RHTP General Q & A

Question: Do we need to have a state vendor ID or be registered with sams.gov or grants.gov?

Answer: No. You do not need to be registered with the federal government or have a state vendor number in order to apply. RHTP will provide technical support with the vendor registration upon notice of award.

Question: If the application requires the resumes key personnel and key personnel positions are currently vacant, how should the applicant proceed?

Answer: Providing a detailed job description along with a brief hiring plan and timeline is the correct approach. An open position will not disqualify or hinder the application's success. Reviewers evaluate the project's overall execution; demonstrating a clear, realistic timeline to recruit and onboard the right candidate provides the necessary assurance without penalizing the applicant.

Question: Pages 11 and 14 identify formal agreements with local organizations as project deliverables, while page 18 asks applicants to describe their strategy for formalizing partnerships and the proposed structure of those agreements.

Are executed agreements or letters of commitment required at the time of application, or is a description of the planned agreements sufficient?

Answer: A description of your strategy for putting planned agreements in place is sufficient. However, 15 bonus points will be awarded to proposals that submit 2 letters of support from key local organizations such as local health departments, mental health authorities or tribal-serving organizations.

Question: Page 13 requires at least one subcontracted partner to be a “Utah-based tribal entity” with established networks across Utah’s tribes and tribal-serving health organizations.

How does DHHS define a “Utah-based tribal entity” for this requirement? Would a tribal-serving organization qualify, or must the subcontractor be a tribal government, tribally controlled organization or another specific type of entity?

Answer: Within the context of this RFGA, a Utah-based tribal entity is defined as a legally recognized tribal organization that operates in or directly delivers health and social services to at least one of Utah's 25 rural counties, and possesses the administrative capacity to securely manage federal/state sub-grant funding.

A tribal-serving entity would qualify.

Question: For the Financial and Payment Management System requirement, does the State expect the selected Grantee to directly submit and manage fee-for-service medical claims to public and commercial payers (i.e., operate a healthcare revenue cycle management function), or is it sufficient for the Grantee to administer payment distribution and financial management while partnering with an organization that provides claims processing and payer connectivity?

Answer: The State does not require the selected Grantee to execute all claims processing functions directly in-house, provided the Grantee maintains primary accountability and administrative oversight for the CCH's financial and payment framework. Partnering with or subcontracting to an organization that specializes in claims processing and payer connectivity is acceptable under the RFGA guidelines.

Question: The RFGA lists 15 deliverables across four implementation phases and identifies five Budget Periods, but it does not assign the deliverables to specific Budget Periods.

Does DHHS expect all 15 deliverables to be completed during Budget Period 1, or should applicants propose a phased schedule across the full grant term?

Answer: Applicants should propose a phased approach. Phase 1 should include: forming an operations steering committee and Community Advisory Council; conducting a landscape assessment mapping local health and social service assets, existing closed-loop referral networks, and population need; establishing formal partner frameworks and MOUs with local referral partners. Please note: staff managing local referrals (such as CHWs or Care Managers) must either be

directly housed within Local Health Departments or hired with active LHD participation in candidate interviews.

Phase 2 should focus on technology and operational workflows. During this phase the grantee must select and deploy a secure, centralized data system capable of handling eligibility checks, tracking health outcomes, and performing closed-loop referrals; establish standardized onboarding protocols and enrollment workflows to ensure health systems can trust CCH processes; and establish legal frameworks—including Business Associate Agreements—and build concrete value propositions to secure contracts with healthcare payers and ACOs.

Phase 3 should address financial integration and long-term sustainability. Including how the grantee will centralize financial and payment operations so that individual, small CBOs do not have to manage complex medical billing. As well as coordinate multi-stream funding models, including active fee-for-service claims and per-member-per-month (PMPM) allocations, to ensure the network remains financially viable beyond RHTP grant funding.

Phase 4 should include a comprehensive evaluation of CCH operations, referral processes and outcomes; how the grantee intends to scale the model through partner subcontractors, including a required Utah based tribal entity; as well as detail how the grantee will provide structured technical assistance, training and metric tracking across all expansion sites.

Question: The RFGA states that funding must support local organizations that provide foundational support to CCH referral functions, including health departments, mental health authorities and tribal-serving organizations.

Does “local referral partners” include both organizations that refer participants into the CCH and organizations that receive CCH referrals or provide care coordination and services? If both are included, please clarify which types of organizations and activities are eligible for funding.

Answer: Yes, "local referral partners" includes both organizations that refer participants into the CCH (such as healthcare providers and clinics) and organizations that receive referrals, deliver care coordination, or provide direct community-based services. The RFGA framework is designed to integrate

healthcare providers with community organizations to create a streamlined, closed-loop referral network.

Question: In the RFGA Application question #17, I need to know what type of technology will be needed to streamline CCH services.

