DRAFT – INTERNAL, DELIBERATIVE, & CONFIDENTIAL

WEST VIRGINIA RURAL HEALTH TRANSFORMATION PROGRAM (RHTP)

Frequently Asked Questions (FAQ)

October 2026

WEST VIRGINIA
RURAL HEALTH TRANSFORMATION

Table of Contents

1. Program Overview..... 2
2. Funding & Application Process..... 4
3. Allowable & Unallowable Use of Funds..... 9
4. Vendor Roles, Responsibilities, and Compliance..... 12
5. Program Initiatives..... 14
6. Other..... 15

This RHTP is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of the financial assistance award totaling $199,476,098.72 with 100% funded by CMS HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor endorsement, by CMS/HHS, or the U.S. Government.

1. Program Overview

Q1. What is the Rural Health Transformation Program (RHTP) and how does the funding work?

RHTP is a Centers of Medicare and Medicaid Services (CMS)-led, state-focused federal investment designed to help states strengthen and transform rural health care delivery ecosystems—improving access, quality, outcomes, and long-term sustainability through system-wide, state-driven initiatives. CMS frames the program around five strategic goals:

1. Make rural America healthy again (prevention, chronic disease management, behavioral health, prenatal care),
2. Sustainable access (stabilize/strengthen rural providers and coordinated regional delivery),
3. Workforce development (recruit/retain and expand rural workforce),
4. Innovative care (new care and payment models, including ACO-aligned mechanisms), and
5. Tech innovation (telehealth, data sharing, cybersecurity, digital tools)

Total funding for the Program is $50 billion over five fiscal years, with $10 billion available each fiscal year (FY 2026–2030) for the 50 states.

Funding is distributed to states via a cooperative agreement, meaning CMS maintains ongoing programmatic involvement/oversight consistent with cooperative agreement terms. Funding is split conceptually into two halves:

1. Baseline funding (50%): distributed equally among approved states.
2. Merit / allocated funding (remaining 50%): awarded through a data-driven merit review tied to rural factors and application components (e.g., initiatives, state policies/commitments, and application quality), as described in CMS program materials.

States submit one application covering the full five-year program, but are reassessed annually for progress (and for continuation mechanics described in program guidance).

Q2. Does CMS award funding for all five years upfront?

No, CMS issues funding one year at a time, subject to:

- Availability of federal funds
- State performance and compliance
- CMS approval of annual workplans and budgets

States will be required to submit non-competing continuation (NCC) applications that outline State budget updates, progress on project goals and objectives, and other information on an annual basis to receive funding for each subsequent budget period.

West Virginia RHTP received ~$199.5M of CMS funding in Year 1 of the Program.

This RHTP is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of the financial assistance award totaling $199,476,098.72 with 100% funded by CMS HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor endorsement, by CMS/HHS, or the U.S. Government.

Q3. What are the goals of West Virginia's RHTP?

West Virginia's Rural Health Transformation Program (RHTP) is structured to advance three core strategic priorities, with seven flagship initiatives intentionally designed to operationalize those priorities as an integrated system. Together, the priorities and initiatives aim to dramatically improve health outcomes, remove health-related barriers to workforce participation, and establish West Virginia as a national leader in rural health innovation and sustainability.

WV's RHTP is anchored in the following strategic priorities:

1. Address health-related barriers to workforce participation
2. Establish West Virginia as a center for rural health technology innovation and partnership
3. Improve access to care and long-term sustainability of the healthcare system

Q4. What are the key initiatives of West Virginia's RHTP?

The West Virginia RHTP is structured around seven (7) flagship initiatives:

- **Connected Care Grid:** Builds access & system sustainability by creating statewide infrastructure for on-demand virtual and in-person care, enabling coordination, shared services, and expanded reach across rural communities.
- **Rural Health Link:** Reduces workforce and access barriers by addressing transportation and care navigation challenges that prevent rural residents from receiving timely care.
- **Mountain State Care Force:** Strengthens the rural workforce through recruitment, training, and retention pipelines for clinicians and healthcare workers needed to support long-term access and quality.
- **Smart Care Catalyst:** Drives sustainability and innovation by supporting tech-enabled care models, operational efficiencies, and approaches that emphasize value, quality, and improved outcomes.
- **Health To Prosperity:** Directly targets health-related workforce barriers by helping West Virginians rebuild health, manage chronic conditions, recover from substance use disorder, and reenter the workforce.
- **Personal Health Accelerator:** Promotes prevention and long-term health through food-as-medicine programs, wellness education, and incentives that support healthier behaviors and reduce chronic disease burden.
- **HealthTech Appalachia:** Positions WV as a rural health innovation hub by incubating and scaling "leap-frog" health technologies that improve outcomes while driving economic growth and partnerships.

