Request for Grant Applications (RFGA)

Application due **8/17/2026 at 5:00 p.m. MT**

Department *of* Health & Human Services

Utah Rural Health Transformation Program

PATH 1.4 Community Care Hub

Opportunity number: URHTP-2891-2026

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Apply by the application deadline:

Monday, August 17, 2026 at 5:00 p.m. Mountain Time (MT)

Section 1: Project Overview

Background

The Rural Health Transformation Program (RHTP) is a five-year federally funded initiative from the Centers for Medicare & Medicaid Services (CMS) designed to modernize and strengthen health systems within rural communities. In November 2025, the Utah Department of Health and Human Services (DHHS), acting as the state's lead agency, submitted a stakeholder-informed application to CMS. Consequently, Utah was awarded $195.7 million in federal funding for Year 1. While the program is anticipated to run through 2030, continued annual funding is contingent upon program outcomes, the availability of funds, and CMS discretion.

Utah's RHTP framework is built upon four strategic pillars: Making Rural Utahns Healthy, Workforce Development, Innovation and Access, and Technology Innovation. These pillars are operationalized through 24 key activities divided into seven integrated initiatives: PATH, RISE, SHIFT, FAST, LIFT, SUPPORT, and LINCS. These initiatives and activities aim to unite rural stakeholders to transform rural healthcare delivery, strengthen patient-centered care, and drive measurable improvements in health, coordination, and financial sustainability across rural Utah.

The Preventive Action and Transformation for Health or PATH initiative is a core component of Utah's RHTP plan. Aligned with the Making Rural Utahns Healthy strategic goal, this initiative encompasses five key actions designed to advance rural health through innovations in nutrition, physical health, improve maternal health and behavioral health, and reduce the overall burden of chronic disease in rural communities. This funding opportunity is directly linked to PATH key action 1.4: Community Care Hub and sub-activities 1.D.–1.F.

Detailed eligibility criteria and program expectations are outlined in the subsequent sections of this application packet.

Purpose of Request for Grant Application (RFGA)

The purpose of this request is to select one Grantee via a competitive application process to establish and pilot Utah's first Community Care Hub (CCH) for rural communities. CCHs are an effective way to coordinate care across rural settings to address health and social needs. Successful CCHs serve as connectors in rural communities to support organizations and individuals to improve health by

facilitating referrals, implementing reimbursement models, supporting dual-eligible enrollment in integrated plans, and working with agencies that provide community-based social services. The selected Grantee will support activities necessary to achieve the benchmarks established by the Utah RHTP PATH initiative. See Utah's RHTP plan at DHHS's RHTP website at dhhs.utah.gov/ruralhealth/. Click Utah's RHTP Project Narrative.

Questions regarding this RFGA should be addressed to the Utah RHTP team at ruralht@utah.gov. All questions and answers will be compiled and posted publicly in a continuously updated Q&A document located on Utah's RHTP funding opportunities website at dhhs.utah.gov/ruralhealth/funding-opportunities/. RFGA applicants are encouraged to check the document regularly for updates. The final day to submit questions i**s August 13, 2026 at 5:00 p.m. MT, and the final Q&A document will be updated by August 14, 2026 at 5:00 p.m. MT**.

Eligible RFGA Applicants

To ensure stewardship of federal funds and the highest quality project execution, RFGA applicants will be evaluated on two distinct levels of criteria: Minimum Mandatory Eligibility Requirements (evaluated on a pass/fail basis) and Scored Technical Criteria (evaluated by reviewers based on the application).

Minimum Mandatory Eligibility Requirements (Pass/Fail)

RFGA applicants must meet all of the following minimum criteria to move forward to the technical review. Failure to meet any of these items will result in immediate disqualification.

- **Legal Entity Status and State Vendor Registration:** The RFGA applicant must prove legal operational status as a recognized entity (for-profit, non-profit, or government) and formally attest to their eligibility and intent to register as an active vendor with Utah State Purchasing within 14 business days of receiving a Notice of Intent to Award. Depending on the RFGA applicant's status, the RFGA applicant must provide the following documentation:
    - **For-Profit Businesses:** Must provide a valid business license and active registration with the Utah Division of Corporations.
    - **Non-Profit Entities:** Must provide proof of active tax-exempt status and active registration with the Utah Division of Corporations.
    - **Utah-Based Government/Public Entities:** Must provide proof of public status (e.g., statutory authorization, charter, or an official letter from a department head/authorized official).
- **Federal and State Standing:** The RFGA applicant must not be debarred, suspended, or otherwise excluded from receiving federal or state funding.

