Mobile & Hybrid Care #3 FAQs

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Mobile & Hybrid Care Frequently Asked Questions #3

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Frequently Asked Questions

Application/RFA Process

1. Are there accessibility expectations for patients with disabilities, such as sign language, audio guidance, or screen readability?

The RFA does not establish additional accessibility requirements beyond applicable federal and state requirements. Applicants should ensure their proposed technology and services comply with existing accessibility and nondiscrimination requirements.

2. Must medical devices used in proposed projects, including blood pressure monitors and other vital-sign monitoring equipment, meet specific clinical validation or accuracy standards?

Medical devices used in proposed projects must meet applicable safety and regulatory requirements and be appropriate for their intended clinical use.

3. Is integration with a participating healthcare provider's electronic health record (EHR) system or Virginia's health information exchange required, preferred, or optional under the RFA?

The RFA does not establish a general requirement for EHR or health information exchange integration. However, applicants are encouraged to demonstrate how their proposed technology supports secure information sharing and coordination among healthcare providers.

4. The RFA lists telehealth kiosks as an eligible approach. Does that include a self-service kiosk at a community access point, such as a pharmacy or community center, that measures vitals and shares results with the patient's provider?

Please see Questions 3 and 21 of FAQ #1 for additional information regarding eligible technology-enabled healthcare models and telehealth equipment.

5. Are letters of commitment required from key implementation partners, including technology vendors, at application submission? Is there a required template, and may letters of support be submitted instead?

Applicants are strongly encouraged to submit letters of commitment from key implementation partners, including technology vendors, when their involvement is essential to the proposed project. Letters of support may also be included to demonstrate broader community support.

Applicants should identify each key partner's role and responsibilities and demonstrate that the necessary partnerships are sufficiently established to support implementation.

Please see Question 5 of FAQ #1 and Question 6 of FAQ #2 for additional information regarding partnership documentation.

6. Can an established healthcare organization headquartered outside Virginia apply directly if its proposed project will directly serve eligible rural residents in the specified service area?

Yes.

7. Could care coordination, patient navigation, post-discharge outreach, and chronic disease support be eligible components of a mobile or hybrid care project when integrated with a qualified local clinical provider?

Yes; however, a competitive application will show how this work materially improves access and care to rural eligible populations over and above what is already available. They must also show how this is utilizing hybrid/innovative care design to solve unique challenges to delivering these services in rural VA.

8. May an organization serve as the lead applicant with local clinical partners, or is a Virginia-based lead applicant or partner required?

An out-of-state organization may serve as the lead applicant, but a competitive application will demonstrate established local partnerships necessary to carry out the proposed work.

9. Could project-funded care coordination personnel, outreach, implementation, and related operating expenses be reimbursed under this RFA, subject to the applicable cost rules and restrictions on services reimbursable by other payers?

Yes, as start-up costs; however, sustainability is a key focus of RHT work. Competitive applications will show how these services will be able to sustain post RHT funding through other funding/reimbursement streams.

10. Are applicants required to complete and submit the actual forms provided for Appendices A, C, and D, or may they submit the requested information in an alternative format, such as Word or Excel, consistent with the flexibility provided for Appendix B?

Applicants should use the forms provided for Appendices A, C, and D to ensure all required information is included. Any flexibility provided for Appendix B does not automatically apply to the other appendices.

11. Are improvements to rural public safety communications infrastructure eligible under the Mobile and Hybrid Care RFA when they support emergency medical response, communication between EMS personnel and healthcare providers, or mobile integrated healthcare services?

Communications infrastructure may be considered when it directly supports an eligible mobile or hybrid healthcare delivery model. Applicants should demonstrate how the proposed improvements will expand access to healthcare services for eligible rural residents.

General public safety communications improvements that are not directly tied to an eligible healthcare project likely fall outside the scope of this RFA.

12. What certifications and disclosures are required under Appendix F, and may applicants use an existing organizational certification form that addresses conflicts of interest, prior award terminations, debarment, and audit findings?

