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Request for Applications

For EOHHS Rural Health Transformation Program (RHTP) Rural Partners

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ATTACHMENTS

Attachment A: RHTP Rural Partner Application

Attachment B: Partnership Validation Form

Attachment C: MA DPH Rural Definition - Rural Town & Cluster List

SECTION I. Purpose of Procurement

The Massachusetts Executive Office of Health and Human Services (EOHHS) is issuing this Request for Applications (RFA) to invite qualified rural entities to participate in the implementation of the Massachusetts Rural Health Transformation Program (RHTP). RHTP represents a landmark \$800 million, five-year investment by the federal government to strengthen access to healthcare, improve population health, and advance long-term health and well-being across rural Massachusetts. Eligible rural-located facilities, providers, municipalities, and community organizations seeking RHTP technical assistance, planning support, program participation, and direct funding are encouraged to apply.

The program will be implemented through a coordinated interagency partnership led by EOHHS, with participation from the Massachusetts Department of Public Health (DPH), MassHealth, DPH's State Office of Rural Health, the Massachusetts Executive Office of Economic Development's Office of Rural Affairs, and other state agencies. Together in partnership with rural entities, these partners will support implementation of RHTP activities designed to address the unique needs of rural communities and strengthen the systems, services, and partnerships that support rural health.

Selected entities will support the Rural Health Transformation goals of ensuring rural residents can access needed healthcare services; generating opportunities to improve the health and well-being of rural residents; and scaling systems, policies, and investments to meet the unique needs of rural communities.

Through this procurement, eligible entities will be able to apply for a range of supports, including technical assistance, planning and implementation support, and direct grant funding for activities across the RHTP. The RHTP is organized across seven Initiatives and 34 Activities designed to address priority needs in rural healthcare access, population health, workforce, technology, community health, emergency medical services, and facility modernization. This RFA provides eligible applicants with the opportunity to seek support for activities across six of the seven RHTP Initiatives and certain Activities. Initiative 5, Emergency Medical System (EMS) Service Integration, as well as certain other Activities are not included in this RFA.

Rather than requiring organizations to navigate multiple separate funding opportunities, this procurement provides a common entry point for participating entities to identify their needs and apply for the types of support most appropriate to their organization, community, and needs. Types of support and eligible entities are detailed below by each activity area. These supports include organizational or community assessments, program planning, technical assistance, implementation assistance and funding, capacity building and training, technology or infrastructure investments, as well as direct funding to establish, expand, or strengthen rural health programs and services.

The procurement is intended to reduce administrative burden on rural organizations while supporting coordinated implementation across the RHTP's initiatives. Investments will prioritize approaches that respond to local rural needs, strengthen partnerships and organizational capacity, expand access to care and community-based support, and create sustainable improvements that can continue beyond the RHTP funding period. This reflects the program's broader emphasis on combining direct investment with technical assistance and capacity building so rural entities have both the resources and the support necessary to successfully plan, implement, and sustain transformation activities.

This RFA 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 \$162,005,238.13 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.

SECTION II. Background

Massachusetts' rural communities face persistent barriers to healthcare and social services, and therefore higher rates of several chronic conditions, due to the challenges of geographic isolation, transportation limitations, workforce shortages, limited primary and specialty care access, higher chronic disease burden, aging infrastructure, and financial pressures on rural providers. In addition, many rural organizations lack the staffing, technology, and resources needed to expand services and coordinate care effectively.

The Massachusetts Rural Health Transformation Program (RHTP) is designed to address these challenges through three overarching goals: ensure rural residents can readily access healthcare services; generate opportunities to improve the health and well-being of rural residents; and scale systems, policies, and investments to meet the unique needs of rural communities.

To advance these goals, the RHTP uses strategies focused on strengthening rural providers and workforce, improving chronic disease prevention and management, expanding innovative and technology-enabled care models, increasing coordination across clinical and community systems, and investing in sustainable infrastructure and payment approaches. These strategies are organized across seven initiatives: Population Health Advancement; Innovation in Rural Care Models; THRIVE Workforce; Healthy Rural Communities; EMS Service Integration; Enhancing Technology Interoperability and Connectivity; and Facility Modernization and Re-Use.

SECTION III. Eligible Entity Definitions

For purposes of this funding opportunity, the following definitions will generally apply. Final eligibility will be determined by EOHHS based on the specific requirements of each Activity and the Massachusetts RHTP rural definitions and facility lists.

Emergency Medical Services (EMS) / Ambulance Provider: A licensed municipal, nonprofit, hospital-based, or other ambulance or EMS organization serving rural communities. Specific Activities may further limit eligibility to rural-located EMS entities or EMS agencies serving designated rural municipalities.

Rural Health Clinic (RHC): A clinic designated and certified as a Rural Health Clinic by CMS and located in a qualifying rural and underserved or shortage area. RHCs may be provider-based or independent and use a team-based model that includes physicians and non-physician practitioners. The CMS-approved Massachusetts RHTP application listed six eligible RHCs: Tully Family Medicine, Athol Primary Care, Martha's Vineyard Rural Clinic, East Mountain Medical, Nantucket Primary Care, Williamstown Medical at North Adams, and Williamstown Medical.

Rural Hospital: A hospital identified as rural for purposes of the Massachusetts Rural Health Transformation Program. This includes designated Critical Access Hospitals (CAHs) and rural Prospective Payment System (PPS) hospitals that meet applicable CMS, Federal Office of Rural Health Policy, and/or Massachusetts rural hospital criteria. The CMS-approved Massachusetts RHTP application listed six eligible rural hospitals: Athol Hospital, Martha's Vineyard Hospital, Fairview Hospital, North Adams Regional Hospital, Nantucket Cottage Hospital, and Baystate Wing Hospital.

Rural-Located Community-Based Organization (CBO)/ Social Service Organization (SSO): An organization with a physical presence in a designated rural community and a demonstrated role serving rural residents by providing health promotion, food and nutrition assistance, aging and disability services, family support, transportation, housing, care navigation, social services, economic, behavioral, or other community supports. This includes nonprofit, community-based, faith-based, or other locally rooted organizations as well as regional planning agencies. This also includes behavioral health organizations and opioid treatment programs, in addition to those listed above, that meet applicable state licensing, certification, or program requirements and providing community-based mental health and related services to rural communities.

Rural-Located or Rural-Serving Federally Qualified Health Center (FQHC): An organization that is a Health Resources and Services Administration Health Center Program award recipient and is certified by CMS. Federally Qualified Health Centers or Public Health Service Act Section 330 Grantees are considered rural-located if they are located in a rural area based on the most recent version of the rural definition maintained by HRSA. The CMS-approved Massachusetts RHTP application listed four eligible rural-located FQHCs that represent ten rural sites: Community Health Programs, Community Health Center of Franklin County, Outer Cape Health Services, and Island Health.

EOHHS has determined that a rural-serving FQHC must have served over 5,000 patients in 2023 from a rural community, as set forth in the CMS-approved Massachusetts RHTP application, in order to be eligible for RHTP technical assistance, planning and implementation support, or direct grant funding. Information used to determine if a facility meets the minimum patient utilization criterion for Federally Qualified Health Centers was sourced from HRSA's Health Center Program GeoCare Navigator. There are three eligible rural-serving FQHCs that represent eight rural sites: Community Health Programs, Community Health Connections and Hilltown Community Health Centers.

Rural-Located Healthcare Provider or Practice: A healthcare provider, practice, clinic, or service site physically located in a municipality designated by DPH as rural. Depending on the Activity, eligible providers or practices may include primary care, behavioral health, specialty care, dental, maternal health, home-based care, rehabilitation, or other health services, including Opioid Treatment Programs, and Community Behavioral Health Centers.

The CMS-approved Massachusetts RHTP application listed four eligible rural-located Community Behavioral Health Centers (CBHC): Community Support Options (two sites), Martha's Vineyard Community Services, and Fairwinds Center. It also identified the eligible rural-located Opioid Treatment Programs (OTP): Behavioral Health Network (two sites), Healthcare Resource Centers, and Spectrum Health Systems (two sites).

Rural-Located Nursing Facilities: A nursing facility physically located in a municipality designated by DPH as rural. There are 15 eligible rural-located nursing facilities: Advinia Care at Provincetown, Fairview Commons Nursing and Rehabilitation Center, Timberlyn Heights Nursing and Rehabilitation, Kimball Farms Nursing Care Center, Mount Carmel Care Center, North Adams Commons Nursing and Rehabilitation Center, Berkshire Rehabilitation and Skilled Care Center, Williamstown Commons Nursing and Rehab, Windemere Nursing and Rehabilitation Center, Charlene Manor Extended Care Facility, Poet's Seat Healthcare Center, Regal Care at Greenfield, Our Island Home, Quaboag Rehabilitation and Skilled Care Facility, Quabbin Valley Healthcare, and Lee Healthcare.

Rural Municipality: A Massachusetts city or town designated as rural under the applicable Massachusetts State Office of Rural Health/RHTP rural definition.

SECTION IV. Rural Partner Eligibility and Application Types

Eligible entities vary by Activity and are identified within each Activity description. Applicants should review the eligibility requirements for each Activity area before applying. Unless otherwise specified, an organization must meet the applicable rural location, facility type, provider type, or rural-serving criteria described below. Based on funding and other considerations, eligibility for some Activities may be expanded in future years to include different entity types or regions. At that time, EHS anticipates that there will be separate

procurement processes to identify organizations to provide subject matter expertise and technical assistance for Activities. This may allow non-rural organizations to participate as partners, vendors, educational institutions, specialty providers, or technical assistance entities where their participation directly supports services or infrastructure for rural communities. Applicants may apply for multiple activity areas.

For Activities that require an applicant, facility, or service location to be **rural-located**, eligibility will be based on the Massachusetts Department of Public Health **State Office of Rural Health's rural definition**. The Massachusetts RHTP uses this definition, which classifies communities by level of rurality and organizes rural communities into regional clusters. See **Attachment C: MA DPH Rural Definition - Rural Town & Cluster List**.

SECTION V. Rural Partner Participation Administrative Requirements

A. Federal funds will be used to fund all activities.

B. Vendor Coordination and Support

State-contracted managing vendors procured through separate procurement actions will coordinate directly with selected entities to support implementation of funded activities and facilitate access to both direct funding and technical assistance. Vendors may serve as the primary point of coordination for onboarding, workplan development, funding administration, technical assistance scheduling, reporting expectations, and ongoing implementation support. Vendors will work with participating organizations to identify barriers, connect them to appropriate subject matter expertise and resources, and help ensure that financial and technical supports are aligned with approved project goals, timelines, and local needs. This structure is intended to reduce administrative burden on participating organizations while providing hands-on support throughout planning and implementation.

