STATE OF CONNECTICUT

Office of Health Strategy (OHS)

NOTICE OF FUNDING OPPORTUNITY

#26OHS001

For

Health Care Coordination and Remote Patient Monitoring Using Artificial Intelligence

Applicants must be healthcare providers or organizations delivering patient care or local public health departments (municipal entities).

Technology vendors may only participate as subcontractors or partners.

Rural Health Transformation Program (RHTP)

POSTED: MAY 22, 2026 | APPLICATIONS DUE: JULY 7, 2026 | 2:00 PM ET

This project 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 $154,249,105.53 in Budget Period 1 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, not an endorsement, by CMS/HHS, or the U.S. Government.

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PART 1: BASIC INFORMATION

1.1 General Information

Item	Details
Federal Agency Name	Centers for Medicare & Medicaid Service (**CMS**), U.S. Department of Health and Human Services (**HHS**)
Pass-through/Issuing Entity	State of Connecticut Office of Health Strategy (**OHS or Agency**). Pursuant to Sections 1, 5, 71 and 153 of PA 26-68, effective July 1, 2026 (see also sections 71, 72, 78, 79, 80, 81, 82, 89, 91, 131, 132, 137, 138, 139, 144, 148, 154, 157, 364-369), the Office of Policy and Management ("**OPM**" or Agency) shall constitute a successor agency, in accordance with the provisions of sections 4-38d, 4-38e and 4-39 of the Connecticut General Statutes, to the Office of Health Strategy with respect to all functions, powers and duties of the OHS concerning (1) the State-wide Health Information Exchange, established pursuant to section 17b-59d of the general statutes, (2) the all-payer claims database program, established pursuant to section 19a-755a of the general statutes, (3) the development, publication and modification of health care cost growth benchmarks and health care quality benchmarks required pursuant to sections 19a-754f to 19a-754k, inclusive, of the General Statutes, and (4) contracts and memoranda of understanding or agreement related to funding from the American Rescue Plan Act of 2021. Any order, decision, agreed settlement or regulation of the former Office of Health Strategy concerning any of the functions described in subdivisions (1) to (3), inclusive, of this subsection that is in force on July 1, 2026, shall continue in force and effect as an order, decision, agreed settlement or regulation of the OPM until amended, repealed or superseded pursuant to law. Effective July 1, 2026, the responsible OHS division managing and administering any grant award will become a division within OPM. OPM shall be the successor Grantor for any resulting grants from this NOFO.
Funding Opportunity Title	Connecticut RHTP - Health Care Coordination and Remote Patient Monitoring Using Artificial Intelligence
Announcement Type	Initial announcement
Funding Opportunity Number	#26OHS001
Assistance Listing Number (**ALN**)	ALN 93.798
Funding Details	See Section 1.3 Funding Overview and Table 2 Expected Funding Available in Year 1

Table 1. General Information about the grant opportunity

1.2 Executive Summary

The Rural Health Transformation Program (**RHTP**) was established under H.R.1 (Section 71401 of Public Law 119-21), signed into federal law on July 4, 2025. The program is administered by the CMS and provides annual funding to states to support approved initiatives that strengthen sustainable access to high-quality health care in rural communities.

RHTP is a five-year cooperative agreement that requires quarterly reporting on progress toward strengthening the rural health care workforce, improving operational efficiency, and advancing health outcomes. The program emphasizes value-based care models supported by interoperable digital health infrastructure that enables more coordinated and data-informed care delivery.

Connecticut was awarded $154 million in Year 1 funding to begin implementation of statewide rural health transformation initiatives.

This Notice of Funding Opportunity (**NOFO**) will support Artificial Intelligence (**AI**)-enabled remote patient monitoring and virtual care models that extend care into home and community settings. These models are designed to improve health outcomes, reduce avoidable hospital utilization, and expand access to care in rural communities, while addressing workforce shortages and supporting safe, sustainable care delivery. As defined in the Connecticut General Statutes, AI means (A) an artificial system that (i) performs tasks under varying and unpredictable circumstances without significant human oversight or can learn from experience and improve such performance when exposed to data sets, (ii) is developed in any context, including, but not limited to, software or physical hardware, and solves tasks requiring human-like perception, cognition, planning, learning, communication or physical action, or (iii) is designed to (I) think or act like a human, including, but not limited to, a cognitive architecture or neural network, or (II) act rationally, including, but not limited to, an intelligent software agent or embodied robot that achieves goals using perception, planning, reasoning, learning, communication, decision-making or action, or (B) a set of techniques, including, but not limited to, machine learning, that is designed to approximate a cognitive task. Conn. Gen. Stat. § 4-68jj. OPM has developed an AI policy that requires that the use of AI be aligned with the mission and goals of an agency, properly documented, and well-vetted by the agency using it. Any successful grantee will have to ensure the use of AI and the input of data into those tools comply with applicable laws, regulations, and policies concerning the privacy rights of users and does not discriminate against any of the residents in the state.