Q5. Have the initiatives already been set and defined or is this still a work in progress?

This RHTP is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of the financial assistance award totaling $199,476,098.72 with 100% funded by CMS HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor endorsement, by CMS/HHS, or the U.S. Government.

Yes, WV RHTP's initiatives have already been set and defined as part of the State's application to CMS for RHTP funding. West Virginia submitted a comprehensive application that included a detailed Project Narrative, based upon conversation with over 17,000 stakeholders, outlining seven flagship initiatives, each aligned with the program's statutory goals, permissible uses of funds, and evaluation requirements.

While these core initiatives are established, specific activities, timelines, and implementation details may continue to be refined during program implementation through State-issued procurements or funding opportunities. Any future RFPs or partner opportunities will be designed to support and operationalize these approved initiatives, rather than introduce new ones.

2. Funding & Application Process

Q6. How long does West Virginia have to use its first-year RHTP funds?

West Virginia's first RHTP budget period runs from December 29, 2025, through October 30, 2026. **All first-year award funds must be obligated no later than October 30, 2026.** Obligated funds may be spent through the end of the subsequent federal fiscal year (e.g., through September 30, 2027).

Q7. What happens to funds that are not used by the end of the program?

Any RHTP funds that are not properly obligated and expended in accordance with CMS requirements by the end of the program must be returned to CMS. Unused or improperly used funds do not roll forward beyond the program period and cannot be retained by the State.

Q8. Who is eligible to apply for funding and how will it be distributed?

Eligibility will vary depending on the specific initiative and funding opportunity. The program will award funds to a variety of entities, including:

- Local providers, hospitals, and community organizations
- Technical partners and vendors
- Other state agencies
- Higher education institutions and certification partners
- Public and private payers

Funds will be distributed through a mix of competitive grants and direct state agency awards. Preference will be given to organizations who prioritize hiring West Virginians, who establish operations in West Virginia (if presently out of state), and/or who build their workforce locally. RHTP will also give preference to organizations who demonstrate measurable outcomes and can integrate with the State data spine and reporting standards. For solicitations that require a private match, preference will also be given based on the level of match commitment. For solicitations that require or allow a private match, priority will be given to organizations that commit matching funds, with additional consideration based on the size, sustainability, and leverage of the match relative to project impact.

This RHTP is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of the financial assistance award totaling $199,476,098.72 with 100% funded by CMS HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor endorsement, by CMS/HHS, or the U.S. Government.

Q9. How can my organization apply for funding?

To register as a vendor on our OASIS platform, you must obtain a Unique Entity Identifier (UEI) from SAM.gov; please note that you are not required to complete the full registration at SAM.gov to receive a UEI.

For purposes of the RHTP, the terms *vendors* and *grantees* are used interchangeably and refer to any organization receiving RHTP funds, regardless of funding mechanism.

Grants

To apply for grant funding, your organization should first locate the appropriate Announcement for Funding Availability (AFA) on the WV Oasis Vendor Self Service (VSS) portal under "Grant Funding Opportunities." After finding the AFA, complete and submit the grant funding application through the WVOasis VSS portal. Following submission, the state will review your application, and if successful, you will receive a grant award and an agreement to sign.

Proposals

To apply for procurement funding, your organization should first locate the appropriate Request for Proposal (RFP) on the WV VSS portal. For larger dollar procurements, bids are submitted either in the OASIS system (Requests for Quotation) or as a hard copy (RFP, EOI). After submission, the proposal will enter the state's established competitive review process.

Other Funding Opportunities

To apply for all other funding opportunities offered in accordance with West Virginia's RHTP application and CMS guidance, please follow the specific instructions included in the funding announcement.

For additional information and to access the OASIS portal, please navigate to the WV RHTP website: https://health.wv.gov/rural-health-transformation-program.

Q10. Can these funds be used as a local match to match other federal grants?

No. RHTP funds may not be used as a local or non-federal match for other federal grants or funding programs. Federal funds cannot be used to meet matching or cost-sharing requirements for another federal award, and the CMS RHTP Notice of Funding Opportunity (NOFO) explicitly prohibits using program funds to duplicate, supplant, or finance the non-federal share of other federal funding. RHTP funding is intended to support new growth and incremental activities beyond an organization's existing base operations, not to backfill or sustain current baseline services.