C. Direct Funding Information

Direct Funding amounts will be determined following the review of submitted applications. Award amounts will take into consideration the number and scope of eligible applications received, available funding within each RHTP activity, program priorities, community and organizational need, and the level of funding necessary to support successful implementation. EOHHS may adjust individual award amounts to ensure that available resources are distributed in a manner that advances RHTP goals, supports geographic and programmatic balance, and responds to identified needs

Grantees receiving federal grant funds will be considered sub-recipients for federal grant purposes and will be required to comply with applicable federal requirements, including but not limited to, sub-recipient audit requirements under OMB Circular A-133.

The funds received in advance of expenditure by a grantee for a capital budget item must be held in a segregated non-interest-bearing account and must be expended within 60 days (for policy information on spending capital funds see: Office of the State Comptroller, State Grants and Federal Sub-grants):

<https://public.powerdms.com/MAComptroller/documents/1778986>

Grantees receiving federal grant funds will be responsible for maintaining appropriate administrative, fiscal, and programmatic systems to support implementation of funded activities and compliance with all applicable Rural Health Transformation Program requirements. Awardees must maintain complete and accurate records, cooperate with EOHHS and its designated contractors or technical assistance providers, participate in required meetings and monitoring activities, and provide timely information necessary to support state and federal reporting. Applicable federal award requirements and terms and conditions may flow down to participating subrecipients.

D. Fiscal Monitoring

Direct funding awardees must maintain financial management and accounting practices sufficient to document the receipt and use of RHTP funds and demonstrate that expenditures are consistent with the approved budget, scope of work, and applicable program requirements. Awardees will be expected to track expenditures, maintain appropriate supporting documentation, and submit periodic fiscal reports in a format and schedule established by EOHHS. CMS expects financial reporting to be supported by established accounting practices and to provide a transparent, auditable record of obligations, payments, and expenditures.

Managing vendors and other designated technical assistance partners may work directly with awardees identified as needing additional support to strengthen fiscal management practices, establish appropriate tracking and documentation processes, understand reporting requirements, and address identified gaps. Fiscal monitoring may therefore include both oversight and, where appropriate, technical assistance intended to help organizations successfully meet program requirements. EOHHS may conduct periodic fiscal reviews, request supporting documentation, reconcile reported expenditures, and require corrective action when significant concerns or discrepancies are identified.

E. Performance Monitoring

All selected participants will be expected to demonstrate progress toward the activities, deliverables, milestones, and performance measures established in their activity. Performance monitoring may include periodic progress reports, participation in monitoring or technical assistance meetings, submission of quantitative and qualitative data, documentation of individuals or communities served, progress toward identified milestones and outcomes,

identification of implementation barriers, and supporting documentation demonstrating completion of key activities. EOHHS may use performance information to identify technical assistance needs, support continuous quality improvement, assess satisfactory progress, and inform decisions regarding continued or future funding.

SECTION VI. Anticipated Term of Participation

- A. The Massachusetts Rural Health Transformation Program (RHTP) is a **five-year program** designed to support sustained transformation of rural healthcare delivery, infrastructure, workforce, and community health. This application is for participation in selected RHTP Activities during the period of **October 30, 2026, through September 30, 2027**.
- B. Organizations selected through this procurement will be expected to participate in applicable planning, implementation, technical assistance, monitoring, and reporting activities during this initial participation period.
- C. Participation in future years of the five-year RHTP is not guaranteed through this application. Opportunities to participate in subsequent program years are anticipated to be made available through a new procurement process in 2027, subject to available funding, program priorities, federal requirements, and continued implementation of the Massachusetts RHTP. Organizations participating in the 2026–2027 period may be eligible to apply for future opportunities but will be required to respond to any applicable future procurement.

SECTION VII. Application Requirements

Eligible applicants must submit a completed **Attachment A**: the RHTP Rural Partner Application, and complete all required sections for each Activity for which they would like to be considered. Applicants may apply for one or more eligible Activities through the same application, provided all required Activity-specific questions and supporting information are completed. If applicants have an existing partnership that would participate in one of the Activities for which they have applied, they must also submit a completed **Attachment B**: RHTP Partner Validation Form for each named partner in their application.

Applications must be submitted by email to EOHHS-Procurement@mass.gov no later than **5:00 PM ET on Monday, October 26, 2026**. Please include **“RHTP Rural Partner Application”** in the email subject line. The submission must include the completed application PDF **and any required attachments or supporting documentation identified in the application or applicable Activity instructions**. Hard copy submissions will not be accepted. Applications received after the submission deadline may not be considered.

Applicants will receive an email confirming receipt of their submission from COMMBUYS. Applicants are responsible for ensuring that all required application materials and attachments are complete and successfully transmitted by the deadline.

Questions regarding this application may be submitted by email to EOHHS-Procurement@mass.gov no later than **5:00 PM ET on Wednesday, October 14, 2026**. Responses to submitted questions may be compiled and shared with prospective applicants through the COMMBUYS posting. **Applicants are encouraged to submit questions as early as possible and should not wait until the application deadline to raise issues that may affect eligibility or submission requirements.**

The Bid Solicitation Q&A functionality in COMMBUYS will be also used for this RFA; emailing Bidder questions to the RFA Contact Person is preferred. EOHHS will not be responding to questions individually on COMMBUYS. Any written response to questions will be compiled and posted on COMMBUYS in a document.

SECTION VIII. Description of Program

A. Eligible Entities Table

Initiative 1:	Activity:	Eligible Entities:	Year One Support to Selected Applicants will Include:
Population Health Advancement – Initiative 1	1.1 Chronic Disease Management Networks	Rural Hospitals, Rural FQHCs, RHCs, Rural-Located Primary Care Providers and Practices, Rural-Located CBOs/SSOs, Rural Municipalities.	Direct funding; technical assistance; equipment; consulting supports
	1.2 Rural MA Connect	Rural Hospitals, Rural FQHCs, RHCs, Rural-Located Primary Care Providers and Practices, Rural-Located CBOs/SSOs.	Planning and design input
	1.3 Massachusetts Youth Care (MYCare)	Rural Hospitals, FQHCs, RHCs, Community Behavioral Health Centers, other Rural-Located Healthcare Providers and Practices, Rural-Located CBOs/SSOs, and other rural organizations involved in identifying, referring, coordinating, stabilizing, transitioning, or delivering behavioral, developmental, and/or medical health care are	Direct funding; technical assistance; equipment; consulting supports; Planning and Design, Local Capacity building to increase access

Initiative 1:	Activity:	Eligible Entities:	Year One Support to Selected Applicants will Include:
		encouraged to identify MY Care as an area of interest.	
	<u>1.5 Remote Patient Monitoring (RPM)</u>	Rural Hospitals, Rural FQHCs, RHCs, and Rural-Located Primary Care Providers and Practices.	Direct funding; technical assistance, consulting support
	<u>1.6 Home Visiting Programs</u>	Rural Hospitals, Rural FQHCs, RHCs, Rural-Located Healthcare Providers and Practices, Rural-Located CBOs/SSOs.	Direct funding
	<u>1.7 Hospital at Home</u>	Rural Hospitals.	Direct funding; technical assistance
	<u>1.8 Value Based Payments</u>	Rural Hospitals.	Direct funding; technical assistance

Initiative 2:	Activity:	Eligible Entities:	Year One Support to Selected Applicants will Include:
Innovation in Rural Care Models – Initiative 2	<u>2.1 Mobile Health Units</u>	Rural Hospitals, Rural FQHCs, RHCs, Rural-Located Primary Care Providers and Practices, Rural-Located Behavioral Health Providers and Practices, Rural EMS Providers, other Rural-Located Health Care Providers and Practices, and Rural-Located CBOs/SSOs.	Direct funding (for implementation-ready projects); technical assistance and planning support (for those not yet ready for implementation)
	<u>2.2 Integrated Specialty Care Networks</u>	Rural Hospitals, Rural FQHCs, RHCs, Rural-Located Primary Care Providers and Practices, and Rural-Located Behavioral Health Providers and Practices.	Direct funding; technical assistance
	<u>2.3 Telehealth Expansion</u>	Rural FQHCs, RHCs, Rural-Located CBOs/SSOs and Rural-Located Healthcare Providers and Practices that operate dental clinics will work with a separately procured vendor. This initiative will support organizations serving rural, remote, underserved, and other communities experiencing	Technical assistance

Initiative 2:	Activity:	Eligible Entities:	Year One Support to Selected Applicants will Include:
		barriers to timely oral health care. A specialized teledentistry technology and service partner will support technical assistance, implementation, and delivery.	
	<u>2.4 Rural Digital Health Sandbox</u>	The direct recipients are research and development (R&D) organizations that have been approved to be part of the Digital Health Sandbox Network. Rural Hospitals, Rural FQHCs, RHCs, Rural-Located Healthcare Providers and Practices, and Rural-Located CBOs/SSOs can partner with sandboxes on projects and will be sub-awardees of the sandboxes.	Planning and design input; Recruitment and testing for pilots
	<u>2.5 Rural SHINE-HT</u>	Rural FQHCs are eligible in Year One; Rural Hospitals, RHCs, Rural-Located Community Behavioral Health Centers, and Rural Nursing Facilities will be eligible beginning in Year Two.	Direct funding

Initiative 3:	Activity:	Eligible Entities:	Year One Support to Selected Applicants will Include:
Training Healthcare for Retention, Innovation, and Excellence (THRIVE) – Initiative 3	<u>3.1 Rural Talent Recruitment Campaign</u>	Rural Hospitals, Rural FQHCs, RHCs, Rural-Located Primary Care Practices, Rural Municipalities, Rural-Located CBOs/SSOs, Rural-Located Behavioral Health Practices and other Rural-Located Healthcare Providers and Practices.	Technical assistance
	<u>3.2 Expand State-Wide Rural Training Networks and Pipeline Programs</u>	Area Health Education Centers (AHECs), Rural-Located Healthcare Providers and Practices and employers, professional organizations, community colleges, vocational and technical education programs, and other rural-located education or workforce organizations with experience	Technical assistance; direct funding.