OHS, as the lead agency for Connecticut's RHTP Health IT initiatives, including Health Care Coordination and Remote Patient Monitoring Using Artificial Intelligence, will award renewable grants ranging from $100,000 to $1,000,000 per year for up to five years, subject to annual renewal and performance. Awards will be made to eligible organizations to implement AI-enabled remote patient monitoring (**RPM**) and care management models that improve access, strengthen care quality, and reduce costs for rural residents.

1.3 Funding Overview

Connecticut requested a Grant from the CMS of the HHS as part of a financial assistance award totaling $154,249,105.53 in Budget Period 1 with 100 percent funded by CMS/HHS. This grant will support this initiative, Health Care Coordination and Remote Patient Monitoring Using Artificial Intelligence initiative, as well as numerous other Connecticut rural health state-wide initiatives. Under the federal cooperative agreement with CMS, funding is awarded on an annual basis, and continuation is contingent on performance and CMS approval.

Applicants may request funding for up to five years through a phased, performance-based model. Awards will be made annually based on demonstrated progress, measurable outcomes, and available federal funding. **All funds must be fully expended within the applicable funding period; carryover is not permitted.**

For Year 1, a total of **$1.8 million** is available among all awarded grantees. Award amounts will be determined based on scope, readiness, and expected impact.

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1.4 Year 1 Funding

Budget Period	Total Estimated Award / Allocation Combined
Year 1 Allocation	$1.8 million (subject to CMS/state approvals)
Estimated Award Size per Successful Applicant	$100,000–$1,000,000
Anticipated Number of Awards	Not to exceed 5 for Year 1 (subject to proposal quality and available funds)
Eligible Entity Type	See list of eligible entities in **Section 2.1 Eligible Applicants**. Technology vendors may only participate as subcontractors or partners.
Funding Instrument	Competitive grants
Payment Method	Reimbursement-based, unless otherwise authorized
Cost Share or Matching Funds	Not required but matching funds may increase competitiveness of application
Reporting Requirements	See **Section 1.7 Estimated Timeline and Project Dates**

Table 2. Expected Funding Available in Year 1

1.5 Federal Funding Constraints

Funding Contingency

Funding is contingent upon each grantee's ability to demonstrate documented, measurable, and quantifiable outcomes each year. CMS requires annual results-based progress; therefore, continuation funding will not be based solely on implementation activities but on clear evidence of outcomes achieved during every funded year. **NOTE: Only Year 1 funding is being awarded at this time. Unspent funds must be returned to Connecticut (OHS or its successor agency the OPM) and may reduce future award allocations.**

1.6 Cost Sharing

Cost sharing is not required. Applicants are not required to commit matching funds to be eligible for this funding opportunity. As stated in the funding table, proposed matching funds *may* increase the competitiveness of an application based on the published scoring criteria; however, failure to propose matching funds will not, by itself, make an application ineligible.

1.7 Estimated Timeline and Project Dates

Milestone	Description	Date
NOFO Announced	Publication date	May 22,2026
Applicant Question Period Opens	Q&A will open via RHTP@ct.gov at posting of NOFO Questions will be answered over **two stages**. See **Section 1.8 Questions and Answers** for instructions and timeline	May 22, 2026
State Responses to Questions Posted no later than	All answers to questions posted no later than this date	June 17, 2026
Applications Due	Applications will no longer be accepted after this date and time	July 7, 2026, 2:00 PM ET
Review Period	Period the RHTP Team will be reviewing applications	Upon Initial Returned Application July 31, 2026
Contract Negotiation Period	Once candidates are selected, a contract will be negotiated	July 27, 2026 – August 14, 2026
Grant Awards Announced	Once all negotiation is completed and contracts signed, awards will be announced	August 17, 2026
Period of Performance (Year 1)	This is the Year 1 performance timeframe	September 10, 2026 – August 30, 2027
Performance Reporting	Quarterly reporting, or more frequently if needed, will be required	Quarterly: Jan. 10; Apr. 12; Jul. 12; Oct. 11, 2027
Grant Agreements End	Since the federal budget only extends for one year, this is a 1 Year grant with the possibility of four 1 Year extensions	Up to 5-year program subject to CMS continuation funding