Applicants must provide the certifications and disclosures required under Appendix F of the RFA. Each of the PDCs issuing RFAs under Virginia's Rural Health Transformation program has posted a standard Appendix F form to the same webpage where the RFA is posted to be submitted with the application.

13. The scoring criteria credit "readiness of key personnel and partners." May an applicant name a contracted (non-employee) clinician as key personnel/program lead, and what documentation is expected for that person and how should an applicant document that readiness?

Applicants may identify contracted clinicians as key personnel or project leads. Applications should describe their qualifications, roles, responsibilities, and availability to support the proposed project. Contracted personnel should be distinguished from third-party vendors providing services under a procurement contract.

14. May a for-profit mobile health technology organization apply without a finalized clinical partner and establish the partnership after award? When must the necessary agreements and licenses be in place?

Please see Questions 5 and 6 of FAQ #1 and Question 6 of FAQ #2 for additional information regarding applicant eligibility and clinical partnerships.

15. Where can applicants find the required certifications and disclosures form referenced in the RFA?

Each PDC participating in Virginia's Rural Health Transformation program has posted a standard Appendix F form to the same webpage where the RFA is posted to be submitted with the application.

16. Can one applicant submit to more than one regional RFA, with a separate budget and host sites for each region?

Please see Questions 1, 4, and 11 of FAQ #1 for additional information regarding applications across multiple regions.

Project Selection & Awards

17. Does the application evaluation process provide additional consideration or scoring preference for Virginia-based organizations or Small, Women-owned, and Minority-owned (SWaM) certified businesses?

Applications will be evaluated based on the scoring criteria outlined in the RFA. The RFA does not establish a separate scoring preference for Virginia-based or SWaM-certified businesses. Applicants should demonstrate how their proposed partnerships support project implementation and improve access to healthcare for eligible rural residents.

18. Does the application evaluation process consider whether proposed services and technology can accommodate patients' preferred languages?

Applications will be evaluated based on the scoring criteria outlined in the RFA. Applicants should demonstrate how their proposed services address the language needs of eligible rural residents. All projects must comply with applicable federal nondiscrimination and language-access requirements.

19. How should applicants show the program can continue after grant funding ends?

Please see Question 13 of FAQ #2 for additional information regarding staffing, infrastructure, operational capacity, and sustainability expectations

20. Are there specific expectations regarding local staffing, existing clinical infrastructure, and the continuation of services after the initial funding period?

Sustainability is important to this work. RHT is focused on helping catalyze work that will continue long past the RHTP. Applicants should show how the RHT investment will help implement work that will continue past the potentially awarded funding year without the continued support of RHT dollars.

21. How should a for-profit healthcare provider structure its application to demonstrate long-term financial sustainability while complying with the prohibition on profit and program-income requirements?

Applicants should explain how their proposed services will continue after RHTP funding ends, including anticipated revenue sources, operating costs, and other funding arrangements.

During the grant period, RHTP funds may only cover allowable project costs and may not be used to generate recipient profit. Any program income must be managed in accordance with applicable federal requirements. After the award concludes, income earned on previously funded activities is no longer considered "program income" and may be treated as normal revenue. Such income generated after the conclusion of the award may support long-term financial sustainability planning.

Please see Question 20 of FAQ #1 and Question 13 of FAQ #2 for additional information regarding program income and sustainability.

Contracting, Agreements, and Procurement

22. May applicants include subcontractors or teaming partners in their proposed projects, and must these organizations be identified at the time of application submission?

Applicants may include subcontractors and teaming partners in their proposed projects. Key partners should be identified in the application, along with their anticipated roles and responsibilities. All contractor selections must comply with applicable procurement requirements.

Please see Questions 5 and 12 of FAQ #1 for additional information regarding partnerships and procurement.

23. May an eligible applicant contract with a for-profit technology provider for subscription-based services, including a caregiver decision-support or triage platform? How does the RFA's prohibition on recipient profit apply to these arrangements?