Initiative 3:	Activity:	Eligible Entities:	Year One Support to Selected Applicants will Include:
		supporting healthcare training and workforce development.	
	<u>3.3 Create Rural Nurse Practitioner (NP) Residency Programs</u>	Rural Hospitals, Rural FQHCs, RHCs, Rural-Located Primary Care and Behavioral Health Practices, other Rural-Located Health Care Providers and Practices, and Rural-Located CBOs/SSOs.	Direct funding; technical assistance; program administration support
	<u>3.4 Support Pathways to Permanent Housing for Clinical and Support Staff</u>	Rural Hospitals, Rural FQHCs, RHCs, Rural-Located Primary Care and Behavioral Health Practices, other Rural-Located Health Care Providers and Practices, and Rural-Located CBOs/SSOs.	Planning and design input
	<u>3.5 Launch Incentive Programs for Field Placements and Supervising Clinicians</u>	Rural Hospitals, Rural FQHCs, RHCs, Rural-Located Primary Care and Behavioral Health Practices, other Rural-Located Health Care Providers and Practices, and Rural-Located CBOs/SSOs.	Direct funding; technical assistance
	<u>3.6 Facilitate Recruitment and Retention Plans</u>	Rural Hospitals, Rural FQHCs, RHCs, Rural-Located Primary Care and Behavioral Health Practices, other Rural-Located Health Care Providers and Practices, and Rural-Located CBOs/SSOs.	Direct funding; technical assistance; organizational assessment

Initiative 4:	Activity:	Eligible Entities:	Year One Support to Applicants will Include:
Healthy Rural Communities – Initiative 4	<u>4.1 Community Chronic Disease Prevention and 4.2 Community Based Organization Networks</u>	Rural Hospitals, Rural-Located CBOs/SSOs (including rural regional planning agencies), and Rural Municipalities. Other organizations may participate as network partners where they provide relevant clinical, public health, social service, prevention, or community expertise.	Direct funding; technical assistance
	<u>4.3 Coordinate with Local Public Health</u>	Local Public Health Shared Service Arrangements (SSAs) that serve one or more Rural Municipalities, and	Technical assistance, planning and design input

Initiative 4:	Activity:	Eligible Entities:	Year One Support to Applicants will Include:
	<u>Shared Service Arrangements</u>	Rural Municipalities participating in rural-serving SSAs.	
	<u>4.4 Population-Specific Programs</u>	Rural-Located CBOs/SSOs (including aging and disability service organizations, Tribal or Indigenous-serving organizations, and family-serving organizations), Rural Municipalities, schools or school-linked organizations, public health providers, and other entities with demonstrated experience serving the priority populations proposed.	Direct funding; technical assistance

Initiative 6:	Activity:	Eligible Entities:	Year One Support to Applicants will Include:
Enhancing Technology, Interoperability, and Connectivity – Initiative 6	<u>6.1 Rural HIE program</u>	Rural Hospitals, Rural FQHCs, RHCs, Rural- Located Primary Care Providers and Practices, Rural-Located CBOs/SSOs, Rural Municipalities.	Direct funding
	<u>6.4 Provide Cybersecurity Supports to Rural Providers</u>	Rural Hospitals, Rural FQHCs, RHCs, Rural-Located Primary Care Providers and Practices, Rural-Located CBOs/SSOs, Rural Municipalities.	Direct funding

Initiative 7:	Activity:	Eligible Entities:	Year One Support to Applicants will Include:
Facility Modernization and Re-use – Initiative 7	<u>7.1 Fund Critical Capital Updates for Rural Hospitals</u>	Rural Hospitals. Eligibility may expand to rural serving entities in future years based on funding availability.	Direct funding; technical assistance2027
	<u>7.2 Fund Critical Capital Updates for Rural Primary Care Sites</u>	RHCs, Rural FQHCs, and Rural-Located Primary Care Practices. In Year One, eligibility is limited to rural FQHCs and Rural-Located Primary Care Practices.	Direct funding; technical assistance
	<u>7.3 Fund Critical Capital Updates for</u>	Rural Nursing Facilities.	Direct funding; technical assistance

	Rural Nursing Facilities		
	7.4 Rural Nursing Facility Units for Behavioral Health and Substance Use Disorder Services	Rural Nursing Facilities.	Direct funding; technical assistance

B. Description of Activities

Initiative 1 – Population Health Advancement Activities

1.1 Chronic Disease Management Networks

Eligible Entities: Rural Hospitals, Rural FQHCs, RHCs, Rural-Located Primary Care Providers and Practices, Rural-Located CBOs/SSOs, Rural Municipalities.

Activity Purpose: This Activity area will support rural regions to build sustainable chronic disease management (CDM) networks by connecting interested local organizations, facilitating planning and coordination, identifying organizational roles in the network, establishing legal and data-sharing agreements, designing chronic disease management workflows, providing training and technical support, piloting approaches, establishing the best fit model, and developing sustainability road maps.

Year One Funding: Selected eligible entities will be eligible to receive direct funding to support staff coordination and participation in the planning and implementation of CDM networks. Technical assistance provider(s) will coordinate facilitation and planning activities to support the design and implementation of CDM networks. Funding will also support locally identified needs for Equipment and Consulting Supports. Examples of types of equipment and support that could be funded: legal and data sharing agreements, software products, screening tools.

Priority Areas: In Year One, we plan to focus efforts on regions with the greatest chronic disease disparities. These prioritized rural cluster regions include North Central, Southern Berkshires, Central Berkshires, East Quabbin, Northern Berkshires, North Quabbin, Lower/Outer Cape, and Quaboag Valley. Priority will also be given to organizations who also plan to participate in Activities 1.2 Rural MA Connect and 1.5 Remote Patient Monitoring.

Who Should Apply to Join the Planning Process: Eligible entities have a role in preventing, managing, or coordinating care for chronic disease are encouraged to apply to participate in the planning process. This includes eligible entities with experience supporting individuals with diabetes, hypertension, heart disease, COPD, cancer, or other chronic conditions. Applicants do

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not need to have an existing chronic disease management program; there is particular interest in organizations that want to collaborate to shape a regional approach, identify service gaps and community needs, clarify partner roles, and identify a model where clinical, community, and social supports can work together as a sustainable chronic disease management network.

Intersections with other Activities: This Activity will have intentional connection and coordination with Activities 1.2, 1.5, 1.6, 1.8, 2.1, 4.1, and 4.4.

1.2 Rural MA Connect

Eligible Entities: Rural Hospitals, Rural FQHCs, RHCs, Rural-Located Primary Care Providers and Practices, and Rural-Located CBOs/SSOs.

Activity Purpose: This Activity will develop Rural MA Connect, a bi-directional technology and coordination platform designed to connect healthcare, social service, and community-based organizations. The platform will support electronic referrals, data sharing, real-time resources, closed-loop referral tracking, coordinated care workflows, and improved communication between clinical and community partners. Year One will focus on working with rural organizations and other stakeholders to define platform requirements, governance, workflows, data-sharing needs, and implementation priorities. The goal is to build infrastructure that reduces fragmentation, makes it easier for providers and community organizations to connect rural residents with needed services, and supports more coordinated care across healthcare and social service systems. Planning will also explore opportunities for EHR integration, care management functions, billing support, and connections with other Rural Health Transformation Program activities.

Year One Funding: Year One funding will support Rural MA Connect planning and design, including procurement strategy, stakeholder engagement, governance, workflow development, and technical planning. Rural organizations will help define referral workflows, data-sharing needs, and implementation priorities. Direct funding to rural organizations is anticipated in future years to support implementation, training, technology integration, and network participation, with technical assistance and consulting support available throughout the process.

Who Should Apply: Eligible entities that regularly refer residents to other services, receive referrals from partner organizations, provide care coordination or navigation, or experience challenges related to fragmented referral and information-sharing systems are encouraged to participate. Organizations do not need to have advanced technology infrastructure or an existing electronic referral platform to participate. Rural organizations that currently rely on manual referrals, phone calls, fax, spreadsheets, or disconnected systems are especially important to the planning process so that Rural MA Connect is designed around the practical needs and capacity of all rural providers and community organizations.

Intersections with Other Activities: Rural MA Connect will serve as a shared referral, RFA - EOHHS Rural Health Transformation Program (RHTP) Rural Partners

communication, and coordination infrastructure that can support multiple Rural Health Transformation Program activities. It will have particularly strong connections with 1.1 Chronic Disease Management Networks, 1.5 Remote Patient Monitoring, 1.6 Home Visiting, 1.8 Value-Based Payments, and 2.2 Integrated Specialty Care Networks.

1.3 Massachusetts Youth Care: Closer to Home (MY Care)

Eligible Entities: Rural Hospitals, Rural FQHCs, RHCs, Community Behavioral Health Centers, other Rural-Located Healthcare Providers and Practices, and Rural-Located CBOs/SSOs and other rural organizations involved in identifying, referring, coordinating, stabilizing, transitioning, or delivering behavioral and/or medical health care are encouraged to identify MY Care as an area of interest. In Year One, MY Care will prioritize rural providers that deliver out-of-home or residential care to youth and young adults.

Activity Purpose: This Activity will support the development of a coordinated rural care model designed to better connect youth and young adults with complex behavioral health, developmental, and medical needs to appropriate services closer to home. MY Care will integrate rural programs and providers into a statewide, cross-agency system and establish a flexible “no wrong door” digital access and coordination model that improves visibility into available services and provider capacity, supports better matching and referrals, and enables more coordinated care across agencies and providers. This will support the development of a portable youth profile and shared coordination infrastructure, improve real-time visibility into service demand and capacity, strengthen closed-loop referrals and outcome tracking, and help rural providers more flexibly respond to changing community needs. MY Care will seek to better align and streamline various processes and data across systems while reducing administrative burden on rural providers.

Year One Funding: In Year One, selected rural out-of-home and residential care providers may receive direct funding, technical assistance, equipment, and specialized consulting support to help design and launch regional MY Care networks. Direct funding may support staff time and coordination, provider co-design, workflow and referral development, data and technology readiness, regional planning, and other approved implementation needs. Regional networks may be established in rural clusters. Each regional network will be eligible to receive up to \$100,000 in direct funding in Year One subject to final program design, selection, and available funds to support planning and coordination in addition to technical assistance, equipment, and specialized consulting support.

Priority Areas: Year One will focus on co-designing and launching the initial MY Care model with rural out-of-home and residential care providers and establishing regional networks across 12 rural clusters.

