

## RRR FAQ's

### NOFO Updates:

After further clarification from CMS regarding requirements for **Budget Period One (BP1)**, the Oklahoma Rural Health Transformation Program (RHTP) is issuing an updated timeline for subrecipient spending and invoicing.

**Budget Period One (BP1) = December 28, 2025 – October 30, 2026**

To ensure OSDH compliance with federal deadlines:

- All BP1 funds for Personnel, Fringe and Travel must be spent by October 30, 2026.
- All other BP1 funds carry over and must be **fully spent and invoiced by subrecipients by July 31, 2027.**
- All BP1 funds must be drawn down by OSDH by September 30, 2027.

1. Question regarding Partnership scoring criteria (Scoring Criterion: Partnership, 10 points): The NOFO awards partnership points to applications from "two or more organizations" but does not define "organization." Could OSDH clarify whether separately licensed hospitals that share common governance (same board of directors and CEO) constitute one or two organizations for purposes of the partnership scoring criterion?
  - a. If the hospitals share common governance, OSDH considers this one organization.
2. Would EMS agencies be eligible for funding under the RRR Funding Model that want to implement a community paramedic program?
  - a. To abstain from the potential of duplication amongst RHTP programs and initiatives, Community Paramedicine does not fit well within RRR.
3. For the RRR, should an application that includes partnerships be submitted as a single application covering all sites, or should an organization submit a separate application for each partnering site? For example, if an organization partners with hospitals in 2 counties, should the application include both sites, or should there be separate applications for each county?
  - a. If the total budget is less than \$4 million limit, please submit 1 application that includes both counties, but please specify the budget and programmatic expectations for each county in your application. If

the total budget will be greater than the \$4 million limit, please submit individual applications that are within the funding limits.

4. Can a Federally Qualified Health Center apply for this funding opportunity?
  - a. Yes, an FQHC may apply for this funding.
5. Can the funding be used for renovations of an existing building to expand clinical services?
  - a. Yes, this would be an allowable use of funds. Please specify in your application how the renovations will expand clinical services.
6. Can the funding be used to purchase equipment to establish a dental clinic in a rural area?
  - a. Yes, this would be an allowable use of funds.
7. Would Cooperative Extension meet the criteria as a social service or local government entity if the proposal is submitted by a county office that is located at one of the eligible counties?
  - a. Yes, they would meet the criteria if the service is delivered in an eligible rural city/town. Please reference Attachment A for eligible counties/towns. Proposed projects must align with RRR program objectives of improving access, quality, and/or sustainability of rural healthcare.
8. Will all PI and Co-PI must fulfill the UEI, SAM.gov registration, insurance, and other criteria to be eligible?
  - a. All applicants (leads and partners) must be located in and currently providing services in Oklahoma, be a clinical (e.g., hospital, outpatient clinic, long-term care) or social service (e.g., food bank, school, local government) provider, or be a local government entity or tribal government.
  - b. The Lead applicants applying for the funds must fulfill three additional eligibility requirements, including UEI, SAM.gov registration, insurance and not be disbarred, suspended or otherwise excluded from participating in federally funded programs or activities.
9. Several organizations across Oklahoma (and the U.S.) are exploring programs that utilize Unmanned Aerial Systems (drones) to provide essential medical supplies (e.g., diagnostic samples, emergency medications, whole blood, and time-critical prescriptions) to rural health nurses and patients. Since the RRR NOFO prohibits 'transportation or travel-related costs,' could you please clarify if drones used specifically for clinical delivery of medical supplies are classified as prohibited

'transportation' costs, or if they qualify as 'innovative technology' or 'infrastructure' aimed at 'improving access to critical localized and/or specialized care'? Given that similar federal initiatives in Oklahoma, like the Choctaw and Cherokee Nation's SMART grants, categorize this technology as a 'medical logistics system', would the RRR program follow this classification?

- a. This potentially could be allowable, as drones can be categorized as medical equipment providing essential medical supplies, but more information would be needed to evaluate.

10. Referring to the Prohibited and Restricted Funding Uses section, which lists "Land acquisition and depreciation of land" and "New construction" as unallowable: could OSDH please clarify whether the one-time purchase of an existing, move-in-ready building for use as a rural clinical service site is an allowable use of RRR funds when no new construction and no remodeling are required? Specifically: Is the acquisition of the building itself prohibited under the "land acquisition" provision, given that real property purchases typically include the underlying parcel? If the building portion may be allowable as a capital cost when clearly tied to an RRR program objective (e.g., improving access to localized care), how should applicants allocate and document costs between the building and the land? Would such an acquisition be considered a prohibited "capital fund or investment vehicle to generate income"?

- a. Purchasing a building is not an allowable use of RRR funds. CMS RHTP NOFO and Terms and Conditions prohibit "construction or building expansion, purchasing or significant retrofitting of buildings."

11. The NOFO does not explicitly address lease or rental payments. Could OSDH please confirm whether lease payments for clinical space used to deliver services to a rural Oklahoma community (as defined in Attachment A) are an allowable use of RRR funds when the lease period covered by RRR funds falls entirely between the award date and September 30, 2027 (consistent with the expenditure deadline and the prohibition on pre-award costs); The leased space requires no structural renovation or major remodeling; and rent is documented as reasonable and market-rate, with pricing supported per OSDH's 2 CFR § 200.320 interpretation (three quotes for purchases over \$15K)?

