

Request for Grant Applications (RFGA)

Application due 6/23/2026 at 5:00 p.m. MT



Department of Health & Human Services

Utah Rural Health Transformation Program

PATH Initiative 1.5 Behavioral Health and Primary Care Integration (BHI)

Opportunity number: URHTP-2572-2026

CMS Disclaimer: This Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$195,743,566.29 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

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Additional Guidance for Applicants

If you believe you are a good candidate for this funding opportunity, secure your [Utah State Purchasing vendor registration](#) now. If you are already registered, make sure your registration is active and up-to-date.

Apply by the application deadline:

June 23, 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 (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 foster lifelong wellness in rural communities. This specific funding opportunity is directly linked to PATH key action 1.5: Support integrated behavioral health and primary care services and subactivities 1.G.–H.

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 two to three Grantees via a competitive application process to bridge the gap between physical and mental health/substance use disorders by integrating behavioral health and primary care services in rural care settings. The Grantees will implement a comprehensive Behavioral Health Integration (BHI) model. The goal is to create a system that improves assessment rates, clinical outcomes, and system efficiency. Sites may implement the Collaborative Care Model, Comprehensive Health Integration Framework (CHI) or other evidence-based models according to capacity. Central to this integration is the transformation of traditional silos into cohesive, team-based environments. The services performed 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 Full 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 at the Utah Procurement and Contract Management (PCM) page, dhhs.utah.gov/dhhs purchasing/. Applicants are encouraged to check the document regularly for updates. The final day to submit questions is **June 21, 2026 at 5:00 p.m. MT**, and the final Q&A document will be updated by **June 22, 2026 at 5:00 p.m. MT**.

Eligible Applicants

To ensure stewardship of federal funds and the quality project execution, applicants will be evaluated on two distinct tiers 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)

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 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 applicant's status, the applicant must provide the following documentation:
 - **Utah-based For-Profit Businesses:** Must provide a valid business license and active registration with the Utah Division of Corporations.

- **Utah-based Non-Profit Entities:** Must provide proof of active 501(c)(3) 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 applicant must not be debarred, suspended, or otherwise excluded from receiving federal or state funding.
- **Required Collaboration:** The applicant must provide separate letters of collaboration from at least three local service agencies with unique primary populations. The applicant should be one of the local service agencies. These community providers must include physical health, mental health and substance use disorder treatment, prevention, and wellness activities. One provider must be a recognized Safety Net Provider serving public assistance beneficiaries as their primary population.

Partners

Only the organization that submits an application can be the primary recipient of the award. Applicants may sub-award or contract RHTP funds to partners for various activities. However, these partners are not co-applicants. The Grantee responsible to DHHS will be the one that submitted the application and was awarded funding.

Completeness and responsiveness criteria

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

DHHS will not consider an application that:

- is from an organization that does not meet all 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.

Application Limits

DHHS will accept only one formal application per entity. In the event that multiple completed 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: Funding Details

Funding Type: Grant Agreement

Maximum funding available for Year 1 of the agreement: Up to \$2,000,000.00 with a maximum of \$1,000,000.00 per single grant award.

Expected number of awards in Year 1 of the agreement: Up to three.

Over the five year period, the anticipated total funding is up to \$15,000,000.00. Agreements may be extended contingent on project progress and the availability of federal funds. Award amounts are expected to decrease in future years as projects become sustainable through alternative funding mechanisms.

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

Agreement Period

The initial agreement period will begin once contracts are completed. DHHS anticipates the initial period will start **August 1, 2026** and end on **September 30, 2028**. Failure to expend Year 1 funds by September 30, 2027 and Year 2 funds by September 30, 2028 will result in funds recouped by DHHS to return to CMS. Awards may be extended for up to three additional years, subject to satisfactory performance and the availability of funds.

Cost Sharing

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

Use of Funds

The Grantee 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 Grantee 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.