Who Should Apply: Rural-Located Healthcare Providers and Practices of out-of-home or
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residential care for youth and young adults with complex needs are encouraged to apply for Year One funding and implementation participation.

Rural Hospitals, Community Behavioral Health Centers, Rural FQHCs, RHCs, and other rural organizations involved in identifying, referring, coordinating, stabilizing, transitioning, or delivering care are encouraged to identify MY Care as an area of interest. These organizations may participate in planning and may be considered for technical assistance, equipment, consulting support, or future funding opportunities.

Participation opportunities are expected to expand during the five-year Activity as the model, infrastructure, and regional capacity develop.

Intersections with Other Activities: MY Care will coordinate with related activities that strengthen the clinical, specialty-care, telehealth, and digital infrastructure needed to support youth and young adults, including:

- **Activity 2.2:** Integrated Specialty Care Networks
- **Activity 2.3:** Telehealth Expansion
- **Activity 2.4:** Rural Digital Health Sandbox

1.5 Expand Remote Patient Monitoring (RPM) Programs

Eligible Entities: Rural Hospitals, Rural FQHCs, RHCs, and Rural-Located Primary Care Providers and Practices. Rural-Located EMS and Rural-Located CBOs/SSOs are also encouraged to join local planning conversations to support regional coordination and implementation.

Activity Purpose: This Activity will support rural healthcare providers in expanding the use of Remote Patient Monitoring (RPM) to strengthen chronic disease prevention and management, extend the reach of primary care, and improve access to care for rural residents. Participating organizations will receive support to assess readiness for RPM, identify appropriate patient populations and clinical use cases, develop operational workflows, establish technology and monitoring infrastructure, train staff, and implement or expand RPM programs. Initial efforts are expected to focus on chronic conditions where ongoing monitoring can support earlier intervention, improve disease management, and reduce avoidable reliance on emergency department, inpatient, and other facility-based care. This Activity is intended to take broad approach by purchasing equipment, building provider capacity, addressing identified barriers, and ensuring rural organizations can incorporate RPM into routine care delivery.

Year One Funding: Year One will focus on establishing foundational infrastructure and provider capacity needed to expand RPM in rural communities. Activities will include convening partners, identifying organizational roles, exploring rural RPM network approaches, developing training resources, and defining direct technical and financial support for participating providers.

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Participating entities will be eligible to receive direct funding of up to \$200,000 in addition to technical assistance and consulting support to facilitate RPM planning, training, infrastructure development, and initial implementation.

Priority Areas: For Year One, priority consideration will be given to organizations who are also participating in any of the following activities: 1.1 Chronic Disease Management Networks, 1.6 Home Visiting Programs, 1.7 Hospital at Home Programs, or 5.1 Expanding Mobile Integrated Health.

Who Should Apply: Rural Hospitals, FQHCs, RHCs, and Rural-Located Primary Care Providers and Practices that are interested in implementing or expanding RPM are encouraged to apply. Organizations may be at different stages of readiness and do not need to have an existing RPM program to participate. Organizations should serve patient populations with chronic disease and be willing to assess how RPM could strengthen prevention, disease management, care coordination, and access within their service area. Applicants should be prepared to engage in clinical, operational, and technological leadership; participate in planning, training and technical assistance; develop program workflows and sustainability plans; and evaluate how RPM can be incorporated into existing care delivery models. Rural-located EMS and CBOs/SSOs are also encouraged to join local planning conversations to support regional coordination and implementation.

Intersections with Other Activities: This Activity will have intentional coordination with 1.1 Chronic Disease Management Networks, 1.6 Implement New Home Visiting Programs, 1.7 Hospital at Home Programs, and 5.1 Mobile Integrated Health.

1.6 Implement New Home Visiting Programs

Eligible Entities: Rural Hospitals, Rural FQHCs, RHCs, Rural-Located Healthcare Providers and Practitioners, Rural-Located CBOs/SSOs.

Activity Purpose: This Activity will develop a coordinated rural home visiting system with sustainable infrastructure to provide evidence-based or evidence-informed family support, health assessment, chronic disease prevention and management, care coordination, education, and health navigation across the lifespan. The goal is to expand access to home- and community-based services for rural residents, including families with young children, pregnant and postpartum individuals, older adults, caregivers, and people living with chronic conditions. Year One will include a needs assessment and gap analysis to identify existing resources, service gaps, priority populations and geographies, workforce and infrastructure needs, and the home visiting models best suited to the various regions. The Activity will also strengthen connections between home visiting programs and the broader rural health system through coordinated referral, communication, and care pathways with primary care, hospitals, behavioral health, Mobile Integrated Health, and other health and community partners.

Year One Funding: Year One will focus on designing an effective and sustainable rural home visiting system through a needs assessment and gap analysis. The assessment will identify existing programs and infrastructure, geographic and population gaps, priority evidence-based or evidence-informed models, workforce and training needs, technology and data requirements, and opportunities to strengthen chronic disease management, referrals, and care coordination. Participating organizations will receive direct funding support to participate in assessments. After the assessment, organizations selected to expand existing program models and/or implement new models will receive direct funding to support delivery of home visiting services to rural residents. Funding can support infrastructure, staffing coordination, training, referral development, data and reporting readiness, and other program start-up needs. Final award structures may be adjusted based on identified community needs, geographic priorities, service models, and organizational capacity.

Who Should Apply: Rural Hospitals, Rural FQHCs, RHCs, Rural-Located Healthcare Providers and Practicers, and Rural-Located CBOs/SSOs that are interested in implementing or expanding home visiting services are encouraged to apply. Preference will be given to organizations that are already providing home-based services or have established experience delivering services in the home. Applicants should be willing to participate in training, technical assistance, data collection, quality improvement, and coordination with healthcare and community partners.

1.7 Hospital at Home

Eligible Entities: Rural Hospitals for Year One.

Activity Purpose: The Activity will support rural hospitals in developing Hospital at Home models that are appropriate for their organization and rural service area, with the goal of expanding access to hospital-level care closer to home, improving patient choice, and reducing reliance on facility-based care. Participating hospitals will receive support to assess organizational and regional readiness, identify operational and service gaps, develop implementation plans and standard operating procedures, identify necessary clinical and non-clinical partners and vendors, address workforce and technology needs, and prepare applications for applicable CMS Hospital at Home waivers.

Year One Funding: Rural Hospitals will be eligible to receive direct funding to support participation in Hospital at Home planning and initial implementation activities. A technical assistance provider will support participating hospitals through the planning and implementation process. Technical assistance will include organizational and regional readiness assessments and gap analyses; identification and planning for required vendors, services, workforce, equipment, and supplies; identification of technology, clinical monitoring, pharmacy, diagnostic, transportation, and other operational needs; and as appropriate development of implementation plans or identification of a model supported by others.

Who Should Apply: The six identified rural hospitals are encouraged to participate to support planning and designing the model that would work best for their service area. Rural hospitals will explore whether the model is operationally or financially feasible for their organization. Hospitals should be willing to actively participate in a structured readiness assessment and planning process, engage clinical and operational leadership, identify internal and external partners, explore opportunities to coordinate with other Rural Health Transformation Program activities, and work toward Hospital at Home implementation when organizational readiness and federal requirements allow.

1.8 Develop Rural Value-Based Payment Models

Eligible Entities: Rural Hospitals for Year One. Eligibility may expand to additional rural entities in future years based on program design and funding availability.

Activity Purpose: This Activity will support the development of a new funding program for rural hospitals focused on population health, value-based care, and financial sustainability.

Participating hospitals will also receive technical assistance to strengthen their capacity to participate successfully in value-based payment arrangements and other incentive programs. Year One will focus on assessing hospital and regional readiness, identifying opportunities for new payment approaches, and engaging rural hospitals in the design of future value-based programming.

Year One Funding: Participating rural hospitals will receive coordinated technical assistance and implementation support to prepare for value-based payment models. Support may include baseline population health assessments; identification of key utilization, quality, and disease burden measures; assessment of current participation in incentive and payment programs; identification of opportunities for new financial incentives; education and coaching on value-based contracting, quality reporting, population health management, financial sustainability; data analytics, quality improvement, and performance measurement support. Hospitals may also receive direct funding to support participation in readiness activities and submission of baseline data needed to inform program design.

Who Should Apply: All six rural hospitals are encouraged to participate. Participating hospitals will provide input into payment program design, engage in organizational and regional readiness assessments, complete baseline population health and utilization analyses, and work with technical assistance providers to identify opportunities for value-based payment and financial incentives. Hospitals should be prepared to engage clinical, operational, financial, and quality leadership and participate in data collection and other readiness activities that will support the implementation of value-based programming.

Intersections with other Activities: Shared priorities with other Initiative 1 Activities, with particular emphasis on Activities 1.1, 1.4, 1.5, and 1.7.

Initiative 2 - Innovation in Rural Care Models Activities

2.1 Mobile Health Units

Eligible Entities: Rural Hospitals, Rural FQHCs, RHCs, Rural-Located Primary Care Providers and Practices, Rural-Located Behavioral Health Providers and Practices, Rural EMS providers, other Rural-Located Health Care Providers and Practices, and Rural-Located CBOs/SSOs. Partnerships between clinical and community organizations are encouraged.

Activity Purpose: This Activity will support development and expansion of mobile health infrastructure that brings essential clinical, preventive, diagnostic, and care coordination services closer to rural residents who face barriers accessing traditional care settings. Mobile health approaches may include mobile clinical units, portable diagnostic and screening equipment, temporary or rotating community-based service sites, or other infrastructure that enables care to be delivered where rural residents live, work, and gather. Participating organizations will be encouraged to propose mobile health approaches that respond to locally identified needs and complement existing clinical and community infrastructure. Services may include primary and preventive care, chronic disease screening and management, diagnostic services, behavioral health, specialty care connections, and other services that improve access to care. Mobile health models are encouraged to integrate with existing healthcare providers and other Rural Health Transformation Program activities rather than operate as stand-alone services.

Year One Funding: Year One will support both implementation-ready projects and project planning for organizations who do not have implementation ready projects. Organizations with implementation-ready projects may be considered for direct funding to support implementation including equipment, technology, staffing, infrastructure, site preparation, workflow development, or other costs necessary to launch or expand mobile services. Organizations that have identified a need for mobile health services but are not yet ready for implementation may participate in a structured technical assistance and planning process. Technical assistance may support needs assessment, service planning, partnership development, financial and operational modeling, equipment and technology selection, workflow design, data and reporting plans, and development of an implementation-ready proposal for potential funding in future years. Funding will support 10–15 mobile units, mobile equipment packages, or other mobile health infrastructure investments per year. Funding for units is expected to range from approximately \$100,000 to \$400,000, with final amounts determined by the type of equipment, infrastructure, and implementation needs associated with each project.