Eligible applicants may contract with for-profit technology providers for subscription-based services, including caregiver support and triage platforms, when the services directly support an approved project.

The prohibition on recipient profit does not prevent independent contractors from charging commercially reasonable prices. However, all contractor selections and costs must comply with applicable procurement requirements.

Please see Questions 15 and 24 of FAQ #1 for additional information regarding contractor profit and allowable technology costs.

24. If the lead applicant names a specific technology vendor in the application, what documentation of procurement under 2 CFR 200.317 to 200.327 is expected at submission versus after award? Is a sole-source justification acceptable for a specialized device?

Applicants should describe the proposed vendor's role and associated costs. Identifying a vendor in the application does not automatically authorize a contract award. Following award, the subrecipient is responsible for maintaining all appropriate contractor selection documentation in compliance with 2 CFR 200.317–327.

Please see Question 12 of FAQ #1 for additional procurement guidance and Question 13 of FAQ #2 for noncompetitive procurements.

Funding & Budget

25. Is there a salary cap or other compensation limitation applicable to personnel costs under this RFA? Or are proposed salaries evaluated based on applicable reasonableness and allowable cost requirements?

Personnel costs may be allowable when necessary, reasonable, and directly related to the proposed project. Salaries charged to the award must comply with applicable federal requirements, and the amount charged to the award must not exceed the HHS salary cap based on Executive Schedule Level II ($228,000 for Budget Period 1). Applicants should provide a clear justification for proposed personnel costs in their budgets.

26. The RFA states that that there will be minimal funding availability for direct administrative costs and no availability for indirect costs." Can you clarify the allowability of indirect costs? Are they allowed as long as they are reasonable to the project, or should we prepare the budget with the understanding that indirects are unallowable?

The RFA states that indirect costs are not available under this funding opportunity. Applicants should prepare their budgets without indirect costs. Reasonable direct administrative expenses may be considered when necessary to implement the proposed project, subject to the RFA's allowable-cost requirements.

27. If RHTP funds are used to purchase medical equipment, would insurance reimbursements or patient payments for services performed using that equipment be considered program income and reduce the amount of grant funding available?

Payments received for services provided using RHTP-funded equipment may be considered program income when earned during the grant period. For-profit entities may only use program income to reduce the total grant funding available. Entities that do not operate for profit may add program income to the total award amount to increase available funding for the program.

Applicants should maintain records of revenue generated through grant-funded activities and avoid charging RHTP for services reimbursed by insurance or other payers.

Please see Question 20 of FAQ #1 for additional information regarding program income.

28. If treatment revenue is considered program income, would those restrictions apply only during the grant's performance period, or would they continue for the useful life of the equipment?

Under 2 CFR 200.307(c), program-income requirements generally apply to income earned during the grant period. Income earned after the period of performance is generally not subject to these requirements unless otherwise specified in federal regulations or the award terms.

However, equipment purchased with RHTP funds remains subject to applicable federal property management, use, and disposition requirements after the grant period ends.

Allowable Uses of Funds

29. Is buying equipment such as kiosks and vitals stations an allowable cost, or should technology be budgeted as a lease or subscription? Who will hold title to purchased equipment?

Please see Questions 14 and 17 of FAQ #2 for additional information regarding equipment ownership, leasing, and allowable technology costs.

30. Are these allowable costs: installation, staff training, EHR integration, and software or support fees that run past the performance period?

Please see Questions 21 and 24 of FAQ #1 and Question 17 of FAQ #2 for additional information regarding allowable technology, implementation, training, and recurring service costs.

31. Are costs associated with translating and adapting patient-facing technology and materials, including screens, audio and video instructions, printed materials, and electronic communications, allowable under the RFA?

Costs associated with translating and adapting patient-facing technology and materials may be allowable when they directly support an approved project. Applicants should demonstrate how these costs will improve access to healthcare services for eligible rural residents.