Scored Technical Criteria (Evaluated via RFGA Application)

Reviewers will score the quality, depth, and feasibility of the RFGA application based on the following technical competencies:

- **Baseline Operational Experience:** Institutional experience working directly with rural healthcare organizations and independent billing providers.
- **Technical Assistance Delivery:** Demonstrated expertise providing hands-on services, navigating internal and external workforce policies and market forces leading to meaningful incentive structures.
- **Rural Workforce Financial Architecture:** Understanding of state and federal reimbursement and financial policies and procedures contributing to Utah's rural clinical workforce dynamics.
- **Utah Healthcare Landscape Fluency:** Structural knowledge of Utah's unique rural healthcare delivery networks, geographical frontiers, tribal healthcare infrastructures, and existing clinical workforce shortages.
- **Stakeholder Collaboration:** Exceptional capacity to coordinate, align, and drive consensus among various healthcare organizations and independent billing providers implementing and receiving recruitment and retention incentives (e.g., health systems, rural independent hospitals, federally qualified health centers, state and local health authorities, long-term care, and behavioral health clinics).

Partners

Only the organization that submits an application for this RFGA can be the primary recipient of the award. Selected Grantees, those who enter into a legal agreement or contract with DHHS, may sub-award or contract RHTP funds to partners, or "sub-awardees," for various activities. However, these partners are not co-applicants. Selected Grantees will be responsible for reporting to DHHS. Organizations who submit the application for this RFGA are awarded the funding.

Completeness and Responsiveness Criteria

DHHS will screen the RFGA application to make sure it meets the requirements set forth in this document.

DHHS will not consider an RFGA application that:

- is from an organization that does not meet all minimum mandatory eligibility criteria;

- is submitted after the deadline;
- is not submitted via the provided application link; and
- does not include all of the components required in the application.

RFGA Application Limits

DHHS will accept only one RFGA application per legal entity. In the event that multiple completed RFGA applications are received from the same entity, only the final submission recorded prior to the application deadline will be considered for review, and all preceding versions will be disqualified.

Section 2: RFGA Funding Details

Funding type: Grant agreement

Expected total number of awards: Up to one

Funding amount:

> Budget Period 1: Up to $2,000,000.00*
> Budget Periods 2 - 5: determined as disbursed by CMS and contingent on RHTP project success and availability of funds.

*Over the RHTP five-year federally funded initiative, the anticipated total funding for the PATH 1.4 Community Care Hub activity may be up to $18,000,000.00. This grant agreement may be extended for up to four years contingent on project progress and the availability of funds.

DHHS shall extend grantee funding according to the CMS five Budget Periods. For each Budget Period, the Grantee will have until the end of the following federal fiscal year (September 30 of the following year) to spend awarded funding. See Section 7: Budget Period Timeline for CMS RHT Program budget timelines.

Grant Agreement Period

This grant agreement period is anticipated to begin **September 21, 2026** and end on **September 30, 2031**.

Cost Sharing

This RFGA has a no costs-sharing requirement, meaning RFGA applicants are not required to contribute to the costs of this project.

Use of Funds

The selected Grantee and any subcontracted organization agrees to use all funds received under this agreement only for the permissible uses defined in the CMS Notice of Funding Opportunity (NOFO) and Utah's initial Notice of Award (NOA). These uses are governed by Federal statute: Pub. L. No. 119 21, § 71401 (July 4, 2025) (codified at 42 U.S.C. § 1397ee(h)) ("Rural Health Transformation Program"). Use of funds categories may not be applicable to specific project tasks or to all phases of project implementation. Descriptions of Use of Funds categories are outlined in the NOFO p. 11, 12 and NOA p. 9-12.