This RHTP is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of the financial assistance award totaling $199,476,098.72 with 100% funded by CMS HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor endorsement, by CMS/HHS, or the U.S. Government.

Q11. If the healthcare organization has multiple West Virginia locations, which entity should be the applicant (UEI)?

The reported UEI must correspond to the entity submitting the application and entering a contract with the State, even if activities will be carried out across multiple facilities or locations. Applicants should clearly describe participating locations and roles within the application narrative and in monthly reporting updates.

Q12. Are independent clinicians or clinical/research academicians or faculty eligible to apply for grants?

No. RHTP funds are not awarded directly to individuals, including independent clinicians, researchers, or academic faculty acting in an individual capacity. Eligible applicants must be organizations or legal entities that can enter into contracts with the State and meet administrative, financial, and reporting requirements.

That said, clinicians, researchers, and academic faculty may participate through eligible organizations, such as:

- Health care systems, hospitals, clinics, or independent provider practices (including locally owned or privately operated clinician offices)
- Universities, academic medical centers, or research institutions
- 501(c)(3) nonprofit organizations or other approved entities

As grant applicants are expected to demonstrate several key areas of capability and history, such as financial and managerial capability, it may be challenging for companies with no financial profile or operational history to qualify and successfully obtain grant funding.

Q13. Can a vendor submit multiple applications for different RFPs?

Yes. Vendors may submit separate applications for different State-issued RFPs or Competitive Grant Awards, provided each application responds to a distinct solicitation and meets the eligibility and submission requirements outlined in that document.

Q14. If we do not apply this year, will there be opportunities to apply in future years?

Yes. Participation in Year 1 is not required to be eligible for opportunities in subsequent years. Organizations that do not apply—or are not selected—in Year 1 are encouraged to monitor future State-issued solicitations, as eligibility and participation are assessed independently for each funding opportunity. Please note that participation in Year 1 does not mean implicit eligibility for Year 2 funds.

This RHTP is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of the financial assistance award totaling $199,476,098.72 with 100% funded by CMS HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor endorsement, by CMS/HHS, or the U.S. Government.

Q15. Are out of state entities or vendors wishing to serve rural populations in West Virginia, but not currently operating there, eligible to participate?

Yes. Out-of-state entities and vendors may be eligible to participate in the WV RHTP provided their proposed activities are designed to serve rural populations in West Virginia and align with the goals, requirements, and approved initiatives of the program.

Participation is not limited to organizations currently operating within the State; however, any out-of-state entity must:

- Demonstrate the ability to effectively serve West Virginia's rural communities, either directly or in partnership with in-state organizations;
- Comply with all State procurement requirements, RFP specifications, and contractual terms;
- Integrate data and reporting with the State's Data Spine;
- Prioritize hiring and/or operationalizing in West Virginia;
    - **Note:** Out-of-state entities considering establishing or expanding a physical presence in West Virginia may be eligible for separate State or local economic development incentives, such as tax credits or workforce incentives, administered outside of the WV RHTP.
- Adhere to applicable CMS program requirements, including those related to reporting, data standards, privacy, and program oversight; and
- Actively collaborate with the implementation of initiatives already approved under WV's RHTP application

The State may prioritize partnerships, local presence, or collaboration with in-state partners depending on the initiative and funding opportunity. Specific eligibility criteria and expectations will be clearly outlined in each State-issued RFP or solicitation.

Q16. Will West Virginia based businesses be prioritized, particularly small businesses?

WV's RHTP is designed to support West Virginia's economy alongside improving health outcomes, and the State strongly encourages participation by West Virginia–based businesses, including small businesses, where they are qualified and able to deliver needed services.

At the same time, all grants and procurements must follow applicable state and federal requirements, including rules for fair, open, and competitive processes. As a result, RHTP cannot guarantee preference or set-asides for any specific vendor or business type. To balance these goals, RHTP initiatives are being intentionally structured to promote broad participation, including:

- Encouraging local partnerships and teaming arrangements
- Fostering innovation for emerging technologies and organizations through the HealthTech Appalachia initiative

This RHTP is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of the financial assistance award totaling $199,476,098.72 with 100% funded by CMS HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor endorsement, by CMS/HHS, or the U.S. Government.

- Supporting in state capacity building and innovation so that West Virginia businesses can compete effectively

Q17. What is the anticipated timeline for application release, submission deadlines, review process, and award decisions?