32. Can the primary RHTP investment be technology and supporting infrastructure, with clinical services subsequently delivered by licensed healthcare partners?

Technology and supporting infrastructure may be the primary focus of a proposed project when they directly support an eligible mobile or hybrid care model. Applicants should demonstrate how the technology will improve healthcare access for eligible rural residents and describe how licensed healthcare partners will deliver the associated clinical services.

Please see Questions 3 and 21 of FAQ #1 for additional information regarding eligible technology-enabled care models.

33. Are connected medication-adherence devices and associated software subscriptions allowable as direct costs, and is there a cap on the share of the budget for equipment or technology?

Connected medication-adherence devices and related software subscriptions may be allowable when they directly support an eligible mobile or hybrid care project. There is no cap on expenses in a given budget category. Applicants should demonstrate how these costs improve healthcare access and how recurring expenses will be sustained beyond the grant period. Equipment and technology costs must be necessary, reasonable, and consistent with the approved project budget.

34. Can the full cost of a one-time software license be charged to the grant if it is purchased and delivered during the grant period, even if its useful life extends beyond September 30, 2027?

A one-time software license may be allocable to the grant when purchased and delivered within the grant period, even if its useful life extends beyond September 30, 2027. The allocability of the license to the grant depends on whether the cost is incurred specifically for the award and the extent to which the license benefits the applicant's other work that is not related to the award. A license that is used for purposes outside of the funded program during the period of performance may not be fully allocable. Applicants must demonstrate that the expense is necessary, reasonable, and directly supports the approved project. Final allowability will depend on applicable federal requirements and review of the proposed expenditure.

Payment & Reimbursement

35. Your FAQ notes that RHTP funds may support non-billable costs when no expense is charged twice. If the lead applicant bills Medicaid for remote therapeutic monitoring for some participants, may grant funds still cover the devices, setup and non-billable care-team time for those same participants?

RHTP funds may support eligible equipment, setup, and other project costs that are not reimbursed by Medicaid or another payer. However, funds may not be used to duplicate costs included in Medicaid reimbursement or replace payment for otherwise billable services.

Applicants should clearly identify which costs will be supported by RHTP funds and which will be reimbursed by Medicaid. Documentation must demonstrate that the same costs are not charged to both funding sources.

Please see the reimbursement guidance in FAQ #2 for additional information.

Reporting Requirements

36. What performance measures must awardees report, and may de-identified, aggregated data collected through deployed technology be used to satisfy reporting requirements?

Awardees will be required to report the performance measure outlined in the RFA (eligible rural residents served). Due to the variety of eligible programs, other performance measures cannot be established prior to application submission. However, additional performance measures will be included as part of the award, and the applicant should propose appropriate performance measures for the proposed program in their application.

De-identified, aggregated data may be used when it provides sufficient information to meet the applicable reporting requirements. Applicants should describe how they plan to collect and report project outcomes.

37. May a healthcare organization located outside the RFA's designated service area enroll and serve patients who reside in eligible rural counties? How should the organization document patient residency?

Healthcare organizations located outside the designated service area may serve eligible rural residents, provided the proposed project directly benefits residents of the counties identified in the RFA. Applicants should maintain reasonable documentation of patient residency, such as residential address or county, to demonstrate eligibility. Please see Questions 1, 2, and 18 of FAQ #1 for additional information regarding geographic eligibility.

Technical Assistance

38. Are regional data or identified priorities available regarding residents with limited English proficiency, including the most commonly spoken languages in the eligible service area?

Applicants are encouraged to use available demographic and community health data to identify language needs in their proposed service areas. Resources may include U.S. Census data, community health assessments, and other regional data sources.

39. Does the regional planning district collaborative maintain a list of prospective applicants, vendors, or organizations developing proposals, and can it help interested organizations identify potential project partners?

To maintain a fair and open competitive process, the regional planning district collaborative cannot provide lists of prospective applicants or vendors, recommend specific organizations, or facilitate introductions between potential partners.

Please see Question 4 of FAQ #2 for additional information.