Who Should Apply: Eligible entities with a proposal for using mobile health infrastructure to improve access to care are encouraged to apply whether the project is ready to launch or still requires planning and development. Applicants may propose a traditional mobile health vehicle, but a vehicle is not required. Projects may instead include portable clinical or diagnostic equipment, telehealth-enabled mobile services, rotating community care sites, shared regional

mobile infrastructure, or other approaches that allow services to move closer to rural residents. Applicants with implementation-ready projects should be prepared to map out existing partnerships, staffing, infrastructure, operational workflows, and the steps required to begin service delivery with the program vendor. Organizations earlier in development should be willing to participate in technical assistance, community planning, and partnership development to create a shovel-ready project for potential future-year investment.

2.2 Integrated Specialty Care Networks

Eligible Entities: Rural Hospitals, Rural FQHCs, RHCs, Rural-Located Primary Care Providers and Practices, and Rural-Located Behavioral Health Providers and Practices.

Activity Purpose: This Activity will support the development of Integrated Specialty Care Networks to increase access to specialty consultation and ongoing specialty care for rural residents. Participating organizations will identify and work with specialty providers, larger health systems, and other regional partners to develop hybrid models that combine virtual and in-person specialty care and better connect rural patients and primary care teams to needed expertise. Networks may use approaches such as Project ECHO, eConsults, provider-to-provider consultation, direct-to-patient telehealth, shared specialty clinics, and technology-enabled diagnostic services. Investments may also support portable diagnostic equipment, technology, workflows, referral infrastructure, and other startup needs that allow specialty services to be delivered closer to rural residents. The Activity is intended to strengthen the capacity of rural providers to manage more care locally while ensuring timely access to in-person specialty services when needed. Networks should be designed around identified rural population needs and specialty access gaps and should be integrated with existing providers and regional care systems rather than create duplicative services.

Year One Funding: Year One will focus on planning, coordination, and initial development of approximately five specialty care networks. Each network may receive up to \$480,000 in direct funding per network to support coordination, technical infrastructure, business and operational planning, partnership development, legal agreements, referral and care coordination workflows, and other startup needs. A technical assistance provider will also support organizations in designing and implementing specialty care networks. Technical assistance may include specialty access and service-gap assessment, network and partnership development, workflow design, technology and diagnostic planning, reimbursement and business planning, development of legal or data-sharing agreements, workforce training, and preparation for pilot implementation. Organizations selected for participation will work toward establishing partner agreements and standardized referral and care coordination processes before pilot implementation.

Priority Considerations: Priority will be given to rural regions with more limited access to specialty care, including areas where residents experience long travel distances, limited local specialty availability, extended wait times, or other barriers to timely specialty services.

Who Should Apply: Eligible entities interested in improving access to specialty care for the populations they serve are encouraged to apply. Non-rural hospitals, health systems, academic medical centers, and specialty practices may also submit expressions of interest describing the specialty services, consultation models, or referral capacity they could offer to rural communities. These expressions of interest will be made available to participating rural organizations, which will determine the partnerships and specialty relationships that best align with regional needs, existing relationships, and network priorities.

2.3 Telehealth Expansion

Note: This Activity includes multiple telehealth components, this application is only for the tele-dental activities. Tele-pharmacy and tele-behavioral health activities will be supported through separate procurement processes.

Eligible Entities: Rural FHQCs, RHCs, Rural-Located CBOs/SSOs, and Other Rural-Located Healthcare Providers and Practices that operate dental clinics.

Activity Purpose: This initiative will expand access to high-quality dental care by integrating tele dentistry into participating organizations. This initiative will support organizations serving rural, remote, underserved, and other communities experiencing barriers to timely oral health care. A specialized tele dentistry technology and service partner will support technical assistance, implementation, and delivery. The initiative will enable local dental teams to connect patients with dental professionals for screenings, consultations, treatment planning, follow-up, and referrals. The model will help address geographic barriers, provider shortage areas, transportation challenges, and wait times.

Year One Funding: Year One funding will support a vendor to assess organizational needs and readiness, coordinate implementation across participating organizations, and establish a sustainable teledentistry model. Funds will also support technology implementation, equipment and connectivity, staff training, workflow integration and clinical support, patient engagement, program coordination, and evaluation. The initiative will establish the infrastructure needed for participating organizations to incorporate teledentistry into their existing dental services and evaluate its impact on access, utilization, and patient outcomes.

Who Should Apply: Eligible applicants that operate dental clinics in community-based dental settings.

Intersections with other Activities: This initiative compliments existing initiatives working with oral health services by expanding access to dental providers and specialists through teledentistry. It will support existing dental clinics, strengthen referrals, and care coordination, and align with broader health equity, primary care, and access to care initiatives without duplicating current services.

2.4 Rural Digital Health Sandbox

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Eligible Entities: The direct recipients are research and development (R&D) organizations that have been approved to be part of the Digital Health Sandbox Network. Rural Hospitals, Rural FQHCs, RHCs, Rural-Located Healthcare Providers and Practices, and Rural-Located CBOs/SSOs can partner with sandboxes on projects and will be sub-awardees of the sandboxes.

Activity Purpose: The Rural Digital Health Sandbox Program will be launched under the Massachusetts eHealth Institute's (MeHI) Digital Health Sandbox Program. This program will award RHTP funding to approved R&D organizations in the Digital Health Sandbox Network to support testing and validation projects with digital health startups that are designing solutions to improve the health care of rural populations. Sandbox organizations will partner with rural health care and community-based organizations to serve as recruitment and testing sites for the validation projects.

Year One Funding: MeHI will award a total of up to \$3,636,000 in Year One to support 8-10 Rural Digital Health Sandbox projects. The funding will be awarded to the organizations in MeHI's Digital Health Sandbox Network, and any rural partner organizations will be sub-awardees of the sandbox organization.

Who Should Apply: Eligible entities that would like to support the design of, or serve as a recruitment and testing site for, pilots of emerging digital health technologies. MeHI will help connect interested organizations with members of the Sandbox Network that are exploring projects with digital health startups in an organization's areas of interest.

Intersections with other Activities: Specific calls for digital health technologies will align with the priority areas of other MA RHTP activities.

2.5 Rural SHINE-HT

Eligible Entities: Rural FQHCs are eligible in Year One; Rural Hospitals, RHCs, Rural-Located Community Behavioral Health Centers, and Rural Nursing Facilities will be eligible beginning in Year Two.

Activity Purpose: The Rural SHINE-HT program will support pilots and then provide incentive funding and consulting services to FQHCs and other health care facilities in rural-designated regions to adopt and utilize proven health tech solutions that support their workforce and improve their care delivery. The pilot program will include grant funding and consulting services to support the design and execution of the pilot implementation of a selected health technology.

Year One Funding: Selected eligible FQHCs will receive direct funding of \$250,000 per project to support the technology costs and staff resources required for the pilot implementation. Selected organizations will also choose an Implementation Partner from a list of pre-qualified

organizations to support the design and execution of the pilot. Implementation Partners will receive \$182,000 per project.

Who Should Apply: Rural FQHCs can apply for Year One. Rural Hospitals, RHCs, Rural-Located Community Behavioral Health Centers, and Rural Nursing Facilities should indicate their interest for future years of the program.

Intersections with other Activities: This program will be promoted at listening sessions hosted by MeHI in coordination with activities 2.4 Rural Digital Health Sandbox, 6.1 Rural HIE, and 6.4 Cybersecurity Supports.

Initiative 3 - Training Healthcare for Retention, Innovation, and Excellence (THRIVE) Activities

3.1 Rural Talent Recruitment Campaign

Eligible Entities: Rural Hospitals, Rural FQHCs, RHCs, Rural-Located Primary Care Providers and Practices, Rural Municipalities, Rural CBOs/SSOs, Rural Behavioral Health Practices and other Rural-Located Healthcare Providers and Practices.

Activity Purpose: This activity will partner with local community-based organizations, career centers, provider entities, and educational institutions to encourage individuals in rural communities to pursue health professions. “Grow-your-own” workforce development programs address shortages by cultivating local individuals to support workforce needs, while empowering residents’ economic independence. Providing rural residents with employment opportunities with benefits helps reduce outmigration and strengthen local economies. Funding will support local planning, marketing services, creation of local engagement programs like HOSA, support for student engagement, and exposure experiences. This long-term strategy enables rural communities to more effectively address their future healthcare workforce needs.

Year One Funding: Selected eligible entities will be eligible to receive technical assistance to support local planning, marketing services, creation of local engagement programs like HOSA, support for student engagement, and exposure experiences.

Who Should Apply: Eligible entities who are facing hiring challenges or that want to expand their reach to future health professions, especially at an entry level position.

Intersections with other Activities: The eligible healthcare delivery sites who will benefit from this campaign will likely overlap with Activities 3.3, 3.4, 3.6, and 3.7.

3.2 Expand State-Wide Rural Training Networks and Pipeline Programs

Eligible Entities: Area Health Education Centers (AHECs), Rural-Located Healthcare Providers and Practices and employers, professional organizations, community colleges, vocational and technical education programs, and other rural-located education or workforce organizations with experience supporting healthcare training and workforce development.

Activity Purpose: Modeled off of MA's successful Community Health Worker Training Network model, we will fund collaborative regional networks of community entities, educational providers, and local providers to develop curriculum pathways and localized supports to establish training hubs for both professional certification and expansion of skills. By aligning resources and dividing responsibility locally, sharing materials and best practices across regional networks, and training residents for employment and economic mobility, the Activity will build a stronger local workforce pipeline and create long-term sustainability by embedding training capacity within rural communities and connecting education directly to local employer needs.

Year One Funding: Year One will support regional networks in developing and piloting training pathways focused on four priority workforce areas: Emergency Medical Services personnel, nurses—with an initial emphasis on pediatric home care, community health workers, and behavioral health professionals, particularly social workers and mental health counselors. Funding may support curriculum development, coordination among network partners, training delivery, participant support, faculty or preceptor capacity, and other locally identified needs required to establish sustainable training hubs. Technical assistance providers will support regional network development, facilitate planning among education and employer partners, coordinate profession-specific curriculum and training resources, and promote sharing of materials and best practices across regions.

