilities, the regional partnership and any letters of support/commitment should come from partners outside of the applicant's health system.
- 39. The NOFO has language that implies the plan must have strategies that connect to behavioral, maternal, AND child health. "At least one strategy addressing each of the following**

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critical service gaps: behavioral health, maternal health, and child health needs." Today's call makes it seem like the plan could only focus on one of the critical access gaps..."at least one strategy in any Transformation Plan category must specifically support closing critical access gaps in behavioral health, maternal health, or child health." Can you clarify whether the application as a whole needs strategies that address all three or just one of the critical access gaps? Further, can you clarify if each Transformation Strategy needs to impact all three gaps or just one? That is, can every transformation strategy focus on just one gap, or do we need to make sure we cover all three gaps across the strategies (one per strategy at least) or does every strategy need to connect to all three access gaps? The application as a whole must include strategies that, collectively, address all three critical service gaps: behavioral health, maternal health, and child health. The requirement is that the Transformation Plan includes at

least one strategy in each transformation category and that, across the plan, there is at least one strategy addressing each of the three critical service gaps. An individual Transformation Strategy does not have to connect to all three gaps. An applicant may have a strategy that focuses on a single gap, so long as the plan as a whole covers all three (at minimum, one strategy per gap across the strategies). Please note that the completed Hospital Transformation Plan is not due as part of the June 17, 2026, application. It is a deliverable due to the State later in the calendar year.

40. If we develop a budget for our planning grant, and then when you all are reviewing after submission, you see that something in the budget is not allowed, do you work with us to reallocate those funds to another eligible expense? or do we just lose that amount of funds? Please carefully review the allowable and unallowable expense detail prior to submission. During the budget review, HFS will not allow budget modifications for any costs that

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are unallowable or unreasonable. If a proposed cost is not allowable, HFS will eliminate that amount of funding.

41. On the Uniform Grant Application, what information are you looking for in the table for Other State & Federal Funding? This is not marked as a required question (there is no asterisk), so is it acceptable to leave these boxes blank? If not, are you looking for the amount of State & Federal funding received by the organization in the past year? Or the amount of State & Federal funding that is committed to the project for which we are applying? The Other State & Federal Funding table in the Uniform Grant Application is not a required field (no asterisk). If the applicant does not have other state or federal funding committed to or relevant to this project, it is acceptable to leave these boxes blank. If the applicant chooses to complete it, the intent is to capture any other state or federal funding that is committed to or supports the project for which the applicant is applying—not the total amount of state and federal

funding received by the applicant's organization overall.

42. On the webinar yesterday, you said that letters of support/commitment from partners are NOT required for the planning grant, but in the application, there is a place to upload letters, and it looks to be required. So, if we don't have to include letters, what should we include in that place instead? Just a list of potential partners?

In the Letters of Support/Commitment section, please upload a list identifying up to five names of potential partners for engagement in regional partnerships as required in the NOFO. These do not have to be formal letters of support for the Year 1 Planning Grant application. Letters of support from organizations within an applicant's regional partnership will be required when applying for competitive funding in Years 2-5 through the Implementation Grant.

43. For the VBC implementation, is this limited to Medicaid only or does it include other payers?

VBP (Value-Based Payment) efforts may address other payer types and are not limited to

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Medicaid only. However, please note that the focus of the Rural Health Transformation Program is to address healthcare disparities experienced by underserved communities, with particular emphasis on Medicaid populations.

- 44. The budget excel colored worksheets, do they need to be uploaded in addition to completing the Budget table/tabs within the Euna grant application?** Budget worksheet upload: The budget Excel worksheets should be completed and uploaded as part of an applicant's application. Please complete the Budget table/tabs within the Euna grant application and also upload the completed Excel budget worksheet. If the applicant has supporting documentation for specific budget categories/line items, those attachments are optional unless the applicant has something they would like to include to support the category/line item.
- 45. For the 6/17 budget submission-- will you accept a very high level budget, such as aggregated personnel and fringe?** Budget detail level: Please complete the

template tabs individually for Year 1.