Application timelines will vary depending on specific funding announcements and posting dates. Initial applications will open in the coming weeks, and information will be posted to the website and other channels to announce the release of competitive RFAs and RFPs. We encourage all those interested to regularly check WV Oasis for future releases. Release announcements will also be shared via the RHTP listserv.

Q18. How do we know if there is a match component? Does RHTP have an option to match SBIR (Small Business Innovation Research) funds?

All solicitations will clearly specify whether a match component applies. Applicants are responsible for reviewing solicitation materials in full to understand any match requirements.

Q19. For projects that align with multiple pillars, would an entity submit multiple applications related to each pillar or reference those pillars in a single application?

In some cases, the State may issue separate or initiative-specific funding opportunities that are focused on a single pillar or multiple pillars. If that occurs, application instructions will clearly indicate whether multiple submissions are required or permitted.

Applicants are encouraged to carefully review each solicitation and follow the guidance provided for that opportunity.

Q20. Can individuals apply for funding to help pay for college tuition to further one's education? Are there scholarships for RNs to become advanced practice nurses? Would this be under the workforce expansion initiative?

Individuals cannot apply directly for college tuition assistance or individual scholarships. While workforce development and expansion are a core focus of RHTP, funds are administered by the State and flow through approved organizations—such as colleges, universities, health systems, and workforce or training programs—rather than to individuals for personal educational expenses. As a result, RHTP does not offer individual tuition reimbursement or RN-to-APRN scholarships; instead, it may support program-level education, training, pipeline, and capacity-building efforts delivered through eligible partner organizations as part of the State's Mountain State Care Force initiative. An example of activities that will be funded through awarded organizations include:

This RHTP is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of the financial assistance award totaling $199,476,098.72 with 100% funded by CMS HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor endorsement, by CMS/HHS, or the U.S. Government.

- Expand or support training programs, residency or fellowship slots, or cohort-based education models;
- Provide education or training support tied to a structured workforce initiative, potentially including tuition assistance or stipends administered through a program rather than directly to individuals; and
- Support upskilling or career advancement pathways, including opportunities for registered nurses to pursue advanced practice roles, when tied to service in rural or underserved areas and consistent with program requirements.

Q21. How will economic development organizations be included? Are they eligible to apply for funding?

Yes, economic development organizations will be key partners in West Virginia's RHTP, driving initiatives that link health outcomes to workforce participation and economic prosperity. These entities are encouraged to apply for future opportunities as they are released.

3. Allowable & Unallowable Use of Funds

Q22. What can RHTP funds be used for?

RHTP funds should be directed towards activities that improve healthcare access, technology integration, and workforce capacity for rural residents. Allowable uses of funds must align with RHTP's statutory goals and support initiatives that are outcomes-driven, non-duplicative, and sustainable beyond the funding period. Examples of allowable expenditures are as follows:

- **Training, technical assistance, and infrastructure** needed to implement and sustain rural health system transformation
- **Health Care Workforce Development:** Activities focused on training, recruitment, and retention to attract and keep a high-skilled healthcare workforce in rural communities.
- **Collaboration and Outreach:** Supporting partnerships between rural and non-rural entities to benefit rural residents, such as a non-rural hospital providing telehealth support to rural areas.
- **Technology:** Fostering the use of innovative technologies that promote efficient care delivery, enhance data security, and improve access to digital health tools.
- **Minor Renovations:** Funds may be used for minor renovations or alterations if they are directly linked to program goals and receive prior CMS approval. This is capped at 20% of the funding for a given budget period.
- **Administrative Costs:** Direct and indirect administrative costs are allowed but must be clearly identified and are limited to 10% or less of the total budget.

This RHTP is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of the financial assistance award totaling $199,476,098.72 with 100% funded by CMS HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor endorsement, by CMS/HHS, or the U.S. Government.

Q23. Can RHTP funds be used to pay for doctors' salaries?

Per federal CMS guidelines, directly paying physician salaries for routine billable services would be considered duplication and is generally unallowable. However, salaries or payments for uncompensated care, services filling coverage gaps, or as part of workforce development initiatives (with a 5-year commitment and no non-compete clause) can be funded under specific conditions and within applicable caps. We ask that all applicants review the 'Prohibited Uses' section of CMS' Notice of Funding document very carefully.

Q24. Can RHTP funds be used to pay for major renovations such as building a new clinic wing?