Section 3: Services and Deliverables

Grantees will implement a comprehensive Behavioral Health Integration (BHI) model. The goal is to create a system that improves assessment rates, clinical outcomes, and system efficiency. Sites may implement the Collaborative Care Model, Comprehensive Health Integration Framework (CHI) or other evidence-based models according to capacity. Central to this integration is the transformation of traditional silos into cohesive, team-based environments. The following milestones and benchmarks should be incorporated into the description and implementation approach in the application, spanning a three to five year period as appropriate to the breadth of the project.

Foundational Activities — These activities will focus on cross-agency collaboration. Grantees will at a minimum:

- Complete shared policies and procedures for warm handoffs within the community;
- Implement shared warm handoff protocols that prioritize in-person or video instructions and work in both directions.

Foundational Deliverables: Grantees will submit the policies and procedure documentation and the warm handoff protocols to DHHS.

Workforce Development Activities — These activities will establish the necessary workforce development to support and enhance integration activities. Grantees will at a minimum:

- Maximize the rural workforce by cross-deploying staff (e.g., a Health Department Nurse working in a behavioral health setting, or a clinician working at the FQHC). These efforts must be supported by formal Memorandums of Understanding (MOUs) that define treatment roles and clinical supervision across agency lines. MOUs cannot limit a person's freedom to choose their own provider, whether that provider is within the integrated system or another external provider.

- Utilize teleconsultation when appropriate to provide rural primary care providers with access to psychiatric or other behavioral health expertise.

Workforce Deliverables: Grantees will submit MOUs or other formal agreements to DHHS.

Access Activities — These activities will enhance cross-agency collaboration through Electronic Medical Record (EMR) enhancements. Grantees will at a minimum:

- Establish functional cross-agency access to EMRs for real time appointment availability; or
- Implement a cross-agency referral dashboard to track real-time appointment availability.

Access Deliverables: Grantees will report to DHHS once the access activities have been completed and are fully implemented.

Sustainability Activities – These activities will develop and implement the proposed projects’ approach to sustainability. Grantees will at a minimum:

- Complete Grantee-identified training on available billing codes.
- Implement standardized billing workflows to ensure billing codes are utilized effectively for long-term funding.

Sustainability Deliverables: Grantees will submit billing workflows to DHHS.

Quarterly and annual reports will be required across all budget periods.

Grantee Expectations

The Grantee is 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 this agreement.
- Participate in the DHHS evaluation process.
- Timely delivery of reports to DHHS as outlined in the Grantee agreement.

Section 4: Payments

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.

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 the entire budget, including indirect and direct costs.
Project Implementation	Expenses to create and execute project and agreement requirements.
Subcontracts	Requires a complete description and cost breakdown for each subcontractor.
Category B Provider Payments: payments to healthcare providers for the provision of healthcare items or services not paid by insurers and/or other programs.	Category B funding for Provider Payments cannot exceed 15% of the total State funding in a given budget period, and will be subject to additional review.
Travel	Mileage/meal reimbursement (per diem) per the GSA rates found at gsa.gov/travel/plan-book/per-diem-rates
Supplies	Purchases under \$10,000.00.
Other (e.g., EMRs, training/technical assistance, etc.)	No more than 5% of total State funding 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.
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*See the CMS NOFO for full information about allowable and unallowable costs.

Section 5: Application

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

- Application link: utahdhs.iad1.qualtrics.com/jfe/form/SV_883io3ert04bGyg
- Budget template link: docs.google.com/spreadsheets/d/1coDH-PWdzlbsEfJAmlPt2sQA0VG2WfqK

The application must be submitted by June 23, 2026 at 5:00 p.m. MT. Late applications will not be considered.

Instructions

The application questions are detailed below for reference. To ensure a smooth application submission, applicants are encouraged to prepare responses to the following sections before using the application link. Please note that certain written responses have a 3,000 character limit.

Section 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
7. How many budget periods are you applying for (maximum of 5)?

Section 2: 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.