- 46. The template includes years 2-5, I am confirming we do not need that information as a fully developed plan is not due until December, correct?** Years 2-5 information: A fully developed plan for Years 2-5 is not due as part of the June 17, 2026 application. The completed Hospital Transformation Plan is a deliverable due to the State by the end of the calendar year (December 1, 2026). For this application, focus on Year 1 Planning Grant expenses.
- 47. Would either of these be eligible use of funding for planning grant:**
- 1. fees that the hospital has to be to have fiber installed between hospital and clinics for a secure speed/ adequate bandwidth for telehealth (estimated at \$40,000). The hospital is paying the rest of the costs.**
 - 2. the cost of add-ons to the EMR to assist with data extraction, creation of dashboards, reporting, etc.**
- Year 1 funding supports Planning Grant awardees to complete foundational planning including submission of Transformation Plans, establishing regional

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partnerships, engaging with OMI, and establishing program infrastructure. Regarding the specific questions: 1. Fiber installation fees (\$40,000): Infrastructure costs such as fiber installation for telehealth connectivity would generally be considered implementation costs appropriate for Years 2-5 Implementation Grant funding, not Year 1 Planning Grant expenses. 2. EMR add-ons for data extraction, dashboards, and reporting: These may be allowable Year 1 Planning Grant costs if they are justified and directly support the planning effort (e.g., needed for the needs assessment and Transformation Plan development). Any such cost must be reasonable, allocable, and compliant with 2 CFR 200.

48. Would either of these costs be allowable for the Hospital Transformation planning grant: Oracle Health Clinical Operations - Command Center Dashboard - This would be a purchased add-on product for the EMR for a data dashboard that would have a centralized operational view of the organization by bringing together core data components, along

with predictive analytics, into a single view. This provides clinical teams and operational leaders with the necessary situational awareness to proactively coordinate resources, control costs and impact outcomes. This includes embedded predictive intelligence to anticipate and coordinate resource needs. The dashboards provide a customizable experience for multiple use-cases, roles, etc. (estimated cost \$100,000 One-time - and \$1,000 per month subscription). Year 1 funding supports Planning Grant awardees to complete foundational planning including submission of Transformation Plans, establishing regional partnerships, engaging with the Office of Medicaid Innovation (OMI), and establishing program infrastructure. EMR add-ons and data dashboard products may be allowable Year 1 Planning Grant costs if they are justified and directly support the Year 1 planning effort, such as data extraction and reporting needed for the needs assessment and Transformation Plan development. However, the actual purchase or implementation of major

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technology or capital would generally be part of the Years 2-5 Implementation Grant. Any proposed cost must be reasonable, allocable, and compliant with 2 CFR 200. Please carefully review the allowable and unallowable expense detail prior to submission, as HFS will not allow budget modifications for costs that are unallowable or unreasonable.

49. Will there be a defined process for updating budget figures submitted for the Year 1 Planning grant period? As we begin work on developing the hospital transformation plan, we may have more staff involved in the process who will have reportable time on the project.

Furthermore, if consultants are not available to assist with planned budgeted activities, we might decide to utilize funds on software programs that help manage staff resources, etc. Yes, awardees will be required to submit quarterly budget and progress reports in the form and format determined by HFS (see "Planning Grant Awardee Responsibilities"). HFS will provide

additional guidance to awardees to inform these reports.

50. I am in the process of completing the budget data for the RHTP. If we receive approval for the grant and discover through the five month planning process that we need to divert funds from one category to another (i.e., personnel costs to contracting costs) do we have the flexibility to adjust the budget. Yes,

awardees will be required to submit quarterly budget and progress reports in the form and format determined by HFS (see "Planning Grant Awardee Responsibilities"). HFS will provide additional guidance to awardees to inform these reports.