The selected Grantee and any subcontracted organization shall not use funds provided under this agreement for any unallowable costs. Prohibited expenditures under CMS guidelines and the federal RHTP may not be applicable to specific project tasks or to all phases of project implementation. Unallowable costs are outlined in the NOFO p.18-20 and the NOA p. 9-12.

The selected Grantee shall ensure that funds received under this agreement do not duplicate efforts already funded by other Utah RHTP funded initiatives.

Section 3: Services and Deliverables

Services and deliverables outlined in this section aim to establish, pilot, and replicate a CCH designed to integrate clinical and social support to providers and patients in rural Utah. Key functions and services of a CCH include:

- Simplified contracting: streamlined agreements between healthcare providers and community organizations.
- Payments management: oversee financial distributions and payments to community-based organizations.
- Coordinated referrals: ensures patients are seamlessly connected to the specific services they need.
- Data and compliance: centralizes data management, reporting, and regulatory compliance requirements.

Eligible location(s)

The selected Grantee must establish the CCH in eligible rural areas. Utah RHTP defines "rural" as 25 of the 29 counties excluding Davis, Utah, Salt Lake, and Weber counties, in alignment with the Utah State Legislature definition.

CCH Operations function

The selected Grantee must provide consolidated administrative workflows for contract management and payment processing to lift the operational burdens for small, community-based entities. The selected Grantee will establish and implement the core operations framework for the CCH. They include but are not limited to:

Contract Management:

- Manage contracts with clinics and insurance companies.

Payment Processing:

- Manage and process payments from healthcare systems. Organizations will receive payment from the CCH rather than multiple contracts and systems.

Information Technology (IT):

- Implement and manage the necessary IT infrastructure to support CCH activities
- Manage information systems and technology security
- Provide software for quality reporting and tracking
- Maintain strong security for data sharing

Compliance and Quality Assurance:

- Ensure adherence to critical rules and regulations
- Serve as a quality check for work done by individual organizations

Data Collection and Reporting:

- Manage centralized data collection and formal reporting
- Run reports to demonstrate program benefits and success
- Submit reports to CMS and other government entities
- Track metrics and outcomes related to the CCH operations and referrals

CCH Referrals Function

Establish CCH referral functions that include but are not limited to:

Landscape Analysis:

- Conduct a comprehensive landscape analysis to evaluate each regional service area's current health and community service network, specifically identifying active community based

organizations (CBOs), faith based organizations (FBOs), healthcare partners, existing closed-loop referral networks, and available resources addressing health-related social needs.

Community Advisory Council:

- Initiate, coordinate, and maintain a Community Advisory Council that will include the local health officer(s) or a designated representative from the local health department(s). They must also include tribes/tribal serving organizations (where applicable), local behavioral health organizations, rural hospitals, local clinics, local CBOs and FBOs, community members, and other local representatives as appropriate.

Regional Referral Network:

- Create a structured referral network organized by regional service areas. Provide funding to key local organizations that will provide foundational support to CCH referral functions.
- Coordinate with community organizations for patient services. Support providers so that they can make one referral to the CCH for streamlined access to resources.

Partner Integration:

- Collaborate with rural health and behavioral health networks
- Integrate Community Health Worker (CHW) services into the CCH's framework

CCH Pilot and Scale

- Identify and select at least one area to serve as the initial CCH pilot.
- Evaluate and replicate in other rural areas.

Local referral partner funding distribution

Funding must be allocated toward local organizations such as health departments, mental health authorities, tribal-serving organizations, and others, to cultivate a robust, sustainable referral network. This referral framework will be guided by the Community Advisory Council, uniting essential partners to streamline care coordination in order to improve chronic disease management, behavioral health, and maternal health services.

Obtaining Letters of Support from a minimum of two local organizations that offer health-related services or referral functions within a qualifying rural area is highly encouraged and will result in additional points in application scoring. Letters of Support from a local health department, mental health authority, and/or tribal or tribal-serving organization are preferred.

Staffing plans must ensure that a designated staff member, such as a Community Health Worker, Health Educator, Care Manager, or similar role, will oversee community linkages and manage referrals in each CCH target region. Acknowledging varying LHD capacities, the applicant must either:

- Provide funding to the LHD(s) to employ and house this position(s) directly, OR
- House the position(s) within a local partner organization, with the requirement that the LHD(s) is actively included in the interview and selection process for the candidate.
- Funding for staff position(s) must transition to long-term sustainability through CCH operations.