Who Should Apply: Rural-located healthcare educators, employers and providers, professional organizations, AHECs, community colleges, and other workforce development partners that work with the prioritized professions are encouraged to apply. There is particular interest in organizations willing to collaborate across education and employment sectors, identify local workforce shortages, develop or expand training pathways, provide clinical or experiential learning opportunities, and support recruitment and retention of trainees in rural communities.

Intersections with other Activities: This Activity will coordinate with Activities 2.6, 5.1, and 5.3.

3.3 Create Rural Nurse Practitioner (NP) Residency Programs

Eligible Entities: Rural Hospitals, Rural FQHCs, RHCs, Rural-Located Primary Care and Behavioral Health Practices, other Rural-Located Health Care Providers and Practices, and Rural-Located CBOs/SSOs.

Activity Purpose: This Activity will establish, expand, or sustain Nurse Practitioner residency programs in rural settings to strengthen the rural advanced practice workforce, support newly trained NPs as they transition into practice, and expand the skills of currently practicing NPs. Residency programs will focus on areas of significant need in rural communities, including but not limited to Psychiatric Mental Health NPs, Women's Health NPs, and Adult-Gerontology NPs. Participating organizations will receive support to develop or use accredited educational programming, design rural clinical experiences, strengthen mentorship and preceptor capacity, and establish the administrative infrastructure needed to operate high-quality residency programs. The Activity will also support incentives for rural clinical training sites and resources for residents so that rural organizations can more effectively recruit, train, and retain NPs in areas with persistent workforce shortages. Residency programs are intended not only to increase the number of NPs practicing in rural communities, but also to build long-term clinical training capacity within rural organizations. Reduced or fully supported tuition and other participant supports will be tied to a five-year service commitment in rural communities or facilities, helping ensure that investments in training translate into sustained rural workforce capacity.

Year One Funding: Will support the development of the residency model and launch of the first cohort through several funding streams. A vendor will provide program administration, technical assistance, oversight, and shared learning support across participating sites. Funding will also support program development and administrative costs incurred by host organizations, including curriculum development or adaptation, preceptor and mentorship capacity-building, clinical training design, administrative staffing, information technology, supplies, and other startup needs. Additional funding will support resident compensation and participant support, with pass-through funds administered through the managing vendor.

Who Should Apply: Eligible entities that are interested in hosting, developing, expanding, or partnering in an NP residency program are encouraged to apply. Applicants should be prepared to engage clinical and administrative leadership, identify or develop qualified preceptors and mentors, participate in technical assistance and shared learning, coordinate with educational and accreditation partners, and support resident recruitment, supervision, and retention. Organizations do not need to have an existing NP residency program but should demonstrate a commitment to developing the infrastructure and partnerships necessary to support one.

Intersections with Other Activities: This Activity will coordinate with Activities 3.4, 3.5, and 3.7.

3.4 Support Pathways to Permanent Housing for Clinical and Support Staff

Eligible Entities: Rural Hospitals, Rural FQHCs, RHCs, Rural-Located Primary Care and Behavioral Health Providers and Practices, other Rural-Located Health Care Providers and Practices, and Rural-Located CBOs/SSOs.

Activity Purpose: This Activity will support the development of housing assistance models that help rural healthcare organizations recruit and retain clinical and support staff in communities where housing availability and affordability create significant workforce barriers. In some rural areas, high housing costs, limited year-round rental availability, and competition from second-home markets make it difficult for healthcare workers to remain in the community long term. The Activity will support local approaches that help workers transition from temporary or unstable housing to more permanent housing options. Potential models may include down payment assistance or matching programs, cash builder programs, rental offsets, relocation assistance, housing navigation, and other locally designed strategies. Programs may be developed in partnership with municipalities, private employers, nonprofit organizations, housing organizations, and other community partners. Individuals receiving housing assistance will be expected to make a **five-year commitment to work in rural facilities and communities**.

Year One Funding: Year One funding will support market research, needs assessment, and program design to identify communities with the greatest housing-related workforce challenges and determine which housing support models are most feasible and sustainable. A contracted vendor will assess local housing conditions, workforce recruitment and retention barriers, existing employer-supported housing programs, potential partnership opportunities, and financing approaches. The planning process will also support development of program eligibility criteria, benefit structures, employer participation requirements, service commitment expectations, and implementation models that could be funded in future years.

Who Should Apply: Eligible entities that experience significant challenges recruiting or retaining staff because of housing availability, affordability, or relocation barriers are encouraged to participate. There is particular interest in organizations located in communities with severe housing shortages or high housing costs and in organizations willing to partner with municipalities, housing organizations, local businesses, nonprofits, and other stakeholders to develop sustainable local solutions.

Organizations should be prepared to share information about workforce vacancies, turnover, recruitment challenges, housing barriers experienced by staff, and existing housing or relocation supports. Applicants should also be willing to participate in program design and explore employer, community, and public-private partnership approaches that can extend the impact of future housing investments.

Priority Considerations: Priority may be given to rural communities where housing shortages and high housing costs are demonstrably affecting healthcare recruitment and retention, particularly areas with limited year-round housing supply or significant tourism-related housing pressures.

Intersections with Other Activities: This Activity will coordinate with Activity 3.3 Rural Nurse Practitioner Residency Programs and Activity 3.6, particularly where housing assistance can help

recruit trainees, newly hired clinicians, and other priority healthcare workers to rural communities and support their transition into long-term rural practice.

3.5 Launch Incentive Programs for Field Placements and Supervising Clinicians

Eligible Entities: Rural Hospitals, Rural FQHCs, RHCs, Rural-Located Primary Care and Behavioral Health Providers and Practices, other Rural-Located Health Care Providers and Practices, and Rural-Located CBOs/SSOs.

Activity Purpose: This Activity will expand opportunities for healthcare professional students to complete clinical and field-based training in rural communities. Rural organizations often have limited capacity to host students because of staffing, supervision, administrative, and financial constraints, while students may also face barriers completing unpaid internships, practicums, apprenticeships, and other required placements. This Activity will address both challenges by supporting rural organizations to build or expand their ability to host and supervise trainees and by providing financial incentives to students completing required placements in rural settings. By increasing exposure to rural practice during training, this Activity aims to strengthen the long-term rural workforce pipeline and increase the likelihood that trainees remain and practice in rural communities after completing their education and licensure requirements. Students receiving placement incentives will be required to make a five-year service commitment in a rural area.

Year One Funding: Year One will provide direct funding to support more than 80 clinical and field placements across rural communities. Funding may support student stipends or other financial assistance for traditionally unpaid placements, as well as costs associated with supervision, precepting, mentorship, onboarding, and administration at rural host organizations. A technical assistance provider will work with participating organizations to establish or expand placement and preceptorship programs, strengthen supervision capacity, develop partnerships with educational institutions, address administrative and operational barriers, and build sustainable processes for hosting students in future years.

Who Should Apply: Eligible entities that currently host students or would like to develop the capacity to offer clinical placements, internships, apprenticeships, practicums, or other field-based training opportunities are encouraged to apply. Organizations may be at different stages of readiness and do not need to have an established placement program to participate. Applicants should also be willing to support student exposure to rural practice and contribute to longer-term workforce recruitment and retention efforts.

Intersections with Other Activities: This Activity will coordinate with other workforce initiatives, including 3.2 Rural Training Networks and Pipeline Programs, 3.3 Rural Nurse Practitioner Residency Programs, and other activities focused on workforce recruitment, training, supervision, and retention. Shared approaches to preceptor development, educational

partnerships, student supports, and rural service commitments may help build a stronger and more sustainable rural workforce pipeline.

3.6 Facilitate Recruitment and Retention Plans

Eligible Entities: Rural Hospitals, Rural FQHCs, RHCs, Rural-Located Primary Care and Behavioral Health Providers and Practices, other Rural-Located Health Care Providers and Practices, and Rural-Located CBOs/SSOs.

Activity Purpose: This Activity will help rural provider organizations build the local capacity and infrastructure needed to recruit and retain a stable healthcare workforce. Participating organizations will receive site-specific assessments and technical assistance to develop, strengthen, and implement medium- and long-term recruitment and retention plans tailored to their workforce needs and community context. Planning will address strategies such as establishing community recruitment committees, developing outreach and recruitment materials, improving candidate sourcing and matching, creating employee referral approaches, strengthening onboarding, and supporting retention from an employee's first day of employment. The goal is to ensure rural organizations have sustainable recruitment and retention systems in place rather than relying primarily on short-term or reactive hiring approaches.

Year One Funding: Year One will primarily support organizational assessments, technical assistance, and recruitment and retention planning. Participating organizations will work with technical assistance providers to assess current workforce challenges and practices, identify gaps, establish priority workforce needs, and develop actionable site-specific recruitment and retention plans. Support may also include tools, templates, coaching, peer learning, and assistance implementing priority strategies identified through the assessment process. Direct funding will be provided to support participation. Approximately seven organizations will be selected in Year One to participate, with similar availability in future years for additional organizations to be supported.

Who Should Apply: Eligible entities that experience ongoing difficulty recruiting or retaining clinical, behavioral health, allied health, or support staff are encouraged to participate. Organizations may apply whether they have no formal recruitment and retention plan or have an existing plan that needs to be updated or strengthened. Applicants must be willing to engage organizational leadership and staff in the assessment process, share relevant workforce information, and work with technical assistance providers to develop and implement practical recruitment and retention strategies.

Priority Considerations: Priority may be given to organizations experiencing persistent vacancies, high turnover, difficulty recruiting priority occupations, or limited internal human resources and workforce development capacity. Additional consideration may be given to organizations that demonstrate a commitment to implementing the recruitment and retention

strategies developed through the technical assistance process and to coordinating workforce efforts with community and regional partners.

Intersections with Other Activities: This Activity will coordinate with other workforce activities that address training, recruitment, and long-term retention, including 3.2 Rural Training Networks and Pipeline Programs, 3.3 Rural Nurse Practitioner Residency Programs, 3.4 Housing Supports, and 3.5 Field Placements and Supervising Clinicians. Together, these activities can help rural organizations build a workforce pipeline that supports recruitment, training, transition into rural practice, and long-term retention.