Funding may not be used for new construction, building expansions, or significant cosmetic or structural upgrades that materially increase the value or useful life of a building. However, minor renovations may be allowed with prior CMS approval. We ask that all applicants review the 'Prohibited Uses' section of CMS' Notice of Funding document very carefully.

Q25. Can RHTP funds be used to replace an EMR/EHR system?

Only under limited conditions – Replacements cannot exceed 5% of the annual funding awarded by CMS, and it will only be allowable if no HITECH-certified system was established by September 1, 2025.

Q26. Can RHTP funds pay for clinical services?

No. Funds cannot be used to pay for billable clinical services directly reimbursable through Medicaid, Medicare, or private insurance. Funds may also not be used to pay salaries or wages for clinicians at facilities that require them to sign non-compete agreements.

CMS allows a limited set of provider payments under the RHTP when all of the following conditions are met:

- The service is not reimbursable by insurers or other programs.
- The payment directly supports an approved initiative within the State's Rural Health Transformation Plan.
- The payment advances strategic goals of the program (e.g., chronic disease prevention, workforce, access, innovative care, technology).
- Provider payments stay within the federal 15% cap on Category B[1] funds.

Q27. Our hospital system already has a community health program. Can we apply for RHTP funds to replace our existing budget for that?

[1] Provider Payments: Providing payments to healthcare providers for the provision of healthcare items or services, subject to restrictions described in the funding policies and limitations section of the NOFO.

This RHTP is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of the financial assistance award totaling $199,476,098.72 with 100% funded by CMS HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor endorsement, by CMS/HHS, or the U.S. Government.

Under CMS rules, RHTP funds cannot be used to supplant, or replace, existing funding streams. These funds are intended to support *new* projects or the significant *transformational expansion* of existing successful programs. An organization could, for example, apply to add a new service component or scale a program to a new region, but it is not permissible to use RHTP funds to cover an existing operational budget.

Q28. What other federal restrictions should applicants be aware of?

Funds **may not** be used for any of the following:

- Supplanting existing funds – RHTP funds cannot replace or substitute existing state, local, tribal or private funding for ongoing infrastructure, such as staff salaries.
- Lobbying or any activities designed to influence legislation.
- Meeting matching requirements for other federal grants.
- Costs incurred before the official award date.
- Services that are the legal responsibility of another party (e.g., educational services, accommodations required by civil rights law).
- Purchase of certain telecommunications and video surveillance equipment.
- Financial assistance to households for internet costs.
- Certain experimental or cosmetic procedures.

Please refer to the NOFO for more details around prohibited uses of funds: Rural Health Transformation Program.

Q29. Will broadband funding be permitted?

RHTP funds may not be used to directly fund consumer broadband services or monthly internet costs, and certain telecommunications equipment purchases are prohibited under federal funding restrictions. However, broadband-related investments may be permitted in limited and specific contexts where they directly support approved RHTP initiatives—such as telehealth, remote monitoring, data infrastructure, or care access—and are consistent with CMS funding limitations.

Q30. Can RHTP funds be used to develop at-home, non-invasive testing technologies or to purchase mobile medical units?

RHTP funds may be used to support innovative, non-invasive testing technologies and mobile care delivery models, provided they are part of an approved initiative and align with program goals to improve access, outcomes, and system sustainability for rural populations.

For example:

- Connected Care Grid, HealthTech Appalachia, and Personal Health Accelerator initiatives could fund at-home or community-based, non-invasive testing tools (such as remote diagnostics or monitoring technologies) may be supported when they are evidence-based, enhance early detection or chronic disease management, and are

This RHTP is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of the financial assistance award totaling $199,476,098.72 with 100% funded by CMS HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor endorsement, by CMS/HHS, or the U.S. Government.

integrated into a broader care model (e.g., telehealth, remote patient monitoring, or care coordination).

- Mobile medical units, through Rural Health Link, may be funded when they expand access to services in underserved or hard-to-reach rural areas, support preventive or primary care, or complement existing provider networks and facilities.

All such uses must:

- Be tied to an approved RHTP initiative as mentioned above (e.g., innovative care delivery, technology-enabled access, or chronic disease management)
- Comply with CMS funding limitations, including restrictions on construction, duplicative services, and replacement of reimbursable clinical services; and
- Demonstrate measurable impact on rural health outcomes
- Include a sustainability plan after RHTP funding has passed

Q31. Is there an intended target distribution of primary vs. behavioral healthcare?