The CCH may provide funding for local rural organizations to support key CCH functions and to implement evidence-informed programs. This funding may be used for start up costs and training of staff.

The selected Grantee will establish funding ranges for local rural organizations to support and operate key CCH functions which include but are not limited to; landscape analysis support, community advisory councils coordination and hosting, building referral pathways, , other CCH functions as needed, and a replication site for a new CCH service area. The funding ranges must be approved by DHHS.

Activities and Deliverables

This section describes the expected activities and deliverables of the selected Grantee to develop, pilot, and replicate a Community Care Hub in and for rural Utah. The following core elements should be incorporated into the description and implementation approach in the application. Activities listed are not necessarily in chronological order.

Phase 1: Foundation

Establish a Governance Structure

The selected Grantee must establish a clear leadership framework, forming an operations steering committee focused on marketing/engagement, clinical referrals, and sustainability. This framework should support shared decision-making between health systems and local community-based organizations.

Deliverables:

1. Governance structure to guide planning, payment and referral models, and implementation.

Map and understand the landscape

The selected Grantee must map the local health and social needs landscape and existing health and social services.

- Conduct the analysis in consultation with the local health departments, local mental health authorities, health systems, and tribes/tribal-serving organizations. The applicant may use existing data sources such as current Community Health Assessments (CHA) Community Health Improvement Plans (CHIP), the Utah Healthy Places Index, etc.
- Understand Utah's rural community health and rural clinician workforce needs through population health data, provider shortage data, etc.
- Map Utah's rural health resources and assets including financial infrastructure, viability, and sustainability of health and social services. Statewide mapping will help the selected Grantee choose an area(s) ready to pilot and to understand the service and payer landscape.
- Understand the needs of rural Utahns, including tribal and high-needs populations, and those who encounter significant challenges to accessing resources and services.
- Engage key partners in local areas providing health and social services and resources.
- Consult models and best practices from other states.

Deliverables:

2. Comprehensive landscape analysis to inform the make-up and location of CCHs.

Establish a CCH partner framework

Conduct outreach to local organizations to form a CCH partner framework. These partners will form the members of the CCH. The selected Grantee must recruit and formalize agreements with local organizations, specifying criteria for participation under a CCH where it acts as the main contractor.

- Include key partners that provide health and social services in a rural area.
- Convene and engage partners at a frequency and duration that ensures progress. Throughout the agreement period, partners and CCH members should provide expertise on the immediate and anticipated needs of the CCH.
- Establish a Community Advisory Council to give local communities a voice in the development, implementation, and sustainability of the CCH.

Deliverables:

3. CCH partner framework with health and social services partners in local areas forming the CCH.
4. Formal agreements with local organizations to form the CCH.
5. An operational Community Advisory Council to advise and inform CCH activities.

Phase 2: Infrastructure

Establish CCH operations functions through data systems and IT

A core element of the CCH is a centralized data system and referral technology. The selected Grantee must choose and deploy a platform that works to streamline CCH services. At a minimum, it must include the capacity to:

- Handle eligibility checks
- Track health outcomes
- Streamline secure data collection
- Execute closed-loop referrals (ensuring that when a provider refers a patient to social needs help, the provider gets confirmation that the need was addressed and met.)

Deliverables:

6. Secure data system that will provide trusted, key operations and referral functions for the CCH.

Establish CCH member onboarding and quality assurance

To ensure health systems trust the services of the CCH, the selected Grantee must create an onboarding protocol. This includes centralized scheduling, participant enrollment workflows, and where applicable, verification of trained or state certified Community Health Workers (CHWs).

Deliverables:

7. Onboarding protocols, centralized scheduling, participant enrollment workflows
8. Verified trained/state certified CHWs when or where applicable

Secure Health System and Payer Contracts

The selected Grantee must build a concrete value proposition for healthcare payers such as accountable care organizations and/or commercial insurers. This includes legal and compliance infrastructure that will satisfy legal requirements of partner health systems.

Deliverables:

9. Contracts with healthcare payers

Phase 3: Integration and Sustainability

Deploy a financial and payment management system

The selected Grantee must deploy centralizing payment operations so individual, small organizations do not have to navigate complex medical billing.