Initiative 4 - Healthy Rural Communities Activities

4.1 Community Chronic Disease Prevention & 4.2 Community Based Organization Networks

Eligible Entities: Rural Hospitals, Rural-Located CBOs/SSOs (including regional planning agencies), and Rural Municipalities. Other organizations may participate as network partners where they provide relevant clinical, public health, social service, prevention, or community expertise. Funding is anticipated to support a backbone organization within each rural cluster to coordinate planning and network development.

Activity Purpose: This Activity will support rural communities in developing coordinated, community-based approaches to prevent chronic disease and address the underlying factors that contribute to poor health. Participating rural regions will establish or strengthen networks of trusted community organizations and develop locally tailored chronic disease prevention strategies based on the needs, assets, and priorities of their communities. Networks will engage community-based organizations, municipalities, healthcare providers, public health partners, and other local organizations to expand screening, education, navigation, and evidence-based or evidence-informed prevention activities. Programming may address conditions and risk factors such as diabetes, hypertension, COPD, obesity, cancer, nutrition, physical activity, tobacco or substance use, and other locally identified priorities. The Activity is intended to build on the strengths of rural communities rather than establish a single statewide intervention. Each regional network will assess local needs and assets, identify priority populations and chronic disease risks, and select a mix of interventions appropriate to the region. Networks will also strengthen connections between community-based prevention and clinical care, helping residents move more easily between community programs, primary care, Chronic Disease Management Networks, and other needed health and social services.

Year One Funding: Year One will focus on establishing regional infrastructure, completing community-level assessments, developing chronic disease prevention plans, and building or expanding CBO networks. A backbone organization in each participating rural cluster may receive direct funding to lead this work. Current planning anticipates approximately direct

funding up to \$75,0000 per region to assess community assets, needs, and gaps and develop a chronic disease prevention plan. Regions demonstrating greater readiness will be able to begin programming in Year One. Additional direct funding of up to \$100,000 per rural cluster will support development and coordination of the CBO network. Technical assistance will be provided to support building networks, assessment, planning, and implementation of interventions.

Priority Considerations: Priority may be given to organizations with a demonstrated history of partnership and collaboration across rural communities, particularly those that have successfully worked with multiple sectors such as healthcare providers, municipalities, public health, schools, social service organizations, and community-based partners. Additional consideration may be given to organizations with established trust in the communities they serve, experience convening diverse partners, and a track record of coordinating shared initiatives, referrals, or community-based programming.

Who Should Apply: Eligible entities with strong community relationships and the capacity to serve as a regional backbone or convener are encouraged to apply. This may include CBOs/SSOs, municipalities, hospitals. Applicants should be willing to coordinate a network of local partners, conduct or participate in community needs and asset assessment, engage residents and organizations in setting priorities, develop a regional prevention plan, and support implementation of locally selected programs.

Intersections with Other Activities: This Activity will coordinate closely with 1.1 Chronic Disease Management Networks so that community-based prevention activities complement clinical chronic disease management strategies and referral pathways. It may also connect with Rural MA Connect to strengthen referrals between clinical providers and CBOs, as well as Home Visiting, Remote Patient Monitoring, Mobile Health, and other activities that can help identify and engage residents who would benefit from community prevention resources.

4.3 Coordinate with Local Public Health Shared Service Arrangements

Eligible Entities: Local Public Health Shared Service Arrangements (SSAs) that serve one or more Rural Municipalities, and Rural Municipalities participating in rural-serving SSAs.

Activity Purpose: This Activity will strengthen the role of Local Public Health Shared Service Arrangements in supporting preventive health activities in rural communities. Funding will support stronger connections between SSAs, rural municipalities, healthcare providers, and community organizations and expand the ability of shared public health staff, including community health workers, to support chronic disease prevention, health education, referrals, community outreach, and other activities identified through the Healthy Rural Communities Initiative. The Activity will also strengthen real-time data sharing, service coordination, and

referral infrastructure, allowing local public health partners to contribute to community-level prevention strategies and connect residents to clinical and social supports.

Year One Funding: Year One will focus on identifying rural-serving SSAs, assessing existing capacity and gaps, defining the additional staffing or infrastructure needed to better support rural municipalities, and developing implementation plans. Future funding may support pooled staffing, community health worker capacity, data and reporting infrastructure, outreach, service coordination, referral processes, and other locally identified public health functions. Technical assistance will be provided to support SSA planning, rural service design, data-sharing approaches, coordination with healthcare and CBO networks, and development of sustainable operating models.

Who Should Apply: Rural-serving SSAs and participating municipalities interested in strengthening shared public health capacity are encouraged to participate. Applicants should be willing to identify current service gaps, share information about staffing and infrastructure, coordinate with community and healthcare partners, and develop approaches that improve access to prevention and public health services in rural communities.

4.4 Population-Specific Programs

Eligible Entities: Rural-Located CBOs/SSOs (including aging and disability service organizations, Tribal or Indigenous-serving organizations, and family-serving organizations), Rural Municipalities, schools or school-linked organizations, public health providers, and other entities with demonstrated experience serving the priority populations proposed.

Activity Purpose: This Activity will support targeted, community-based prevention and wraparound programs for rural populations that face disproportionate health risks or limited access to preventive services. Initial populations of focus include older adults, people with disabilities, Indigenous populations, school-aged youth, and young families. Programming will be tailored to the needs and strengths of each population and may include evidence-based or evidence-informed approaches that promote healthy and well-being, chronic disease prevention, health education, social connection, safe and accessible environments, family support, developmental health, and navigation to needed services.

Year One Funding: Year One will support identification of priority populations and communities, engagement of organizations with relevant expertise, adaptation or selection of evidence-based and evidence-informed interventions, and initial program planning and implementation. Funding may support staff, participant engagement, training, program materials and supplies, community-based activities, accessibility accommodations, outreach, evaluation, and other locally identified implementation needs.

Technical assistance may support program selection and adaptation, community engagement, data collection, evaluation, accessibility, cultural responsiveness, and sustainability planning.

Who Should Apply: Rural-located organizations with lived experience and/or trusted relationships serving older adults, people with disabilities, Indigenous communities, school-aged youth, or young families are encouraged to apply. Applicants should describe the population and geographic area they propose to serve, the needs they intend to address, and their experience delivering culturally- and community- appropriate services.

Initiative 6 - Enhancing Technology Interoperability and Connectivity Activities

6.1 Rural HIE Program

Eligible Entities: Rural Hospitals, Rural FQHCs, RHCs, Rural-Located Primary Care Providers and Practices, Rural-Located CBOs/SSOs, and Rural Municipalities.

Activity Purpose: The Rural Health Information Exchange (HIE) Program is designed to support enhancement of interoperability across the rural health landscape in Massachusetts. Through a Rural HIE Technical Assistance (TA) Hub Model, health facilities and organizations will be invited to partner to form regional HIE TA Hubs that strengthen HIE and interoperability capabilities within their communities. These hubs will support use cases that address region-specific interoperability challenges, enhance care coordination for rural patients, and reduce administrative and operational burdens on RHF staff.

Year One Funding: \$800,000 - \$1.4 million will be awarded to each Regional TA Hub in Year One. Rural Provider Implementation Awards of up to \$100,000 will be available on a rolling basis for health facilities and organizations pursuing facility specific HIE and interoperability projects. Separate MeHI application and selection processes will be used to award program funding.

Who Should Apply: Any eligible entity interested in forming a Regional TA Hub in partnership with other RHF's from their region may apply. Those interested in facility specific HIE and interoperability projects may apply for Rural Provider Implementation Awards.

Intersections with other Activities: Other MA RHTP Initiatives will be considered when selecting the HIE use cases that Regional TA Hubs will support.

6.4 Provide Cybersecurity Supports to Rural Providers

Eligible Entities: Rural Hospitals, Rural FQHCs, RHCs, Rural-Located Primary Care Providers and Practices, Rural-Located CBOs/SSOs, and Rural Municipalities.

Activity Purpose: Eligible entities in Massachusetts are eligible to receive grants to fund cybersecurity services, including assessments, managed detection and response (MDR), and other managed related services, from CyberTrust Massachusetts. Grants are eligible to fund the

following CyberTrust Massachusetts services, including, but not limited to: Cybersecurity Assessments, Virtual CISO (vCISO) and Training, Managed Detection and Response (MDR), Extended Detection and Response (XDR), Application Control and Zero Trust, Email Security.

Year One Funding:

Respondents must first receive a scope of work from CyberTrust Massachusetts for cybersecurity services for one year. Grants will fund up to the full cost of the scope of work for the year of services.

Grantees will be eligible to receive grants to continue the services in subsequent years up to a total of 5 years subject to the continued availability of RHTP funding. Grants may fund the following amounts of the annual cost of the scope of work:

Year	Grant Percent of Scope of Work Cost
1	Up to 100
2	Up to 100
3	Up to 100
4	Up to 67
5	Up to 33

Respondents must include the scope of work as part of their application.

Who Should Apply: Eligible entities seeking to increase their cybersecurity capabilities.

Intersections with other Activities: This Activity will coordinate with Activities 6.1; 6.2; 6.3.

Initiative 7 - Facility Modernization and Re-Use Activities

7.1 Fund Critical Capital Updates for Rural Hospitals

Eligible Entities: Rural Hospitals. Eligibility may expand to other rural-serving entities in future years based on funding availability.

Activity Purpose: This activity will support critical capital improvements at rural hospitals to modernize aging facilities, improve safety and accessibility, increase operational efficiency, and expand the availability of services in rural communities. Funding may support renovations and

equipment upgrades that allow hospitals to repurpose underutilized space, strengthen diagnostic and specialty care capacity, improve preventive and chronic disease services, and better integrate new technologies and care models. Projects may also address aging building systems, including HVAC, lighting, water, waste, energy efficiency, resiliency, and other infrastructure needs that affect long-term operating costs and facility sustainability. The goal is to make targeted investments in existing rural hospital infrastructure that improve patient care while creating greater flexibility and financial sustainability for rural hospitals.

Year One Funding: Year One anticipates direct capital funding for the six rural hospitals. Hospitals may request up to \$2.5 million per facility, with final award amounts dependent on the number, scope, readiness, and approval of proposed projects. Funding is intended as a one-time capital investment rather than ongoing operating support. Entities will be eligible for funding annually. A technical assistance vendor will also be available to help rural healthcare facilities assess facility needs, conduct feasibility and sustainability analyses, develop business cases and project scopes, and prepare preliminary designs and other documentation needed for implementation or future capital funding opportunities.