Answer: Under Sections 3 and 5 of the RFGA, the required technology and IT infrastructure must possess the capacity to fulfill the following core functions:
Closed-Loop Referrals: Execute closed-loop referrals to ensure that when a provider refers a patient for social needs assistance, the referring provider receives confirmation that the need was addressed and met. Eligibility Verification: Handle and perform streamlined eligibility checks.
Health Outcomes & Metric Tracking: Track health outcomes, measure service efficacy, and run reports on CCH operational metrics.
Secure Data Collection: Streamline secure data collection while maintaining high-level data security and compliance standards for sharing data across networks. Interoperability & Clinical Integration:
Communicate or integrate seamlessly with major clinical Electronic Health Record (EHR/EMR) systems.
Quality Reporting & Operations Support: Provide software for quality reporting, manage centralized information systems, and support reporting to DHHS, CMS, and other government entities.

Applicants answering Question #17 are expected to outline their organization's experience selecting and using data systems, or provide a detailed breakdown of their chosen software platform's capacity to integrate with existing clinical systems.

Question: The For Profit and Non Profit requirements on page 4 say they are only needed "depending on the RFGA applicant's status." How do we know if we need to provide these?

Can someone outside of Utah apply to be the provider of services?

Answer:
The applicant must determine which documents to provide based on your organization's legal structure; uploading either a business license, IRS 501(c)(3) letter, or government charter depending on your status. Regarding out-of-state

applicants, the RFGA requires the primary applicant to be a recognized Utah entity with active registration through the Utah Division of Corporations or proof of Utah public status.

Additionally, the selected grantee must establish and operate the hub within eligible rural counties in Utah.

Question: Page 9 states that letters of support from a minimum of two local organizations are highly encouraged. Page 20 requests two letters of support, and page 22 provides 15 additional points for two letters.

May applicants submit more than two letters of support? If so, will all letters be reviewed, and where should additional letters be uploaded?

Answer:
Yes, applicants may submit more than two letters of support.
The two primary letters of support required to earn the 15 additional scoring points must be uploaded under Part 9: Letters of Support (LoS) of the application form. Any additional letters of support beyond those two should be compiled and uploaded under the same area. While the Technical Review Committee will review these supplementary letters as part of your overall application packet, they will not award any extra points beyond the 15-point maximum designated for the two primary letters. If additional letters of support are provided, the applicant must identify the two primary letters of support for consideration of the 15 additional scoring points.

Question: Page 16 states that the 5% funding cap applies to replacement of an existing HITECH-certified electronic medical record system. The budget template also lists software licenses and data sources under the “Other” category.

Please confirm whether the 5% cap applies only to replacement of an existing EMR system, or whether it also applies to other CCH technology costs, including referral platforms, interoperability, software licenses and data systems.

Answer:
The 5% funding cap applies strictly to the replacement of an EMR system if a previous HITECH-certified EMR system was already in place as of September 1, 2025. It does not apply to other CCH technology costs, such as referral platforms,

software licenses, and data sources, which are classified under the "Other" budget category. The other platform and interoperability costs are not subject to the 5% EMR replacement restriction.

Question: Pages 17–19 provide character limits for the narrative responses, but do not describe the formatting allowed in the Qualtrics fields.

Please confirm whether applicants may use bullets, tables, graphics, images or other formatted content, or whether the response fields accept narrative text only.

Answer:
Qualtrics defines a character as any single typed symbol, letter, number, space, or punctuation mark. In standard Qualtrics forms and survey platforms, text entry response fields accept plain narrative text only.

Applicants cannot use rich text formatting tools (such as bolding, italics, embedded tables, graphics, or uploaded images) directly within the response fields.

Question: Does a nonprofit organization incorporated outside Utah qualify as a **"Utah-affiliated nonprofit organization"** if it:

- Holds current federal tax-exempt status;
  - Is actively registered and in good standing with the Utah Division of Corporations and Commercial Code; and
  - Conducts business or provides services in Utah?
  - The RFGA appears to permit nonprofit applicants that provide proof of tax-exempt status and active Utah corporate registration. However, the application form requires applicants to select **"Utah-affiliated nonprofit organization,"** and the term "Utah-affiliated" is not defined.

Please clarify whether incorporation in Utah is required or whether active Utah registration and good standing are sufficient to meet this eligibility category.

Answer:
Incorporation within the state of Utah is not required to meet eligibility; active registration and good standing with the Utah Division of Corporations are sufficient. Under the Minimum Mandatory Eligibility Requirements, a non-profit entity is only required to provide proof of active tax-exempt status and active

registration with the Utah Division of Corporations to satisfy the requirement of being a recognized entity.

Question: Is a Cybersecurity plan required?

Answer:
Federal NOFO Rule: Under the federal NOFO, a formal cybersecurity plan is strictly required only if the project meets both specified conditions: having ongoing access to HHS information/technology systems and handling HHS PII or PHI.

State RFGA Deliverables: A "cybersecurity plan" is not explicitly listed as one of the deliverables in the RFGA. However, the RFGA does require the grantee to "manage information systems and technology security" and "maintain strong security for data sharing" as part of the CCH IT operations.

If the selected CCH grantee's operations ultimately meet those two federal conditions, they will be required to establish and maintain a cybersecurity plan to remain compliant.

Question: Please confirm or clarify that all Four Phases must be complete by the end of Year 5. They do not need to be initiated or complete by Year 1.