- Coordinates the various sources of funding, active fee-for-service healthcare claims or per-member-per-month allocations.

Deliverables:

10. Coordinated sources of funding, including fee for service or per-member, per-month allocations

Phase 4: Pilot Launch and Replication

Launch CCH pilot

The selected Grantee will design, deploy, and operate a Community Care Hub (CCH) pilot in at least one rural Utah community. Operations and referral pathways will be continuously evaluated to measure system efficiency, integration effectiveness, and service efficacy.

Community and tribal replication partnership

To scale the CCH, the selected Grantee must identify, subcontract, and oversee community partners to replicate the CCH model in additional rural and tribal areas.

- At least one subcontracted partner must be a Utah-based tribal entity with established networks across Utah's tribes and tribal-serving health organizations, as well as the capacity to successfully execute CCH operations in rural tribal communities.
- The selected Grantee will provide structured technical assistance, training, and metric tracking for subcontracted partners to ensure high-fidelity implementation and continuous quality improvement.

Deliverables:

11. Fully operational pilot CCH with active infrastructure operating in an initial rural Utah pilot location.
12. Comprehensive evaluation of CCH Operations and Referral process and outcomes with detailed analysis of CCH operational performance, referral processes, and participant outcomes.
13. Executed partner subcontracts with community partners, including the required Utah-based tribal entity, to replicate the model.
14. Technical assistance to support and guide community partners toward successful implementation.
15. Metric tracking framework for routine performance data collection and reporting to monitor CCH replication success and inform ongoing optimization.

Table 1: Summary of Deliverables

Phase 1: Foundation
1. Governance structure to guide planning, payment and referral models, and implementation
2. Comprehensive landscape analysis to inform the make-up and location of CCHs
3. CCH partner framework with health and social services partners in local areas forming the CCH
4. Formal agreements with local organizations to form the CCH
5. An operational Community Advisory Council to advise and inform CCH activities
Phase 2: Infrastructure
6. Data system that will provide trusted, key operations and referral functions for the CCH
7. Onboarding protocols, centralized scheduling, participant enrollment workflows
8. Verified trained/state certified CHWs when or where applicable
9. Contracts with healthcare payers
Phase 3: Integration and Sustainability
10. Coordinated sources of funding, including fee for service or per-member, per-month allocations
Phase 4: Pilot Launch and Replicate
11. Functioning CCH pilot in a rural Utah area
12. Comprehensive evaluation of CCH Operations and Referral process and outcomes
13. Subcontracts with community partners for replication of CCH pilot
14. Technical assistance, guidance, and support for subcontracted community partners
15. Tracked metrics for replicated CCH pilots

Grantee Expectations

Selected Grantees will be expected to adhere to the following:

- Meet at least monthly with the Utah RHTP team to coordinate activities, provide updates about findings and progress of activities, and ensure all contractual requirements are met.
- Provide monthly reimbursement requests/invoices of expenses in accordance with State Contracting processes.
- Attend all RHTP trainings related to the project.
- Provide all services and deliverables described in the agreement.
- Participate in the DHHS evaluation process.
- Deliver reports to DHHS as outlined in the Grantees' agreement on time.
- Obligate and expend funds for each Budget Period by the end of the following fiscal year (September 30 of the following year). See Budget Period Timeline section.

Section 4: Budget

Utah RHTP shall reimburse the Grantee based on the negotiated budget, not to exceed the funding available for this agreement. Expenses shall be reimbursed based on actual expenditures with appropriation documentation. Expenditures must follow the guidelines described below. The categories defined below are the only expenditures allowed under this agreement.

The Grantee must submit reimbursement invoices of expenses monthly in accordance with State Contracting processes. Payment(s) may be withheld until the services and deliverables defined in this agreement are completed. These funds are not to be used for purchasing meals. The only exception is for per diem reimbursement for authorized personnel while traveling.