RHTP does not prescribe a fixed or numeric target distribution between primary care and behavioral health investments. Instead, the program is designed to support a balanced and integrated approach that reflects the specific health needs of West Virginia's rural populations.

West Virginia's approved RHTP initiatives recognize the strong interconnection between primary care, behavioral health, and substance use disorder services, particularly given the State's high prevalence of chronic disease, mental health needs, and opioid-related impacts. As a result, initiatives are expected to address both primary and behavioral health preferably, through coordinated and integrated models of care.

Q32. Can State funding be used as a matching source for RHTP grants?

Yes. State funding may be used as a matching or complementary funding source for WV RHTP-supported grants when a match is required or permitted by a funding opportunity, and when the funds are structured in compliance with CMS RHTP requirements. When allowed, State funds may be used to extend RHTP dollars, catalyze private or philanthropic investment, or support the continuation of high-impact initiatives beyond the federal funding period.

4. Vendor Roles, Responsibilities, and Compliance

Q33. Is there a matching requirement for funding?

Matching funds are strongly encouraged and will be required for certain initiatives. All matching and leverage requirements will be clearly defined in the corresponding solicitation documents.

This RHTP is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of the financial assistance award totaling $199,476,098.72 with 100% funded by CMS HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor endorsement, by CMS/HHS, or the U.S. Government.

For initiatives where matching funds are not required, proposals that demonstrate leverage of additional funding sources or in-kind contributions may be given preference to foster sustainability long-term.

Q34. What are the expectations for vendors who receive funding?

Vendors will be expected to meet specific performance metrics and reporting requirements as outlined in their contracts. Reimbursement will be tied to the successful achievement of clearly defined milestones. Vendors will also be required to ensure their systems and data are interoperable with the State's centralized data spine, including compliance with applicable State and federal data standards, security requirements, and reporting protocols.

The program will additionally conduct continuous performance monitoring on a monthly and quarterly basis, and vendors will be held accountable for their progress toward program goals and accurate reporting on that progress. Vendors who do not meet performance or reporting standards as outlined in the contract may have funds terminated, suspended, clawed back, or relocated.

Q35. Are there any specific compliance requirements?

CMS terms and conditions of federal awards will flow down to all subrecipients, vendors, grantees, etc. In other words, all recipients of RHTP funds are bound by all federal and state procurement requirements and CMS funding limits. They must also comply with the monitoring and reporting standards found in 2CFR 200. Any misuse of funds will require them to be returned.

Additionally, vendors working on projects funded by this program are subject to the requirements of the modified Stevens Amendment. In practice, this simply means that if your organization issues a press release, creates web content, or distributes any public materials about the work you are doing with RHTP, you will need to include a specific statement acknowledging that the project is financed with federal funds. This will be explicitly stated in the solicitation document. Furthermore, all public-facing materials will need to be reviewed and approved by both the State RHTP Program Manager as well as CMS.

Q36. Will the State be tracking specific patients/community members to track outcomes or just whole county population outcomes?

West Virginia's RHTP will primarily track community- and population-level outcomes, such as countywide improvements in access to care, chronic disease outcomes, workforce capacity, and system sustainability. In some initiatives, limited participant-level tracking may also be used to manage programs and measure results to drive improvement over time, but this is done only when necessary, is not publicly reported at the individual level, and follows all federal privacy and data-protection requirements. Overall, RHTP success will be measured by improvements for communities as a whole—not by monitoring individual residents.

This RHTP is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of the financial assistance award totaling $199,476,098.72 with 100% funded by CMS HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor endorsement, by CMS/HHS, or the U.S. Government.

Q37. Will grantees be required to use a centralized data reporting system, or may they use their own reporting systems and dashboards?

West Virginia will use a centralized reporting approach for RHTP. Grantees will be required to submit and bidirectionally integrate required programmatic and financial data through the State's integrated data spine to ensure consistency, transparency, and compliance with CMS reporting requirements. The centralized system serves as the single source of truth for statewide RHTP monitoring, oversight, and public reporting.

At the same time, grantees may continue to use their own internal systems or dashboards for day-to-day program management and performance tracking. Where feasible, the State will align reporting requirements so that data already collected by grantees can be mapped or uploaded to the centralized platform, minimizing duplicative reporting burden.

5. Program Initiatives

Q38. End Stage Renal Disease (ESRD) is very high in West Virginia. Will this be an individual project or grouped with other initiatives? Will West Virginia prioritize Home Dialysis?