- a. Yes, lease payments are allowable if the cost advances the approved program objectives and meets the following conditions:
  - i. Lease cost was included in the budget provided and approved
  - ii. Lease space directly supports the approved access, quality, or sustainability objectives

- iii. Lease period falls within the award expenditure period (award date through September 30, 2027).
      - iv. Rent is documented as reasonable and market-rate (provide 3 quotes over \$15,00).
    - b. If lease payments are allowable, please also confirm whether a prepaid lump sum (paid during the award period but covering occupancy through 9/30/2027) is treated the same as monthly lease payments for reimbursement purposes.
      - i. A lump sum prepayment is not treated the same as monthly payments under this award. The RRR program is reimbursement-based with monthly documentation required. Under 2 CFR §200.405(c), costs must be allocated to the periods they benefit. If they prepay the lease then they would submit monthly reimbursement requests for the pro-rated share of any lump sum payment as each month of occupancy occurs, not the full amount at once.
12. Will you accept vendor proposals from outside of Oklahoma for project consideration? I see the requirements on the website say you must be already doing business in OK or currently located in OK, however I wanted to clarify because of conflicting information from a recent communication.
- a. Applicants must be located in and currently providing services in Oklahoma.
13. Does the funding restriction for personnel costs pertain to all personnel on the project if awarded?
- a. Yes, this award does not allow for personnel costs within the budget. However, you can include contracting/consulting support in the budget.
14. Does the funding restriction for travel costs pertain to all travel project if awarded? This would limit access to rural areas.
- a. Yes, transportation or other travel related costs are not permitted on this project.
15. For the Rural Regional Reorientation Program (RRR) since salaries are prohibited, are contracted clinical services an allowable use of funds? For example, could OSU-CHS collaborate with a hospital in Wagoner and charge a fee for providing virtual clinical services?
- a. We can reimburse for contracted services, but we cannot for billable services.

16. Regarding the Certificate of Insurance: If providing educational and consultancy services where work is performed in a home office and on-site with a client, is the requirement for insurance waived? If so, where can an applicant find the exempt form? Would a cyber insurance policy be required in this instance?
- a. Final determinations of what insurance requirements can be waived or lowered will be made based on the awarded programs. The cyber insurance is applicable only if the awarded entity will be accessing, processing, or storing state data. All applicants are encouraged to request insurance waivers or lowered amounts through the Requests for Exceptions to the Terms and Conditions form.
  - b. The *OSDH Requested Exceptions to OSDH Subrecipient terms and conditions form* can be found on the RRR NOFO funding page under Attachment D. This form is to be completed once you have read the Subrecipient Terms and Conditions. Please provide your requested exceptions on this form and upload with your application.
17. Is an OK Vendor ID required prior to application submission or prior to acceptance of an award?
- a. An OK Vendor ID is required prior to acceptance of an award.
18. The previous NOFO opportunity had a word count limitation built in within the answer box on the Smartsheet. Could you please provide the word count limitation, if there is one?
- a. We did not state a word count for the field forms in Smartsheet for RRR as the narrative for this NOFO will be uploaded as files. The file size for uploads has a limitation of 250MB.
    - i. Evidence of Need: 1 page maximum
    - ii. Implementation: 1 page maximum
    - iii. Impact and Sustainability: 2 pages maximum
19. The previous NOFO opportunity had a budget line item limitation built in within the Excel. Could you please provide the budget line item limitation if there is one?
- a. \$4 million limit
20. What is OSDH defining as major renovation/remodeling? There is not purchase for a building but the building needs to be fitted to a RHC to expand services to meet the needs in the community. What do you define as major?
- a. Per the NOFO, Major renovation/remodeling, including structural changes, unless proven necessary to achieve program objectives and as part of a broader use of funds. If the project doesn't meet the CMS minor renovation definition (below), it will likely be considered major.

- b. Per CMS, Minor Alterations and Renovations projects include small modifications aimed at enhancing the functionality of the facility where the project will take place. In general, minor modifications to an existing building footprint, existing infrastructure, and existing rooms within a facility would be considered minor building alterations or renovations. For example, renovations or retrofitting to convert underutilized cost intensive spaces within existing health care facilities to clinic or community-based treatment spaces would qualify (e.g., in a purely hypothetical example, converting a hospital space to be a standalone ER + OB and NICU ward with retrofitting remaining space to serve as telehealth or primary care). Similar to all uses of funds for this program, minor alterations and renovations require prior approval from CMS. Hypothetical, illustrative examples include but are not limited to:
  - i. Interior Modifications: Installing or relocating interior walls and partitions to create new offices or meeting rooms.
  - ii. Lighting and Electrical: Upgrading light fixtures to more energy-efficient systems.
  - iii. HVAC and Plumbing: Replacing vents and thermostats for better climate control.
  - iv. Accessibility Improvements: Installing automatic door openers to enhance accessibility.
  - v. Security and Safety: Installing or upgrading security cameras or access control panels.
  - vi. Workspace Reconfiguration: Creating open office layouts or converting private offices to better suit needs.

