Mobile & Hybrid Care #4 FAQs

November 23, 2026



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Frequently Asked Questions

Application/RFA Process

1. If an applicant's clinical partner is a professional entity organized in another state, may its certificate of authority from the Virginia State Corporation Commission be pending at the time of application, provided it is obtained before subaward execution? All physicians who would deliver services to Virginia residents hold active Virginia medical licenses.

A clinical partner's Virginia business registration may be pending at the time of application, provided any required registration is obtained before subaward execution. However, applicants will be evaluated based on the information and supporting documentation that they submit as part of their application. Specifically, under the "Implementation Feasibility & Organizational Capacity" evaluation criteria, applicants must demonstrate a feasible work plan and timeline, timely deployment, and applicant and partner capacity, among other considerations. The regional planning district commission cannot guarantee that additional partnership documentation submitted after the application deadline will be considered for the purposes of scoring applications and determining corresponding award recommendations. Applicants should identify their clinical partners at the time of application and demonstrate that the necessary partnerships are sufficiently established to support implementation.

2. If one of the named physicians has a Virginia license application pending at the time of submission, is it acceptable to document that pending status, provided the other named physicians hold active Virginia licenses and services would begin only after licensure is granted?

Applicants proposing direct clinical services must hold all applicable licenses, certifications, accreditations, and credentials necessary to provide those services or have a formal partnership with an appropriately licensed and credentialed healthcare provider that will deliver the clinical services. Applicants should document the physician's pending status

and confirm that the physician will not deliver services to Virginia residents until licensure is granted. The regional planning district commission cannot guarantee that additional documentation submitted after the application deadline will be considered for the purposes of scoring applications.

3. Section 1.4 states that a UEI is not required at the time of application. Guidance issued for other regional RFAs indicates the lead applicant must have an active UEI. Could you confirm that, for this RFA, an applicant whose SAM.gov registration is in progress may apply, and indicate how this status should be reflected on the Application Cover Sheet and in the Appendix F certifications?

Applicants are not required to have a Unique Entity Identifier (UEI) at the time of application but must obtain one before receiving an award for the Roanoke-Alleghany/Central Shenandoah/New River Valley Regional PDC Collaborative RFA.

Applicants with pending registrations should indicate their registration status on the Application Cover Sheet and complete Appendix F using the required form.

4. FAQ #2 notes that partnership documentation received after the deadline may not be scored. If an applicant names its intended service sites in the application, may executed site agreements be provided during the pre-award discussions described in Section 5.3, for verification rather than scoring?

The PDC may request additional partnership documentation during pre-award discussions to verify information or establish award conditions. However, applications will be scored based on the information submitted by the application deadline.

Letters of commitment are required when the proposed project materially depends on a key implementation partner. Applicants should identify these partners and demonstrate their readiness to support implementation. Please see Question 6 of FAQ #2 for additional information.

5. Are additional Mobile & Hybrid Care funding opportunities anticipated after the current application round?

We do anticipate additional rounds of funding. While we cannot yet confirm the amount of funding available, or whether eligibility criteria and program requirements will change, we anticipate releasing a second Request for Applications in 2027.

Funding & Budget

6. If an applicant separates RHTP-funded activities from services reimbursed by insurance, are payments received for the separately funded services considered program income?

Payments received for services provided through RHTP-funded activities may be considered program income when 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. 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.

7. Where the applicant purchases equipment from an affiliated company (for example, a parent company that manufactures it), what documentation is acceptable to establish actual cost under FAQ #2, Q29? For example, the affiliate's itemized cost records or a cost certification.

Itemized cost records may be used to support actual equipment costs when the equipment is manufactured or provided by the same legal entity as the applicant. Applicants must maintain documentation supporting actual costs and may not include a profit margin or commercial markup on costs charged to the award.

If the affiliated company is a separate legal entity from the applicant, the purchase may be subject to applicable procurement requirements under 2 CFR 200.317–327. The appropriate procurement method will depend on factors including the amount and circumstances of the purchase and the applicant's documented procurement policies and procedures. An affiliated relationship alone does not provide a basis for noncompetitive procurement. Noncompetitive procurement may only be used when one of the circumstances specified in 2 CFR 200.320(c) applies, such as when the purchase does not exceed the applicable micro-purchase threshold or the procurement can only be fulfilled by a single source. Please refer to question # 12 from FAQ document #1 for additional guidance on procurement requirements and when they apply.

8. If patient fees for clinical services are collected by a separate licensed clinical partner, and not by the subrecipient, are those fees treated as program income of the subrecipient under FAQ #1, Q7? The grant would fund only non-billable infrastructure and access costs.

Program income generally includes income earned directly from RHTP-funded activities. Fees collected by a separate clinical partner for services that are separate from grant-funded activities would not be counted as program income for the subrecipient. Applicants must demonstrate that grant-funded infrastructure and access costs are appropriately separated from reimbursed clinical services, and that costs are not charged to multiple funding sources.

Allowable Uses of Funds

9. Can an organization located outside the eligible rural service area apply for funding if its proposed project directly serves eligible rural residents? How should applicants determine which residents may be counted as served?

Per Sections 1.4 and 2.4 of the RFA, an applicant is not required to be physically located within an eligible rural area if it can demonstrate that the proposed project will target and directly benefit eligible rural residents within the service area.

Please see Question 34 of FAQ #2 and Questions 1, 2, and 19 of FAQ #1 for additional information regarding eligibility for organizations located outside the eligible rural service area.

Please see Questions 1, 2, and 18 of FAQ #1 for additional information regarding geographic eligibility and services delivered outside the designated RFA service area.

10. May RHTP funds cover clinical services provided to uninsured patients who are not eligible for reimbursement through another payer, including services not covered by a patient's insurance?

Clinical services may be supported with RHTP funds only when they are not reimbursable by another payer. CMS's regulations for Rural Health Transformation Program funds restrict awardees from spending award funds on clinical services that could be reimbursed by another payer regardless of whether an organization chooses to do so. If the applicant can adequately demonstrate that the clinical services cannot be reimbursed by insurance or another form of health coverage such as Medicare, Medicaid, or state reimbursement programs, then those clinical services may be supported by RHTP. However, CMS limits provider payments costs to 15% of each state's overall award for each budget period, limiting the availability of funding for such costs.

Applicants should document applicable coverage limitations and ensure that RHTP funds do not duplicate existing reimbursement. As with all clinical services funded under this RFA, applicants should demonstrate how these services will be sustained after RHTP funding ends. Please see Questions 8 and 23 of FAQ #2 for additional information.