End-Stage Renal Disease (ESRD) is a recognized high-need, high-cost condition in West Virginia and aligns closely with the RHTP's focus on chronic disease management, access to care, and workforce and system sustainability. Rather than being addressed as a single standalone project, ESRD-related efforts are expected to be integrated across broader RHTP initiatives, particularly those focused on prevention, chronic disease management, innovative care delivery, and technology-enabled services.

With respect to care models, home-based dialysis and other patient-centered approaches may be explored where appropriate, particularly where they improve access for rural residents, reduce travel burden, and support quality of life.

Q39. What will the broader RHTP data spine entail? Does it match current CMS data standards?

The RHTP data spine will serve as a statewide, interoperable data infrastructure to support secure data exchange, analytics, and reporting across RHTP-funded initiatives. It is intended to integrate relevant clinical, operational, and program data to support care coordination, performance monitoring, and program evaluation.

The State plans to develop the data spine through a third-party vendor. As a condition of funding, vendor(s) will be required to comply with applicable CMS data, interoperability, privacy, and security standards, and to support CMS reporting and oversight requirements outlined in the NOFO and cooperative agreement terms.

This RHTP is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of the financial assistance award totaling $199,476,098.72 with 100% funded by CMS HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor endorsement, by CMS/HHS, or the U.S. Government.

Q40. How will RHTP measure "food as health" outcomes, and what metrics will be used to assess the health impact of food consumption or food-based interventions?

RHTP will measure "food as health" outcomes through a combination of program participation, behavioral, and clinical health metrics, particularly under the Personal Health Accelerator initiative. Metrics may include:

- Participation and adherence to nutrition-based interventions (e.g., food-as-medicine prescriptions, food insecurity screenings);
- Changes in nutrition-related behaviors (such as diet quality and nutrition self-efficacy);
- Clinical outcome indicators for participants (including changes in A1c, BMI, or other diet-sensitive measures);
- Where applicable, broader impacts such as reductions in diet-related hospitalizations or utilization may also be assessed to evaluate overall health outcomes

Q41. Is Rural Health Link being designed as a centralized, statewide transportation model, or will hospitals and local entities be able to operate their own transportation programs under this initiative?

Rural Health Link is designed to be a unified statewide transportation system. This initiative aims to integrate various transportation options, such as public transit, rideshare, and volunteer networks, into a single health-mobility platform. The goal is to coordinate dispatching and expand capacity across West Virginia, ensuring that distance and mobility no longer afect access to improved patient outcomes.

While local partners and vendors will be involved, they will operate within this single, coordinated statewide framework rather than as independent hospital programs. volunteer networks, into a single health-mobility platform.

6. Other

Q42. Where can I get updates to stay informed?

There are several avenues of communication for RHTP:

- **Program Website:** You may find all RHTP news, updates, and resources on our program website: ***WV Department of Health | Rural Health Transformation Program***.
- **Engagement Opportunities:** There will be many engagement opportunities, including additional town hall meetings, informational Q&A sessions, and roundtables to initiate further engagement.
- **RHTP Listserv:** Interested stakeholders can sign up for the WV RHTP listserv to receive the latest announcements, updates, and information sent directly to your inbox.

This RHTP is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of the financial assistance award totaling $199,476,098.72 with 100% funded by CMS HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor endorsement, by CMS/HHS, or the U.S. Government.

Q43. Will there be an opportunity to engage with RHTP program leadership to confirm whether a proposed concept is aligned with program goals prior to formal submission?

Yes. The State encourages early engagement to help stakeholders understand RHTP priorities and confirm general alignment before submitting a formal proposal. This will occur through public informational webinars, town halls, and other structured engagement opportunities led by the RHTP Program Office.

To ensure fairness and integrity of the procurement process, the State cannot provide individualized pre-review, endorsements, or feedback on specific proposals outside of a formal solicitation. Final determinations of alignment and eligibility are made only through the published application and review process.

Q44. Will there be an opportunity to make presentations to the Advisory Panel? How will they be involved in the application process? Who will be making funding approval decisions?

The Advisory Panel will not be involved in any decision making or review of the application process. Organizations will only present to the Advisory Panel once awarded the work and to report on progress and outcomes, purely in an informational capacity. Decisions regarding whether and when an organization may present to the Advisory Panel are at the discretion of RHTP leadership. All final decision-making authority for RHTP funding also rests with the State.

Q45. Will RHTP help vendors network and build cross-sector collaborations, particularly between healthcare providers and technology vendors?