21. In the Program Quick Summary Guide, the RRR plan states under fund use:

"Establishing a regional provider program to fund regional care planning and infrastructure improvements." Will a sample for fund uses be provided?

- a. Illustrative examples for RRR application concepts have been uploaded with the funding opportunity on the RHTP funding webpage. Sample applications will not be provided for RRR.

22. We are a school district that employs 2 school nurses, can we apply for equipment that will help them bring better service to our students and help keep them in school. This would be equipment that we can't cover in our school budget.

- a. This is potentially eligible, pending scoring, as long as this project fulfills the objectives of RRR.

- b. OSDE currently has their ROOTS grant posted for PK-12 schools to enhance physical education, fitness, and wellness initiatives aligned with state standards. You can find this funding opportunity on the RHTP funding webpage.
- 23. Our school employs a social worker; can she order curricula to help her students?
  - a. This is potentially eligible, pending scoring, as long as this project fulfills the objectives of RRR.
  - b. OSDE currently has their ROOTS grant posted for PK-12 schools to enhance physical education, fitness, and wellness initiatives aligned with state standards. You can find this funding opportunity on the RHTP funding webpage.
- 24. Can you please confirm RRR can fund capital purchases for mobile health assets?
  - a. This would be an allowable use of funding.
- 25. Can the funding be used to pay out-of-state contractors to replicate a prototype from another state?
  - a. This would be an allowable cost, but please explain how this will impact the rural communities in Oklahoma.
- 26. Can the funding be used for fuel for mobile units as an operational cost?
  - a. Transportation and travel related costs are unallowable on this funding, which would include fuel.
- 27. The RFA states that no personnel can be funded but clinicians who are oversight will not be able to bill CPT codes. Would this function be considered an administrative cost up to the 10%?
  - a. Unless the clinicians are contractors, they would be considered personnel which is unallowable for this funding.
- 28. Can the funding be used to pay for the monthly fee for an EHR as an operational cost?
  - a. EMR/EHR implementation unallowable for RRR, given cap of 5% of total RHTP funding and other RHTP that already addresses EMR/EHR implementation
- 29. Can a for-profit company apply with a clinic or social service agency?
  - a. Yes, a for profit company can apply as long as they fulfill the eligibility requirements and the project meets the objectives of RRR, pending scoring.
- 30. If you already have a persistent operation and you're already have a lease contract but the only way for you to restructure the preexistent operation is to purchase the property. Are you able to do so? Services are already been provided food, pantry,

transitional housing, and supported services, but to expand services I would have to purchase the property cannot be allowed.

- a. Purchasing a building is not an allowable use of RRR funds. CMS RHTP NOFO and Terms and Conditions prohibit “construction or building expansion, purchasing or significant retrofitting of buildings.”

31. Blue Rock Health and Wellness LLC is an outpatient therapy / health and wellness provider in Marlow, Oklahoma, serving Stephens County and surrounding rural communities. We are considering an RRR application to expand rural access to outpatient therapy, adult rehabilitation, pediatric/developmental therapy, chronic disease functional recovery, occupational health-related prevention, and care coordination services. Our current physical capacity limits our ability to expand rural health services. We understand that new construction may be prohibited or restricted. Please clarify whether any facility-related costs are allowable under RRR when directly necessary to expand rural clinical service capacity, including interior buildout, treatment-room conversion, therapy-gym modifications, fixtures, accessibility improvements, or equipment installation.

- a. If new construction or major building expansion is not allowable, would it be acceptable for the applicant to fund the building expansion separately and request RRR funds only for eligible equipment, care-coordination infrastructure, telehealth tools, outcome tracking, and other non-construction implementation costs?
  - i. Per CMS, Minor Alterations and Renovations projects include small modifications aimed at enhancing the functionality of the facility where the project will take place. In general, minor modifications to an existing building footprint, existing infrastructure, and existing rooms within a facility would be considered minor building alterations or renovations. For example, renovations or retrofitting to convert underutilized cost intensive spaces within existing health care facilities to clinic or community-based treatment spaces would qualify (e.g., in a purely hypothetical example, converting a hospital space to be a standalone ER + OB and NICU ward with retrofitting remaining space to serve as telehealth or primary care). Similar to all uses of funds for this program, minor alterations and renovations require prior approval from CMS. Hypothetical, illustrative examples include but are not limited to:
    - ii. Interior Modifications: Installing or relocating interior walls and partitions to create new offices or meeting rooms.

- iii. Lighting and Electrical: Upgrading light fixtures to more energy-efficient systems.
- iv. HVAC and Plumbing: Replacing vents and thermostats for better climate control.
- v. Accessibility Improvements: Installing automatic door openers to enhance accessibility.
- vi. Security and Safety: Installing or upgrading security cameras or access control panels.
- vii. Workspace Reconfiguration: Creating open office layouts or converting private offices to better suit needs.
- b. Finally, please confirm whether an outpatient therapy / health and wellness provider located in Oklahoma and serving eligible rural communities may qualify as a clinical provider or health-promoting service provider under the RRR NOFO.
  - i. Yes, an outpatient therapy provider would be considered clinical. However, each applicant must show their project aligns with the objectives of RRR addressing access, quality or sustainability.