Table 3. Estimated Project Dates

NOTE: The State of Connecticut retains the sole and absolute discretion to alter, amend, or otherwise modify these dates. Applicants are reminded to check daily the OHS or OPM websites or CTsource during the pendency of this NOFO for any scheduled changes or updates.

1.8 Questions and Answers

Questions will be answered in two rounds:

- **Round 1**: Q&A opens May 22, 2026 and closes June 1, 2026. Round 1 answers will be published June 5, 2026.
- **Round 2:** Q&A reopens June 2, 2026 and closes June 9. Round 2 (all) answers will be published June 17, 2026.

All questions must be submitted to RHTP@ct.gov no later than the posted deadline using **Subject Line: "CT RHTP Q&A"**.

Responses will be shared on the OHS website, OPM website and CTsource.

PART 2: ELIGIBILITY

2.1 Eligible Applicants

Eligible applicants must be licensed or authorized to provide health care services in Connecticut and demonstrate the ability to serve rural populations. **NOTE**: **An applicant is eligible to submit multiple applications with the complete understanding that these applications MUST be for two or more projects that are completely separate, distinct, and stand-alone qualifying projects. No funding will be released for any projects servicing the same functionality showing only minor variations in Scope.**

Eligible entity types include but are not limited to:

- Hospitals and health systems
- Federally Qualified Health Centers (**FQHCs**) and FQHC Look-Alikes
- Behavioral health and substance use disorder treatment providers
- Independent medical practices
- Emergency Medical Services (**EMS**) and community paramedicine
- Pharmacists and pharmacist-led clinical services
- Oral health providers
- Maternity care programs staffed by licensed clinical professionals
- Municipal health care providers or public health agencies delivering clinical services
- Connecticut-based academic medical centers (or entities formally partnered with a Connecticut-based clinical lead)
- Multi-entity consortia, provided the lead applicant is a Connecticut-based clinical care provider
- Federally Recognized Tribes delivering health care services

2.2 Applicant Qualifications

All applicants must demonstrate meaningful direct or contracted clinical service delivery to rural Connecticut residents.

Applicants must also demonstrate:

- **Operational capability** to implement and support AI-enabled health care delivery tools in clinical settings
- **Financial and operational stability** sufficient to meet reporting, compliance, and performance requirements
- **Experience implementing clinical workflows** supported by digital health tools or care coordination technologies
- **Ability to integrate and exchange health data** with Connie, Connecticut's Health Information Exchange (**HIE**)
- **Adequate staffing and infrastructure** to support implementation, training, and ongoing care delivery operations

- **Compliance** with applicable federal and state requirements, including privacy, security, and nondiscrimination standards
- **No outstanding findings or compliance issues** that would preclude receipt of state or federal funding
- **Ability to comply** with HIPAA and Connecticut's privacy and breach security laws located in Conn. Gen. Stat. Stat. §§ 4e-70 and 36a-701b.

PART 3: PROGRAM DESCRIPTION

3.1 Project Description

This grant will support eligible organizations in serving rural communities across Connecticut. For the purposes of this application, "**rural**" has the same meaning as found in: https://www.hrsa.gov/rural-health/about-us/what-is-rural.

RPM, combined with AI-enabled care management and assistive technologies, represents a key strategy for improving access, quality, and continuity of care in rural communities where geographic barriers and workforce constraints limit timely access to services. These approaches enable providers to monitor patient health status in near real time, identify risks earlier, and intervene proactively supporting better outcomes while reducing unnecessary utilization.

Applicants are encouraged to propose innovative, technology-enabled models that support individuals with chronic conditions, developmental disabilities and other populations with high needs. Solutions may include tools that promote independence, enhance communication with providers and caregivers, and support patients in managing their health in home and community-based settings.