Yes. A core objective of West Virginia's RHTP is to intentionally convene and connect stakeholders across sectors and border states, including healthcare providers, technology vendors, community organizations, and workforce partners. The program is designed to move beyond one-off procurements by fostering ongoing collaboration, shared learning, and partnership development. RHTP will support this through structured convenings, public webinars, advisory panels, and initiative-specific engagement activities that bring providers and technology partners together around common goals such as care transformation, access, and system sustainability.

Q46. Are there specific high priority populations that RHTP is targeting? Are additional incentives provided with proven outcomes beyond the baseline?

Yes, RHTP prioritizes rural populations with the greatest health, access, and workforce challenges. High-priority populations include, but are not limited to:

This RHTP is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of the financial assistance award totaling $199,476,098.72 with 100% funded by CMS HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor endorsement, by CMS/HHS, or the U.S. Government.

- Rural residents in medically underserved or high-need areas, including communities facing hospital closures, workforce shortages, and limited access to specialty or behavioral health services.
- Individuals with chronic or preventable conditions (such as diabetes, cardiovascular disease, substance use disorder, and behavioral health needs).
- Maternal, child, and aging populations experiencing health care access gaps.
- Working-age adults whose health conditions limit workforce participation.
- Medicaid, dually eligible, and other vulnerable populations disproportionately affected by poor health outcomes.

Some award contracts may be structured with risk-based pricing to incentivize performance on measurable outcomes. This will be made clear in the posted solicitation criteria and pricing model.

Q47. If an organization has management capacity, should it register directly as a payee, or should payments flow through its vendors?

This will depend on the organization's role and the requirements outlined in each solicitation. Organizations with demonstrated management, financial, and compliance capacity may be eligible to register directly as a payee and manage program funds themselves, including issuing payments to vendors or partners as needed.

Alternatively, in some cases, funds may flow through a prime vendor, subrecipient, or lead entity, particularly where that structure best supports efficient implementation, oversight, or compliance with procurement requirements. The State will determine the most appropriate funding and payment structure based on the nature of the work, risk considerations, and CMS requirements.

Q48. Is any of the $199M already earmarked to programs or state partners?

The $199 million award provides West Virginia with broad flexibility to implement its RHTP over multiple years. The State has identified priority focus areas and flagship initiatives consistent with its approved plan. Funding announcements will be posted on the WVOasis Vendor Self Service (VSS) portal and indicate eligible applicants or types of entities.

Q49. Will you be providing an updated overall budget based on actual RFAs and/or RFPs beyond what was proposed in the application for Year 1?

As the program moves into implementation and State-issued RFAs and RFPs are released and awards are made, budget allocations may be refined to reflect actual procurement outcomes and program needs.

The State is required to submit updated budgets and financial information to CMS through established processes, including budget reconciliations and annual non-competing continuation submissions. While a consolidated public "replacement budget" may not be issued, budget

This RHTP is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of the financial assistance award totaling $199,476,098.72 with 100% funded by CMS HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor endorsement, by CMS/HHS, or the U.S. Government.

adjustments will be made as needed to align with awarded contracts, initiative timelines, and implementation requirements, consistent with CMS approval and oversight.

Q50. Knowing this is competitive, will West Virginia work with other states where mutual benefit could be found?

Yes. Where practical and efficient, West Virginia intends to collaborate with other states when there is a clear mutual benefit, particularly in areas such as shared infrastructure, data, workforce initiatives, technology, or best-practice exchange. Early conversations with other states have already begun to explore opportunities for coordination that could enhance program impact, reduce duplication, and improve outcomes for rural populations living in border counties.

Q51. What is the definition of rural?

Per CMS RHTP, the definition of "rural" is defined by the State and not constrained to a single federal definition. Given West Virginia as a State is comparatively "rural" compared to traditional definitions, the entire state will be eligible for funding with some regions potentially targeted more than others given existing chronic conditions, health status and clinical outcomes.

Q52. Are there larger projects that are already in place to build overall infrastructure that can begin now prior to the RFP process for community programs?

The State is actively exploring opportunities to invest in existing infrastructure and foundational systems that support the broader goals of the RHTP. Where appropriate and allowable, RHTP funds may be used to advance or enhance infrastructure investments—such as statewide platforms, shared services, or enabling systems—that are already in place – so long as they don't supplant existing funding.

This RHTP is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of the financial assistance award totaling $199,476,098.72 with 100% funded by CMS HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor endorsement, by CMS/HHS, or the U.S. Government.