32. Does a park playground with fitness equipment or sports complex fall into this in anyway?

- a. If you feel the project meets the objectives of RRR addressing access, quality or sustainability it could potentially meet criteria. Each application is subject to eligibility criteria demonstrating the project's evidence of need, implementation, impact and sustainability.

33. We previously discussed whether Tribes would be subject to the Oklahoma Central Purchasing Act and the possibility of negotiating those terms. Would it be feasible to address or negotiate these requirements prior to applying for the RRR, Chronic Disease, and future funding, particularly given that Tribes are not listed among the exemptions from Oklahoma Office of Management and Enterprise Services oversight? More specifically, is there an opportunity for Tribal entities to negotiate alternative procurement standards where Tribal procurement policies already align with federal requirements?

- a. Tribal governments are eligible to apply for the RRR NOFO. For this NOFO, preference will be given in final scoring for applications that are partnerships of two or more organizations, but individual organizations are still eligible for funding. No negotiation of the OSDH Subrecipient Terms and Conditions may occur prior to an official award. If an applicant wishes to pursue exception(s) to the OSDH Subrecipient

Terms and Conditions, they must submit the required Request for Exceptions form.

34. Another concern we have is that the funding opportunities appear to contemplate serving non-tribal members and operating on a reimbursable program design. Because Tribes are federally obligated to prioritize services for beneficiaries and would not pursue programs requiring service to non-beneficiaries, could this circumstance potentially qualify for an exemption or otherwise be addressed through negotiations in advance of applying?
- a. RRR projects are not required to be open to populations beyond the tribe and for year 1 are not required to have a partner. However, applications demonstrating partnership for providing access to services to rural populations will be given preference points.
35. Our organization provides transportation to health care services. The budget restrictions say transportation expenditure is not allowed. Does this mean we cannot apply?
- a. If you feel the project meets the objectives of RRR addressing access, quality or sustainability it could potentially meet criteria. Each application is subject to eligibility criteria demonstrating the project's evidence of need, implementation, impact and sustainability. However, transportation and travel related costs are unallowable on the budget.
36. The budget says salary expenses are not allowed. So, no salaries can be covered under this grant?
- a. Correct, this award does not allow for personnel costs within the budget. However, you can include contracting/consulting support in the budget.
37. If our program offers the same service to all/nearly all eligible counties, should we list each county in the budget spreadsheet? (Each line item will be the same for each county.) Or will it suffice to complete one Line Item and indicate "All eligible counties" and add a descriptor under Justification?
- a. Yes, if you include all counties in the justification description, separate line items for each county are not necessary.
38. Can you provide an example of major renovation/remodeling that proves itself necessary to achieve program objectives and would be considered allowable? Would the 20% award cap to capital expenditures still apply to a qualifying major renovation?
- a. Major renovations/remodeling, including structural changes, are not allowable unless proven necessary to achieve program objectives and

as broader use of funds. Please see examples of RRR Application Concepts listed under the RRR NOFO Application attachments. The first example uses the expansion of a labor & delivery service in a rural critical access hospital which could be considered a major renovation and would be allowable. If a proposed project/purchase costs more than the limit of this grant, the applicant should explain how they will pay for the remaining amount in Attachment C. It is the applicant's responsibility to show that they are not replacing (supplanting) other funds.

- b. Yes, only qualifying major renovations would count towards the 20% cap.

39. If the program receives a high volume of large-dollar requests, does the funding agency anticipate awarding partial funding in order to support a greater number of applicants?

- a. Applications will be scored based on the criteria provided in NOFO. Applicants are allowed to submit a supplemental budget in addition to their main budget request, found in Attachment C. OSDH reserves the right, but does not anticipate awarding partial funding in order to support a greater number of applicants

40. Would the purchase of van be considered an allowable expense if it necessary to implement the proposed program and no ongoing transportation or operating costs are included in the request?

- a. Yes, a vehicle is allowable. The reimbursement of mileage or personnel salary to drive the vehicle (unless contracted) is not allowed

41. For the budget form, if we are requesting equipment/supplies to support patients in multiple counties, is it necessary to break out equipment/supply quantities by County, or would a single line item reflecting multiple counties be acceptable.

- a. So long as the line item applies to all counties it is not necessary to list items individually, a single line item will suffice.

42. In the restricted and prohibited costs, you list food items. Does that mean this grant will not support the purchase of food or are food costs restricted on the amount?

- a. Funding meals, including medically tailored meals, is not an allowable use of funds.

43. As stated in the Webinar: Administrative Cost indirect or direct costs are capped at 10% of our total RHTP funding. Could you please give an example of some acceptable indirect and direct Administrative Costs. Also, would Consulting Fees

and Contract Labor be considered under Administrative Costs or would then be listed under a Separate Budget Line Item?

- a. Administrative costs include costs for grant administration (e.g., grants management, compliance, fiscal oversight). Total grant administration should include all direct grant administrative costs and a proportional share of indirect costs. Consulting Fees and Contract Labor should only be included in Administrative Costs if supporting grant administration.

44. If your organization has separate Divisions which have their own specific missions' functions, operations and their specific separate governing Boards of Directors and CEO would they constitute as their own separate applicant or as a sub- recipient role. (one or two organizations for the purpose of applying separately).