Table 3: Budget Categories Outline for RFGA Applicants

Categories	Rate/allowable costs*
Personnel: salaries/fringe	Personnel working on project implementation
Administration of funding	Up to 10% of the total amount requested. This 10% limit applies to administrative costs for your entire budget, including indirect and direct costs.
Project implementation	Expenses to create and execute project and agreement requirements

Travel	Mileage/meal reimbursement (per diem)
Supplies	Purchases under $10,000.00
Contractual	Products or services needed to execute the initiative
Other	Other costs (e.g., software licenses, data sources, etc.)

Funding caps

Funding available under this Request for Grant Applications (RFGA) is subject to federal limitations established by CMS for the Rural Health Transformation (RHT) program, including the following applicable funding caps:

- **Category B Provider Payments**: Providing payments to health care providers for the provision of health care items or services, subject to restrictions described in the funding CMS NOFO policies and limitations. Any payments to providers must justify why they are not already reimburseable, how the payment will fill a gap in care coverage, and/or how they transform the current care delivery model. Category B funding cannot exceed 15% of the total funding CMS awards a state in a given budget period.
- **HITECH Certified EMR System**: No more than 5% of total funding CMS awards to a State in a given budget period can support funding the replacement of an EMR system if a previous HITECH certified EMR system is already in place as of September 1, 2025.

See the CMS RHT web page for full information on allowable and unallowable costs.

Section 5: RFGA Application

To be considered for this opportunity, RFGA applicants must submit an application and budget using the following linked forms:

- **Application link: https://utahdhs.iad1.qualtrics.com/jfe/form/SV_b2ytp6Wm0ZjhIF0**
- **Budget template link: docs.google.com/spreadsheets/d/1Yl_ost-mmpEy7RkaPryV7c_-nYzDfUdjdm0r3YeWdK0/edit?usp=sharing**

The RFGA application must be submitted by August 17, 2026 at 5:00 p.m. MT. Late applications will not be considered.

RFGA Application Questions

The RFGA application questions are detailed below for reference. To ensure a smooth application submission, RFGA applicants are encouraged to prepare responses to the following sections before using the application link. Please note that character limits apply to certain responses.

Contact Information and Eligibility

Part 1: Organization Information

1. Organization Name
2. Organization Website (if applicable)
3. Organization Contact Name
4. Organization Contact Title
5. Organization Contact Email Address
6. Organization Contact Phone Number

Part 2: Grantee Eligibility Criteria

Please provide objective confirmation of your organization's legal and operational eligibility. Note: False statements will result in immediate disqualification from the application process.

7. **Organization Legal Structure:** Select your organization's legal framework:
    a. For-Profit Business
    b. Non-Profit Organization / 501(c)(3)
    c. Utah-based Government / Public Entity (e.g., Public University, State/Local Agency)
8. **Legal Status Documentation Upload**: Please upload the appropriate verification document based on your selection above (e.g., Business License, IRS 501(c)(3) Determination Letter, or Government/Statutory Charter). [Upload Button]
9. **Eligibility & Intent to Register as a State Vendor:** Disbursements for this project can only be made to entities registered with the Utah Division of Purchasing (via the U3P/Jaggaer system). Please review the following attestation and check the box to confirm compliance:
    a. "I certify that my organization is eligible to register as a vendor with the State of Utah and, if selected for an award, agrees to fully complete and submit our Utah State Purchasing vendor registration within 14 business days of receiving the Notice of Intent to Award. I understand that failure to complete this registration in a timely manner may result in the forfeiture of the award."
        i. I agree and attest.

10. **Federal and State Standing:** Do you certify that your organization is in good standing and is not currently debarred, suspended, or otherwise restricted from participating in federal or state grant programs? [Yes / No]

Services and Deliverables

Part 3: Foundation

Letters of Support from local organizations may receive additional application points.