Who Should Apply: Rural hospitals with identified facility, infrastructure, equipment, or space needs that can be addressed through allowable capital investments are encouraged to apply. Applicants may propose projects that are ready for implementation or projects that require additional technical assistance, feasibility work, or project planning before implementation.

7.2 Fund Critical Capital Updates for Rural Primary Care Sites

Eligible Entities: RHCs, Rural FQHCs, and Rural-Located Primary Care Providers and Practices. In Year One, eligibility is limited to Rural FQHCs and Rural-Located Primary Care Providers and Practices.

Activity Purpose: This Activity will support capital and equipment investments needed to modernize rural primary care facilities and strengthen local access to care. Rural primary care organizations often operate multiple small sites with limited revenue and fewer opportunities to finance major facility improvements. Funding will help providers address aging infrastructure and make targeted improvements that expand diagnostic, chronic disease management, telehealth, preventive care, and other primary care capabilities. Eligible projects may include improvements to existing facilities, flexible-use clinical space, HVAC systems, roofs, accessibility, parking and site access, energy efficiency and resiliency, diagnostic equipment, telehealth infrastructure, and other improvements that position rural primary care sites to respond to changing community needs and emerging models of care.

Year One Funding: Year One provides support for approximately 15 rural primary care sites, with individual awards generally anticipated to range from approximately \$500,000 to \$1.5 million, depending on project scope, readiness, and available funding. Entities will be eligible for funding annually. Technical assistance will be available to support facility assessments,

feasibility and sustainability analyses, business case development, project scoping, preliminary design, and development of funding-ready capital plans.

Who Should Apply: Rural FHQCs and Rural-Located Primary Care Providers and Practices with identified facility or equipment needs that affect access, quality, efficiency, or service capacity are encouraged to apply for Year One funding. Organizations may apply with either implementation-ready projects or projects requiring additional technical assistance and planning.

7.3 Fund Critical Capital Updates for Rural Nursing Facilities

Eligible Entities: Rural Nursing Facilities.

Activity Purpose: This Activity will support critical infrastructure investments needed to preserve and improve rural nursing facility capacity. Rural nursing facilities face aging physical plants, limited capital resources, and growing pressure to maintain safe, accessible, high-quality environments for increasingly complex residents. Funding may support modernization of resident rooms, common and dining spaces, accessibility improvements, fire and life-safety upgrades, infection-control infrastructure, ventilation and air filtration, HVAC, windows, lighting, plumbing and water efficiency, energy-efficiency and resiliency improvements, and other allowable facility improvements that strengthen resident care and reduce long-term operating costs. The goal is to maintain essential long-term care capacity in rural communities while improving safety, quality, efficiency, and facility sustainability.

Year One Funding: Year One planning anticipates support for approximately 16 rural nursing facilities, with individual awards generally expected to range from approximately \$125,000 to \$1 million, depending on project scope, readiness, and available funding. Entities will be eligible for funding annually. Participating facilities may also receive technical assistance to assess capital needs, develop feasibility and sustainability analyses, strengthen project scopes, and prepare preliminary designs and supporting documentation.

Who Should Apply: Rural Nursing Facilities with identified capital, infrastructure, safety, accessibility, infection-control, or modernization needs are encouraged to apply. Applicants should be able to demonstrate how the proposed investment will support resident care and preservation of long-term rural care capacity.

7.4 Rural Nursing Facility Units for Behavioral Health & Substance Use Disorder Services

Eligible Entities: Rural Nursing Facilities

Activity Purpose: This Activity will support the expansion of behavioral healthcare supports into rural nursing facilities. Rural nursing facilities may be more isolated and lack the resources to expand behavioral health services to serve changing population demands. Funding may support the development of behavioral health units, supportive spaces, spaces for substance use disorder groups, methadone storage, or medication units. The goal is to expand long-term care capacity in

rural communities by upgrading infrastructure, building partnerships, and investing in facility sustainability.

Year One Funding: Year One will provide direct funding from \$350,000+ per facility, with award size determined by the scope of the proposed unit, the extent of physical conversion required, whether the facility will host a medication unit, and the facility's starting readiness. A technical assistance provider will support facilities by providing training and program infrastructure covering topics such as licensure and regulatory navigation, clinical model and protocol development, design and construction support, workforce training and development, partnership facilitation, and more.

Who Should Apply: Rural nursing facilities that are committed to meeting the behavioral health needs of their residents.

SECTION IX. Additional Information

- A. The EOHHS contact person for this RFA is Amy Butcher, email: EOHHS-Procurement@mass.gov. Applicants are prohibited from communicating directly with any other employee or representative of the procuring department regarding this RFA, and no other individual Commonwealth employee or representative is authorized to provide any information or respond to any question or inquiry concerning this RFA. Applicants may contact the contact person for this RFA in the event this RFA is incomplete or the Applicant is having trouble obtaining any required attachments electronically through COMMBUYS.
- B. The Commonwealth will not be responsible for any costs or expenses incurred by applicants responding to this RFA.
- C. Applicants with disabilities or hardships that seek reasonable accommodation, which may include the receipt of RFA information in an alternative format, must communicate such requests in writing to the contact person. Requests for accommodation will be addressed on a case-by-case basis. An applicant requesting accommodation must submit a written statement which describes the applicant's disability and the requested accommodation to the contact person for the RFA. EOHHS reserves the right to reject unreasonable requests.
- D. Applicants and contractors are not allowed to display the Commonwealth of Massachusetts Seal in their application or subsequent marketing materials if they are awarded a contract because use of the coat of arms and the Great Seal of the Commonwealth for advertising or commercial purposes is prohibited by law.

SECTION X. COMMBUYS

- A. COMMBUYS Market Center.

COMMBUYS is the official source of information for this Request for Application (RFA) (known as a Bid in COMMBUYS terminology) and is publicly accessible at no charge at www.commbuys.com. Information contained in this document and in COMMBUYS, including file attachments, and information contained in the related Bid Questions and Answers (Q&A), are components of the RFA, as referenced in COMMBUYS, and are incorporated into the RFA and any resulting contract.

Applicants are solely responsible for obtaining all information distributed for this Application via COMMBUYS.

It is each Applicant's responsibility to check COMMBUYS for:

- a. Any amendments, addenda, or modifications to this RFA, and
- b. Any Application Q&A records related to this RFA.

The Commonwealth accepts no responsibility and will provide no accommodation to Applicants who submit a Quote based on an out-of-date RFA or on information received from a source other than COMMBUYS.

B. COMMBUYS Registration

Applicants may elect to register for a free COMMBUYS Seller account which provides value-added features, including automated email notification associated with postings and modifications to COMMBUYS records. However, to respond to an RFA, Applicants must register and maintain an active COMMBUYS Seller account.

a. Quote Submission Method

Online Quote Submission via COMMBUYS is required.

All Applicants must submit Quotes online using tools available only to Sellers registered in COMMBUYS. COMMBUYS provides Seller registration functionality at no charge. To register, go to www.COMMBUYS.com and click on the "Register" link on the home or landing page.

b. COMMBUYS Support

Technical assistance is available during the procurement process. Every effort is made to respond to inquiries within one business day.

Website: Go to www.mass.gov/osd/commbuys to access COMMBUYS resources, including new bid postings, job aids, and training schedules for buyers, among others.
Email: Send inquiries to the OSD Help Desk at OSDHelpDesk@mass.gov.

Telephone: Call the OSD Help Desk at 1-888-MA-STATE (1-888-627-8283). The Help Desk is staffed from 8:00 a.m. to 5:00 p.m., Monday through Friday Eastern Time, except on federal and state holidays. Bidders are advised that COMMBUYS

will be unavailable during regularly scheduled maintenance hours of which all users will be notified.

C. Acceptable Forms of Signature

Effective June 15, 2021, for all 1) CTR forms, including the Standard Contract Form, W-9s, Electronic Funds Transfer (EFT) forms, ISAs, and other CTR-issued documents and forms, or 2) documents related to state finance and within the statutory area of authority or control of CTR (i.e. contracts, payrolls, and related supporting documentation), CTR will accept signatures executed by an authorized signatory in any of the following ways:

1. Traditional “wet signature” (ink on paper);
2. Electronic signature that is either:
 - a. Hand drawn using a mouse or finger if working from a touch screen device; or
 - b. an uploaded picture of the signatory’s hand drawn signature.
3. Electronic signatures affixed using a digital tool such as Adobe Sign or DocuSign. If using an electronic signature, the signature must be visible, include the signatory’s name and title, and must be accompanied by a signature date. Please be advised that typed text of a name not generated by a digital tool such as Adobe Sign or DocuSign, even in computer-generated cursive script, or an electronic symbol, are not acceptable forms of electronic signature.

D. Reasonable Accommodation

Applicants with disabilities or hardships that seek reasonable accommodation, which may include the receipt of RFA information in an alternative format, must submit a written statement describing the Applicant’s disability and the requested accommodation to the contact person for the RFA. EOHHS reserves the right to reject unreasonable requests.

E. Electronic Communication and Update of Applicant’s Contact Information

It is the responsibility of the Applicant to keep current the email address of the Applicant’s contact person and to monitor that email inbox for communications from EOHHS, including requests for clarification. EOHHS and the Commonwealth assume no responsibility if an Applicant’s designated email address is not current, or if technical problems, including those with the Applicant’s computer, network or internet service provider (ISP) cause email communications sent to or from the Applicant and EOHHS to be lost or rejected by any means, including email or spam filtering.

F. Amendment or Withdrawal of RFA

EOHHS reserves the right to:

- a. Amend the RFA at any time; and/or
- b. Terminate this RFA in whole or in part at any time.

If EOHHS decides to amend or clarify any part of this RFA, any amendment will be posted on COMMBUYS. EOHHS recommends that Applicants check the COMMBUYS site regularly for updates, as it is the Applicant's responsibility to remain aware of clarifications and amendments.

G. Incorporation of RFA

This RFA and any related documents submitted by an applicant's Response may be incorporated by reference into any agreement with the Applicant.

H. Public Records

All applications and related documents submitted in response to this RFA become public records and are subject to the Massachusetts Public Records Law, M.G.L. c. 66, § 10 and M.G.L. c. 4, § 7 subsection 26. Any statements in submitted applications that are inconsistent with these statutes, including marking by Applicants of information as confidential during the quote submission process in COMMBUYS, will be disregarded.

EOHHS will not return any applications or materials Applicants submit in response to this RFA.

I. Application Duration

The Applicant's application shall remain in effect until any agreement with the Applicant is executed.