- a. If multiple organizations do not share any common governance, they are considered separate organizations. If multiple hospitals within the same system have separate CEOs and Boards of Directors but ultimately funnel up to a system CEO and a system Board of Directors, they may be considered a single organization.

45. if both partners in the partnership must submit SRQ or just the one of the partners?

- a. The lead applicant applying for the funds must complete and submit the SRQ.

46. Are public institutions of higher education (Universities and Colleges) eligible entities to apply for this grant funding?

- a. Public institutions of higher education are considered eligible applicants.

47. You list food items as a prohibited or restricted costs. Will you please explain if food items are prohibited or just restricted? What is the amount of the restriction? I am asking from a food bank perspective.

- a. Food items are prohibited with this funding.

48. In the SUB-RECIPIENT QUESTIONNAIRE what is EFT Indicator #:?

- a. The EFT is the Electronic Funds Transfer indicator. This is a four-character suffix to your Unique Entity Identifier(UEI) that is added in SAM.gov. Previously known as DUNS+4.

49. If you apply for the RRR and the Chronic Disease Management grants, can you be funded through both?

- a. Potentially, yes, dependent upon scoring of project proposal, etc.

50. Can funding be used for incentives for either patients or hospitals?

- a. This use of funds will be assessed on a case-by-case basis. Applicants should be clear on why the incentive is needed for their specific rural

context and how the incentives are part of a comprehensive initiative that is within the scope of this program, has a focus on benefits to rural communities, and will be sustainable beyond the life of the program. The costs should not be perpetual expenses that will reach a funding cliff and not be sustainable.

51. What is considered "state data"? regarding the need for some kind of cyber insurance...
- a. Cyber security insurance is generally required when there is access to OSDH or state systems, OSDH access to contractor or third party systems, off-site cloud or data storage services, and/or the handling of confidential or non-public information. There is not a blanket requirement for all contractors; the requirement is made based on specific risk categories and the types of services provided.
52. Can a facility in Skiatook, OK apply if it is located in Osage county? Skiatook isn't listed in the eligible communities spreadsheet, assumedly since part of it overflows into Tulsa county. However, the majority of Skiatook is in Osage and it's population meets the 55,000 or under requirement.
- a. You are correct. Skiatook isn't listed in the eligible communities because of its affiliation with Tulsa county, however, the rurality is based on where the patient will be served. If the applicant's headquarters is in an urban area but they have rural locations where they will deploy the funding, the application is eligible.
53. I have a question regarding Attachment D, the "smart sheet." The links in the File Access column do not appear to be working. Would it be acceptable to submit all of the corresponding documents together with this form as one combined PDF document instead?
- a. The link should be downloaded, then is fillable. The form is also available on our website, listed as Attachment D.
54. I have a question regarding the financial audit submission requirements. Is it required to provide a link to the full financial audit, or would it be acceptable to submit a PDF containing only the applicable pages referenced in the application materials?
- a. Applicants may submit a PDF in lieu of a link, but the submission should include the complete audit, not only selected pages, to include auditor's opinion, any findings and any questioned costs.
55. I have a question regarding the following application item: "Have there been lawsuits filed or any undecided litigation against your organization in the past 12

months?” Would disclosure under this question automatically affect eligibility, or are individual circumstances taken into consideration?

- a. Disclosure of lawsuits or undecided litigation does not automatically make the application ineligible. However, if awarded this information could impact post award monitoring.

56. I have a question regarding the insurance coverage limits listed in Attachment B, Section 5.1(B) of the Subrecipient Terms and Conditions, which states that Commercial General Liability Insurance with limits of not less than \$2,000,000 per occurrence is required. Our organization currently maintains Commercial General Liability Insurance coverage with limits of \$1,000,000 per occurrence. This coverage level is standard and appropriate for a rural Critical Access Hospital (CAH) of our size and scope. Would our current coverage satisfy the requirement, or would additional coverage be necessary in order to remain eligible?

- a. Final determinations of what insurance requirements can be waived or lowered will be made based on the awarded programs. All applicants are encouraged to request insurance waivers or lowered amounts through the Requests for Exceptions to the Terms and Conditions form.
- b. The *OSDH Requested Exceptions to OSDH Subrecipient terms and conditions form* can be found on the RRR NOFO funding page under Attachment D. This form is to be completed once you have read the Subrecipient Terms and Conditions. Please provide your requested exceptions on this form and upload with your application.

57. Does a partner have to be a health care partner or can it be another business?

- a. All applicants (lead and partners) are required to be a clinical (e.g., hospital, outpatient clinic, long-term care) or social service (e.g., food bank, school, local government) provider.

58. Does the prohibition on transportation reimbursement include patient transport?

- a. The purchase of a vehicle for patient transport is allowable; however, the reimbursement of mileage or personnel salary to drive the vehicle (unless contracted) for patient transport is not allowed

59. Can funding be used to support Website and social media outreach?

- a. These are potentially eligible fund uses, as long as the project fulfills the objects of RRR.

60. Can funding be used to provide in-house monitoring for patients and any associated connectivity costs?

- a. Funds for broadband infrastructure are prohibited by CMS. Without additional information related to connectivity costs we can provide the following:
  - i. If its for household internet, this is not allowable.
  - ii. If it is a hotspot- it is allowable if it is only used for the in home monitoring device.