8. **Organization Legal Structure:** Select your organization's legal framework:

- a. Utah-based For-Profit Business
 - b. Utah-based Non-Profit Organization / 501(c)(3)
 - c. Utah-based Government / Public Entity (e.g., Public University, State/Local Agency)
9. **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]
10. **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.
11. **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]
12. **Required Collaboration:** Please upload letters of collaboration from at least three local service agencies, including the applicant agency, with unique primary populations. These agencies must include physical health, mental health and substance use disorder treatment, prevention, and wellness activities. One provider must be a recognized Safety Net Provider serving public assistance beneficiaries as their primary population. [Upload Button]

Section 3: Experience & Qualifications

- 13. Detail your organization’s specific past performance with development of community partnerships in rural communities. Highlight one relevant past project you have worked on (include client, scope, and measurable outcomes). (3000 characters)
- 14. Identify the project lead and up to two key personnel for this project. Describe their roles in developing Behavioral Health Integration in your community.
- 15. Upload the Resume or Curriculum Vitae (CV) for the Project Lead and two key personnel named in the previous question (Limit of 4 pages per CV; maximum of 3 uploads).

Section 4: Approach & Methodology

- 16. Describe how you will establish uniform assessment protocols using evidence-based assessment tools.

17. Describe how you will develop a single shared treatment plan for patients that includes both chronic disease and behavioral health treatment goals.
18. Describe how you will utilize a shared HIPAA-compliant platform, interoperable EMR, or shared access to current EMR platforms to allow providers at the different sites to view the same patient's treatment plan, active medication list, lab results, etc.
19. Describe how you will complete shared policies and procedures for warm handoffs within the community by the end of Year 1 of the agreement.
20. Describe how you will implement a shared warm handoff protocol that prioritizes in-person or video instructions and works in both directions by the end of Year 1 of the agreement.
21. Describe how you will by the end of Year 3, either:
 - (1) establish cross-agency access to EMRs for real time appointment availability or
 - (2) implement a cross-agency referral dashboard to track real-time appointment availability.
22. Describe how you will maximize the rural workforce by cross-deploying staff (e.g., a Health Department Nurse working in the LA, or a clinician working at the FQHC) and by formal Memorandums of Understanding ("MOU") defining treatment roles and clinical supervision across agency lines.
23. Describe how you will utilize teleconsultation when appropriate to provide rural primary care providers with access to psychiatric or other behavioral health expertise.
24. Describe how you will implement standardized billing workflows to ensure codes are utilized effectively for long-term funding.
25. Attest that you will complete the Grantee-identified training on available billing codes.
26. Attest that you will participate in technical assistance sessions regarding integrated system components and standardized integration measurement tools.
27. Describe how you will develop data collection and capacity for required reporting and quality improvement.
28. Describe how you will implement the community tailored enhancements. Such enhancements may include:
 - (1) a second primary care site;
 - (2) addressing dental or vision needs;
 - (3) integration with emergency medical systems;
 - (4) utilization of community health workers; and
 - (5) partnerships with local hospitals.
29. Describe how you will sustain the project services and technology upgrades beyond the end of the funding periods.

Section 5: Stakeholder Engagement Strategy

30. Describe your strategy and process for facilitating engagement among diverse community stakeholder populations to unite their various perspectives, interests, and missions toward a unified, strategic vision.

Section 6: Budget

31. Upload an itemized budget sheet using the template provided. The template is View Only and accessible to anyone with the [link](#). Download a copy by going to File > Download and select your desired format. Populate the template, rename it, and upload here.

Section 6: Application Review

Compliance and Eligibility Review Process

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

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 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 DHHS.

Scoring for Applications

Applications will be scored on a scale of 0 to 100 points. Maximum point values and evaluation criteria for each section are found on the [scoresheet attachment](#). A minimum score of 60% (60 points) is required. Scores below this threshold will not qualify for funding.

Award timeline

DHHS will notify all applicants of the award decision by **July 1, 2026**. Upon award, DHHS will initiate the State of Utah contracting process. DHHS may negotiate modifications with the Grantee 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 Grantee. 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: 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