Answer:
That is correct. The expectation is that by the end of Year 5 all Four Phases will be completed; they do not need to all be initiated or completed by the end of Year 1.

Question: There are many organizations that wish to help from the four major counties. Do you have any suggestions as to how organizations in one of the four metro counties can get involved?

Answer:
While the Utah Rural Health Transformation Program (RHTP) defines eligible "rural" areas as 25 of the state's 29 counties, explicitly excluding the four metro counties of Davis, Utah, Salt Lake, and Weber, there are several ways which organizations based in these counties can get involved. Some examples are:

- Providing technical assistance, training, and metric tracking to support community partners
- Work with rural partners to establish a structured regional referral network that integrates with the CCH to seamlessly connect rural patients with urban specialists.
- Support telehealth networks and e-consult services to coordinate care for complex patients without requiring them to travel long distances.
- Conduct simulation-based training and clinical mentoring for rural providers to help manage high-acuity, low-occurrence emergency events locally.

Question: Is a physical hub location a requirement, or is a virtual hub acceptable?

Answer:
The RFGA does not require applicants to purchase or construct a standalone brick-and-mortar building for the CCH administrative headquarters. However, the CCH must be established to serve eligible rural counties (25 of 29 Utah counties, excluding Davis, Salt Lake, Utah, and Weber). Additionally, designated frontline staff (such as Community Health Workers or Care Managers) must be physically housed within local partner organizations or Local Health Departments located directly in the target rural service regions

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Question: We are a small, out-of-state business that has developed a solution we believe can significantly increase access to quality healthcare for rural residents by connecting individuals to local healthcare providers, wellness services, and community resources that support healthier living. Our virtual Health and Wellness Access Hub is designed to serve qualifying rural, tribal, and underserved communities through a centralized, scalable, and predominantly virtual model.

A key component of our approach is partnering with local organizations, healthcare providers, community agencies, schools, and other stakeholders to ensure services remain community-centered and responsive to local needs. Rather than replacing existing resources, our model is designed to strengthen and support them by increasing awareness, improving coordination, streamlining referrals, and connecting residents to the services already available within their

communities. Through these local partnerships, we can help expand access, reduce barriers to care, and create a more connected and sustainable healthcare ecosystem for the populations served.

Given this collaborative, community-based approach, and ensuring we are appropriately registered to do business in Utah, would our organization be eligible to submit an application under this RFP?

Answer:
Yes, out-of-state organizations are eligible to apply under this RFGA, provided you register your business with the Utah Division of Corporations and Commercial Code and agree to register as an active vendor with Utah State Purchasing within 14 business days if awarded. However, please note that while centralized virtual IT infrastructure and data systems are key requirements for the CCH, a purely virtual model will not satisfy the full scope of work. The RFGA requires dedicated frontline staff (such as Community Health Workers or Care Managers) to be physically located and housed within local partner organizations or Local Health Departments in the target rural Utah communities. Furthermore, applications are evaluated on demonstrated knowledge of Utah's unique rural healthcare networks, frontier geographies, and tribal health infrastructure

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Question: In the provided Budget Template, "Budget 1" covers [Start Date] to 10/30/26, with subsequent periods running through 10/30/30 (a total timeline of 4 years, 2 months). Could you confirm if this is correct, or if Budget 1 should run through 10/30/27 (for a total timeline ending 10/30/31)?

Answer:
The dates in the Budget Template and RFGA Section 7 (Table 5) are correct. Budget Period 1 is intentionally a short initial period (from the contract start date through October 30, 2026) to align with federal CMS budget cycles. While Budget Period 5 ends on October 30, 2030, federal grant rules allow awarded funds for each budget period to be expended through September 30 of the following year. Therefore, Budget Period 5 funds may be expended through September 30, 2031, covering the full 5-year Grant Agreement Period (September 21, 2026 – September 30, 2031)

Question: Because Year 1 requires conducting needs assessments and incorporating steering committee feedback, will selected vendors have the flexibility to submit budget revisions for Years 2–5?

We want to determine if there is flexibility to change outer-year budgets once those initial evaluations are complete.

Answer:
Yes, while Year 1 (Budget Period 1) funding is capped at up to $2,000,000, the budgets for Budget Periods 2–5 are "determined as disbursed by CMS and contingent on RHTP project success and availability of funds". This structure allows the state and the vendor to negotiate and align outer-year budgets based on the actual outcomes and structures established in Year 1.

Question: Are there specific requirements for Year 1 metrics? If so, should we include those in our response?

Answer:
The RFGA does not establish a set of numeric targets or thresholds that you must achieve in Year 1. However, you should include specific metric-tracking plans and align your proposal with Utah's overarching RHTP PATH benchmarks in your response.

There are specific deliverables required at the end of Year 1. They can be found on pages 10 and 11 of the RFGA.

Question: We have multiple Letters of Support from our partners. I see the Letters of Support attachment section limits the page count to 2 pages. However, the Q&A says we can include additional letters. Is it okay if our attachment has more than 2 pages?

Answer:
Yes, you may attach more than two letters of support.