61. Can these funds be used to increase access to dental services?

- a. Dental services meet the eligibility but the project must demonstrate one or more objectives of RRR.

62. The NOFO states that transportation and travel-related expenses are prohibited expenses. Does this also extend to purchasing vehicles and/or vans?

Transportation, bar none, is the greatest prohibitive barrier for service access.

- a. The purchase of a vehicle is allowable.

63. We have a property in Creek County that we are looking to renovate and remodel to become a detox center. Would the costs associated with the remodel be allowable under this NOFO? This would not be the only line item of the program application, but it would allow us to provide these needed services.

- a. The costs to renovate and remodel would be allowable if they are considered Minor Alterations and Renovations.
  - i. Per CMS, Minor Alterations and Renovations projects include small modifications aimed at enhancing the functionality of the facility where the project will take place. In general, minor modifications to an existing building footprint, existing infrastructure, and existing rooms within a facility would be considered minor building alterations or renovations. For example, renovations or retrofitting to convert underutilized cost intensive spaces within existing health care facilities to clinic or community-based treatment spaces would qualify (e.g., in a purely hypothetical example, converting a hospital space to be a standalone ER + OB and NICU ward with retrofitting remaining space to serve as telehealth or primary care). Similar to all uses of funds for this program, minor alterations and renovations require prior approval from CMS. Hypothetical, illustrative examples include but are not limited to:
    1. Interior Modifications: Installing or relocating interior walls and partitions to create new offices or meeting rooms.
    2. Lighting and Electrical: Upgrading light fixtures to more energy-efficient systems.

3. HVAC and Plumbing: Replacing vents and thermostats for better climate control.
  4. Accessibility Improvements: Installing automatic door openers to enhance accessibility.
  5. Security and Safety: Installing or upgrading security cameras or access control panels.
  6. Workspace Reconfiguration: Creating open office layouts or converting private offices to better suit needs.
- b. Per the NOFO, Major renovation/remodeling, including structural changes, unless proven necessary to achieve program objectives and as part of a broader use of funds. If the project doesn't meet the CMS minor renovation definition (above), it will likely be considered major.
64. The NOFO states that EHR/EMR implementation is unallowable, but would the construction and implementation of a new Human Resources database be outside that scope?
- a. Without knowing the specifics, this will likely be considered unallowable.
65. If we are considering submitting a proposal but are uncertain whether it is best aligned with RRR3 or a potential future funding opportunity, would we be permitted to submit the same proposal to multiple NOFOs?
- a. Yes, you may apply for multiple NOFOs.
66. "The Oklahoma Perinatal Quality Improvement Collaborative (OPQIC), housed within the Foundation for a Healthy Oklahoma, supports statewide maternal and infant health improvement through data-driven quality improvement and collaboration. Of Oklahoma's 41 birthing hospitals, 24 are located in RHTP-eligible rural communities. As we consider potential RHTP proposals, we are exploring a project to develop a clinical decision-support app for rural hospitals. This app would embed our existing statewide neonatal therapeutic hypothermia protocol into a step-by-step algorithm to guide care teams in identifying eligible infants and initiating appropriate stabilization and transfer to one of the four NICUs capable of providing therapeutic hypothermia. This would help improve access to specialized care for hospitals with limited resources. Would this type of project be considered an appropriate fit for the Rural Regional Reorientation Program?
- a. This project could meet one or more objectives of RRR.
67. OPQIC would like to continue a current initiative to support rural hospitals—both with and without obstetric services—in preparing emergency departments to care for pregnant patients through targeted education and training. Would this type of

project be considered an appropriate fit for the Rural Regional Reorientation Program?

a. This project could meet one or more objectives of RRR.

68. All Oklahoma birthing hospitals currently provide Post-Birth Warning Signs education at discharge to patients and their support persons. A newly updated version of this program has been released, along with a complementary Newborn Warning Signs education program. OPQIC would like to fund access to this updated training, along with materials, for a certain number of individuals at each eligible rural hospital. Would this type of project be considered an appropriate fit for the Rural Regional Reorientation Program?

a. This project could meet one or more objectives of RRR.

69. Perinatal mood disorders affect at least 20% of pregnant and postpartum individuals. OPQIC would like to provide funding for a certain number of staff at eligible rural hospitals to complete certification training through Postpartum Support International to strengthen knowledge of perinatal mental health conditions, treatment options, and available resources. Expanding access to PSI-trained staff would enhance the ability of rural care teams to identify, assess, and connect patients to appropriate care. Would this type of project be considered an appropriate fit for the Rural Regional Reorientation Program?

a. This project could meet one or more objectives of RRR.

70. Can a partnership application include a non-Oklahoma-based technology and clinical workforce partner as a subrecipient or named consortium member, where the lead applicant is an Oklahoma-located clinical or social service provider currently serving rural Oklahomans? If yes, are there specific subrecipient documentation requirements or geographic restrictions on partner roles?

a. All applicants (lead and partners) are required to be located in and currently providing services in Oklahoma. The non-Oklahoma based technology and clinical workforce partner could be contractors but not partners.