11. **Governance Structure:** How will your organization establish a clear leadership framework to ensure shared decision-making and coordination between health systems and local community-based organizations? (1500 characters)
12. **Landscape Analysis:** Describe your approach to conducting a comprehensive landscape analysis to map local health and social needs. (2000 characters)
13. **CCH Partner Framework:** What is your strategy for conducting outreach and formalizing agreements with local organizations to form the CCH partner framework? (1500 characters)
14. **Formal Agreements with Local Organizations:** Describe the structure and key terms of the formal agreements (e.g., MOUs, sub-contracts, business associate agreements) you will execute with partner CBOs to ensure clear roles, scope of work, and compliance. (1500 characters)
15. **Community Advisory Council:** How will you initiate, coordinate, and utilize a Community Advisory Council to ensure local communities have a voice in the development, implementation, and sustainability of the CCH? (1000 characters)
16. **Funding distribution for local referral partners**: Describe your approach to establishing funding strategies for local CCH functions like, salaries for linkages personnel, support with landscape analysis, community advisory councils coordination and hosting, and replication site start up costs. (2500 characters)

Part 4: Infrastructure

17. **Data Systems and IT (Technology Interoperability)**: Describe your organization's experience with choosing and utilizing a data system. Describe your plan to choose technology to streamline CCH services that will handle eligibility checks, track health outcomes, and execute closed-loop referrals. If you have chosen a software system, provide a detailed explanation about the system's capacity to integrate or communicate with major clinical health record systems. (3000 characters)
18. **Member Onboarding and Quality Assurance**: Detail your proposed onboarding protocols to build trust with health systems. How will you establish and report on participant enrollment workflows, bidirectional referrals etc.? (1200 characters)

19. **Health System and Payer Contracts**: Describe your concrete value proposition for healthcare payers. How do you plan to secure and manage contracts with accountable care organizations and/or commercial insurers? (2000 characters)
20. **Legal and Compliance Infrastructure**: What is your plan for deploying Business Associate Agreements (BAAs) and data-sharing agreements that will satisfy the legal requirements of partner health systems? (1500 characters)

Part 5: Integration and Sustainability

21. **Financial and Payment Management System:** How will you deploy a centralized financial and payment management system? Explain your financial/revenue model, including how you will calculate unit costs, manage a centralized billing engine, and coordinate funding sources like active fee-for-service claims or per-member-per-month allocations. (3000 characters)
22. **Network Oversight**: As the main contractor, how will you monitor CBO performance, handle invoicing/reimbursements, resolve disputes, and maintain service fidelity across the CCH network? (1000 characters)
23. **Network Management Capability:** What is your framework for managing the referral network? Specifically, describe your processes for auditing the performance and tracking data outcomes. (1000 characters)

Part 6: Pilot and Replicate

24. **Launch Pilot and Replicate it:** Detail your plan to select, launch, and evaluate a CCH pilot in at least one rural area in Utah. In addition, include your strategy for replicating it in other rural and tribal areas and enabling and supporting selected community partners to do the same. (3000 characters)

Part 7: Organizational Capability

25. **Organization Capability**: Detail your organization's specific experience in working with community partners, landscape analysis, Utah's health and social service providers, and CCH Operations and Referrals functions. (3000 characters)
26. **Project Lead and Key Personnel Qualifications**: Identify the Project Lead and up to two additional key personnel and describe their roles in operationalizing the CCH. (1500 characters)
27. **Upload resumes/CVs**

Part 8: Budget

28. Upload an itemized budget sheet using the template provided.

Part 9: Letters of Support (LoS)

29. Two LoSs from key local organizations; those from a local health department, mental health authority, and/or tribal or tribal-serving organization are preferred.

Section 6: RFGA Application Review

Compliance and Eligibility Pre-screening Process

Each RFGA application submitted by the due date and time will first be screened by Utah RHTP for completeness and compliance with the requirements provided in this RFGA. All RFGA applications that fail to address all requirements shall be deemed incomplete and shall receive no further consideration.

Compliance Criteria

- RFGA applicant meets all minimum mandatory eligibility requirements (Pass/Fail)
- RFGA application submitted by the deadline (Pass/Fail)
- RFGA application submitted via the provided application link (Pass/Fail)
- RFGA application includes all of the components required in the application (Pass/Fail)

Minimum Mandatory Eligibility Requirements

- RFGA applicant provides documentation of legal operational status as a recognized Utah entity (for-profit, non-profit, or government) (Pass/Fail)
- RFGA applicant agrees and attests to their eligibility and intent to register as a state vendor. (Pass/Fail)
- RFGA applicant certifies their organization is in good standing and is not currently debarred, suspended, or otherwise restricted from participating in federal or state grant programs. (Pass/Fail)

Technical Review Committee

DHHS will conduct a comprehensive, fair, and impartial review of applications received as a result of this RFGA. The Technical Review Committee will review the RFGA applications, rank them according to the scoring system described below, and meet as a group to compare evaluations. The committee will then make award recommendations to Utah RHTP.