71. Does a tribally-managed, multi-tribe consortium clinic operating under ISDEAA self-determination meet the definition of a regional provider collaborative for the purposes of this NOFO? If yes, can the consortium apply as the lead applicant on behalf of its member tribes?

a. Yes, a tribally managed, multi-tribe consortium clinic would be eligible to apply as the lead applicant assuming the consortium is located and currently providing services in Oklahoma.

72. Are workforce training, credentialing pathway development, and community health worker scope expansion eligible activities under the Sustainability objective,

particularly when designed to expand local workforce capacity that supports the Access and Quality objectives over time?

- a. These are potentially eligible, pending scoring, as long as the project fulfills one or more objectives of RRR.

73. Are care delivery models that incorporate licensed clinicians providing care via telehealth from outside the state eligible, provided clinical oversight, mobile workforce, and patient interaction occur within rural Oklahoma communities? If yes, what licensure and supervision documentation should the application include?

- a. Care delivery models are potentially eligible, assuming the model complies with state regulations, however, further details would be needed to evaluate personnel costs and billable services are not eligible for funding.

74. How is "shovel-ready" defined for scoring purposes, and how does the review panel weigh applications that combine immediate-implementation components with phased capacity-building elements? For example, would an application that begins service delivery within 60 days of award while simultaneously building local workforce capacity over a 12-month timeline qualify as shovel-ready?

- a. "Shovel-ready" will be evaluated based on how much of the benefit can be realized within 12 months of receiving funds.

75. Could you clarify how the State distinguishes between "contracted services" and "billable services"? For example, if an entity in an urban county contracts to provide clinical services to an entity in a rural county, and those services could be billable under normal circumstances, would they be considered ineligible "billable services" even if they are not billed to a payer or patient and are instead paid through the contracted scope of work?

- a. Billable services are ineligible costs regardless if provided by a contracted entity. Payments or rate enhancements for services currently billable or reimbursable through Medicaid, Medicare, commercial insurance or another funding source at a lower rate than the applicant seeks, or where the applicant does not routinely bill for the service are ineligible costs.

76. For cloud-based or SaaS telehealth and virtual care platforms (such as AI-enabled virtual care, remote patient monitoring, and ambient documentation technologies), the cost structure is typically a recurring subscription or licensing fee. Would the grant cover the first year of subscription or licensing fees when incurred during the grant period of performance, with the applicant assuming responsibility for these costs in subsequent years as part of the sustainability plan?

- a. These are potentially allowable expenses, however application should address in further detail how the project, including payments for platforms, will be sustainable without additional grant funding.
- 77. We have two questions about the 20% cap on capital expenditures. First, does the 20% cap apply to each individual award (so on a \$4 million award, no more than \$800,000 could go to capital), or does it apply across all of Oklahoma's RHTP funding combined? CMS materials suggest the cap applies to the state's total funding, not each individual award, but we want to confirm how OSDH is applying it. Second, does equipment count toward the 20% cap, or only renovations? CMS guidance indicates equipment is usually evaluated separately from capital expenditures and not counted toward the cap, but we want to confirm OSDH's approach.
  - a. The 20% cap applies across all Oklahoma RHTP funding combined. OSDH maintains the right to deny an application if the funding cap has been reached by other programs.
- 78. Would contracted non-billable maternal mental health, behavioral health prevention, developmental screening, parent education, and care coordination services qualify if they are designed to improve rural healthcare access and sustainability?
  - a. These are potentially allowable fund uses, assuming they are non-billable services.
- 79. If an applicant partners with rural community sites to establish recurring access points for maternal mental health, behavioral health, developmental screening, or prevention services, would this type of decentralized community-embedded access model align with the RRR objectives related to access and sustainability?
  - a. This project could meet one or more objectives of RRR.
- 80. Would prevention-oriented maternal and pediatric behavioral health access metrics (such as screening completion, referral connection, reduced wait times, or improved access to care) be considered responsive utilization and impact measures under RRR?
  - a. Metrics will be reviewed as part of the evaluation process as it relates to specific program activities and outcomes.
- 81. Can funds be used to purchase an RV and renovate it to be a mobile health clinic-medical or behavioral health?
  - a. The purchase of a vehicle (RV) and minor renovations are allowable costs.
- 82. We are renovating a building to be a detox and residential treatment facility. The funding restriction for "major renovation/remodeling, including structural changes"

does give an exception that it would be permissible if it is "proven necessary to achieved program objectives". Would this be an example where major renovation would be allowable?

- a. First, please review Minor Alterations and Renovations definition to see if project potentially qualifies as a minor renovation. Per CMS, Minor Alterations and Renovations projects include small modifications aimed at enhancing the functionality of the facility where the project will take place. In general, minor modifications to an existing building footprint, existing infrastructure, and existing rooms within a facility would be considered minor building alterations or renovations. For example, renovations or retrofitting to convert underutilized cost intensive spaces within existing health care facilities to clinic or community-based treatment spaces would qualify (e.g., in a purely hypothetical example, converting a hospital space to be a standalone ER + OB and NICU ward with retrofitting remaining space to serve as telehealth or primary care). Similar to all uses of funds for this program, minor alterations and renovations require prior approval from CMS. Hypothetical, illustrative examples include but are not limited to:
  1. Interior Modifications: Installing or relocating interior walls and partitions to create new offices or meeting rooms.
  2. Lighting and Electrical: Upgrading light fixtures to more energy-efficient systems.
  3. HVAC and Plumbing: Replacing vents and thermostats for better climate control.
  4. Accessibility Improvements: Installing automatic door openers to enhance accessibility.
  5. Security and Safety: Installing or upgrading security cameras or access control panels.
  6. Workspace Reconfiguration: Creating open office layouts or converting private offices to better suit needs.
- b. If the project doesn't meet the CMS minor renovation definition (above), it will likely be considered major. Major renovations/remodeling, including structural changes, are not allowable unless proven necessary to achieve program objectives and as broader use of funds. Please see examples of RRR Application Concepts listed under the RRR NOFO Application attachments. The first example uses the expansion of a labor & delivery service in a rural

critical access hospital which could be considered a major renovation and would be allowable. If a proposed project/purchase costs more than the limit of this grant, the applicant should explain how they will pay for the remaining amount in Attachment C. It is the applicant's responsibility to show that they are not replacing (supplanting) other funds.

83. We have a crisis center where the police have indicated that they want us to have an overhang canopy and driveway for police to transport consumers to the crisis center for services. Is this allowable under the exception that this change is "necessary to achieve the program objectives".

a. Overhang canopies and driveways are generally unallowable expenses as they are considered construction. Minor alterations to existing canopies or driveways may be allowable uses of funds.

84. Could funds be used to purchase vehicles that would then be used for sooner ride in a given area. This would increase access.

a. The purchase of a vehicle is allowable. The reimbursement of mileage or personnel salary to drive the vehicle (unless contracted) is not allowed.

85. Could the funds be used to obtain contract staff to provide billing and credentialing support so that we could bill private insurance more efficiently and effectively thereby expanding access?

a. Contracted services are potentially allowable expenses, but the application will need to describe how the project will be sustainable (i.e you must have a plan to continue supporting this investment to ensure the intended benefits continue without additional grant funding).

86. Could funds be used to obtain a vehicle that would be used for home delivery of pharmaceuticals for our pharmacy?

a. The purchase of a vehicle (RV) is allowable. The reimbursement of mileage or personnel salary to drive the vehicle (unless contracted) is not allowed

87. Are medication-related expenses allowable if they are directly necessary to implement the proposed intervention and are not otherwise billable to or covered by Medicaid, Medicare, private insurance, manufacturer assistance, or another payer source? If direct medication costs are not allowable, would non-billable medication access supports—such as pharmacy coordination, medication access navigation, or assistance connecting rural patients to medication assistance programs—be allowable? If any medication-related costs are allowable, how

should they be categorized in the budget, and what documentation would be required to show they do not supplant existing funds or duplicate another party's responsibility?

- a. Medication-related expenses not otherwise billable or covered by insurance are potentially allowable expenses, however, the application will need to describe how the project will be sustainable (i.e. you must have a plan to ensure the intended benefits continue without additional grant funding).

88. Are program evaluation costs allowable if they are directly tied to required project monitoring, KPI tracking, implementation progress, utilization/outcome measurement, quarterly reporting, and sustainability planning? If allowable, how should these costs be categorized in the budget—for example, as contracted services, supplies/data infrastructure, or another category? Are there any restrictions on using funds for external evaluation support, data analysis, dashboard development, or other non-research evaluation activities needed to document project impact? To clarify, we are referring to program evaluation for implementation monitoring and required reporting, not independent research and development.

- a. Generally, program evaluation cost are allowable. Costs should be itemized by category (e.g., contractual/consulting, supplies, etc.). Personnel costs related to program evaluation not allowable expenses, but contracted or consulting support is permitted.

89. For an application led by an eligible health agency or clinical/social service provider, may a university-based research group serve as a formal project partner, subrecipient, or contracted implementation/evaluation partner if the research group's role is limited to project design support, implementation support, data infrastructure, KPI tracking, program evaluation, and sustainability planning?

- a. The university-based research group could serve as a contractor but would not qualify as a partner as all applicants (lead and partners) are required to be a clinical (e.g., hospital, outpatient clinic, long-term care) or social service (e.g., food bank, school, local government) provider.

90. If the eligible health agency serves as the lead applicant, may a university-based research group directly receive RRR funds through a subcontract, subaward, professional services agreement, or vendor agreement? If so, are there any restrictions on how those funds may be used by the research partner?

- a. It would depend on the scope of work for the university-based research group. Research is an unallowable use of RRR funds and the

research partner would not be allowed to use the funds for any type of research or research project. Evaluation of the RRR project would be an allowable administrative expense to collect the metrics necessary to measure program delivery and outcomes.

91. The NOFO prohibits costs of independent research and development. Could OSDH clarify how it distinguishes allowable program evaluation, implementation monitoring, KPI tracking, and outcome reporting from prohibited independent research and development?

a. The grant will pay for the allowable administrative expense to collect the metrics necessary to measure program delivery and outcomes.

92. Because personnel costs, including salary support, are prohibited, are contracted services allowable for activities such as program implementation support, evaluation, data analysis, dashboard development, patient navigation support, training, or technical assistance? If allowable, should these be budgeted as contracted services rather than personnel?

a. These are allowable contractual services.