Scoring for RFGA Applications

RFGA applications are scored on a maximum 100-point scale. Reviewers will score each section using a 0–5 point scale, which is then multiplied by each criteria's assigned weight to determine the total score. The RFGA scoring guide is provided below.

Table 3: RFGA Scoring Outline

Services and Deliverables

1. **Foundation (25 points)**
    - Governance Structure
    - Landscape Analysis
    - CCH Partner Framework
    - Community Advisory Council
    - Funding distribution for local referral partners
2. **Infrastructure (30 points available)**
    - Data Systems and IT
    - Member Onboarding and Quality Assurance
    - Health System and Payer Contracts
    - Legal and Compliance Infrastructure
3. **Integration and Sustainability (30 points available)**
    - Financial and Payment Management System
    - Network Management Capability
4. **Pilot and Replicate (25 points available**)
    - Pilot Launch and Scale

Organizational Capability and Experience

5. **Organizational Capability (35 points available)**
    - Relevant organizational experience, community engagement
    - Project lead and key personnel

Budget

6. **Budget (15 points available)**
    - Budgeted items are relevant and within scope of the RFGA project (5 points)

● Budget includes clear and rational justifications for element including administrative calculations (10 points)
Support from local organizations **7. Letters of Support (LoS)** ● Two LoSs from key local organizations **(15 additional points available)**
Total 160 points (175 possible with Letters of Support) Required technical point threshold: 100 points. Scores below 100 points will not qualify for funding.

Award timeline

DHHS anticipates notifying all RFGA applicants of the award decision by **September 4, 2026**. Upon award, DHHS will initiate the State of Utah contracting process. DHHS may negotiate modifications with the selected Grantees during contract implementation and funding cycle.

Disqualification

DHHS reserves the right to cancel an award if, in its sole discretion, any interest disclosed from any source could give the appearance of a conflict or cause speculation as to the objectivity of the program/project developed by the selected Grantees. DHHS determination regarding any questions of conflict of interest shall be final.

Allotment Process

DHHS may:

- Fund projects in whole or in part.
- Fund projects at a lower amount than requested.
- Choose to fund no applications under this RFGA.

Section 7: Budget Period Timeline

CMS issues funding based on the following Budget Periods timelines. Per federal Rural Health Transformation mandates, failure to expend funds for each Budget Period by the end of the following fiscal year (September 30 of the following year) will result in funds recouped by DHHS to return to CMS.

Table 5: CMS Budget Periods

Budget Period "Year"	Beginning date	End date	Budget Period funds must be expended by end of the following fiscal year
1	Agreement start date	October 30, 2026	September 30, 2027
2	October 31, 2026	October 30, 2027	September 30, 2028
3	October 31, 2027	October 30, 2028	September 30, 2029
4	October 31, 2028	October 30, 2029	September 30, 2030
5	October 31, 2029	October 30, 2030	September 30, 2031

Grant extensions and terminations are determined by availability of funds, Grantee performance, and the discretion of CMS and DHHS.

Section 8: Additional Resources

- CMS Notice of Funding Opportunity (NOFO): Provides CMS guidance on program scope, permissible use of funds, and unallowable cost. dhhs.utah.gov/wp-content/uploads/NOFO-RHTP-2.pdf
- Utah's RHTP website: Updates on Utah's implementation and publicly available resources, including most of those listed here. dhhs.utah.gov/ruralhealth/
- Utah's RHTP Full Project Narrative: Utah's original application which guides implementation. dhhs.utah.gov/wp-content/uploads/Rural-Health-Transformation-Plan.pdf
- Notice of Award (December 29, 2025): Initial notice of funding award that also outlines budget restrictions, reporting periods, and other guidelines aligned with the NOFO. dhhs.utah.gov/wp-content/uploads/NOA_RHTCMS332051-01-00.pdf
- CMS Frequently Asked Questions (FAQs): Responses from CMS regarding inquiries from states. cms.gov/files/document/rural-health-transformation-frequently-asked-questions.pdf