Collectively, these investments address geographic barriers, enhance coordination across care settings, and enable patients to manage their health more effectively. By integrating RPM and related technologies into clinical workflows and electronic health records (**EHR**), providers can make more informed, timely decisions that support continuity of care.

3.2 Program Goals and Expected Outcomes

Funded projects will advance Connecticut's rural health transformation by achieving the following outcomes:

- **Improve health outcomes** for rural residents with or at risk of chronic and complex conditions, including hypertension, diabetes, depression, substance use disorders, and Chronic Obstructive Pulmonary Disease (**COPD**).
- **Expand access to care** through technology-enabled delivery models, including AI-powered RPM, virtual care, and home- and community-based services that help address rural workforce shortages.
- **Reduce avoidable utilization**, including preventable emergency department (**ED**) visits, avoidable hospitalizations, and 30-day readmissions.
- **Strengthen care coordination and continuity of care** through integrated clinical triage workflows, automated patient navigation, early-warning AI alerts, and seamless incorporation of RPM data into EHR workflows.

- **Advance statewide interoperability** by ensuring bidirectional exchange of data with Connecticut's HIE.
- **Support patient independence, safety, and engagement** through the use of assistive and enabling technologies, where appropriate.
- **Promote long-term sustainability** by supporting adoption of Medicaid and commercial reimbursement pathways and strengthening the financial stability of rural providers through strategic technology investments.

3.3 Sample Eligible Projects

Applicants may propose a wide range of care delivery models designed to improve outcomes for rural populations. OHS recognizes that providers are best positioned to design solutions that reflect the unique needs of their patients, communities, and care teams. **Applicants may refer to Section 6.2 Scoring Criteria to help ensure their proposed projects are aligned with the evaluation priorities.**

This initiative prioritizes strong clinical care, care coordination, and patient engagement, supported by AI-enabled RPM and related technologies. These tools are intended to help care teams deliver more continuous, proactive, and data-informed care—extending beyond traditional clinical settings and into patients' homes and communities.

These approaches are especially effective when integrated into wraparound care management models—such as home health, hospital-at-home programs, or during care transitions (for example, after discharge from a skilled nursing facility). In these settings, technology provides care teams with greater visibility into a patient's status, supporting timely interventions and helping individuals remain safely in lower acuity environments.

The section below illustrates examples of potential approaches/modalities. These are not intended to be exhaustive or limiting. Applicants are encouraged to propose innovative models that thoughtfully integrate technology into care delivery.

3.4 Sample Approaches/Modalities

Care Models Supporting Ongoing Monitoring and Clinical Decision-Making

Applicants may propose models that strengthen the ability of care teams to monitor patients and respond to changes in their condition. For example:

- Tracking key health indicators (e.g., blood pressure, weight, oxygen levels, glucose) to inform clinical decisions
- Using AI to identify meaningful changes in patient status and support prioritization of care
- Enabling timely follow-up through outreach, care plan adjustments, or virtual care

Care Models for High-Need and Complex Populations

Applicants may focus on populations that benefit from more intensive, coordinated support, such as:

- Individuals with chronic conditions requiring ongoing management
- Patients at elevated risk of hospitalization or complications
- Individuals with developmental disabilities or other needs requiring additional support for daily living, communication, or care access

Care Models that Strengthen Patient Engagement and Home-Based Care

Effective approaches may also support patients and caregivers in managing health outside of traditional care settings. For example:

- Supporting patients in following care plans and managing conditions at home
- Providing tools and resources that encourage engagement and communication with care teams
- Enabling caregivers to play a more active role in coordination and support

Integration into Clinical Workflows

Applicants should demonstrate how proposed approaches will integrate into existing clinical workflows and support care teams. For example:

- Patient information is incorporated into EHRs to support continuity of care
- Insights are presented in a way that is actionable and aligned with provider workflows
- Care teams are supported in prioritizing and responding to patient needs efficiently

Technology should enhance clinical decision-making, reduce administrative burden, and support team-based care.

See **Section 8.1 Project Examples** for additional RHTP descriptions/examples that align with this particular funding opportunity.

PART 4: APPLICATION CONTENTS AND FORMAT

4.1 Pre-Award Risk Assessment

The State of Connecticut considers an applicant's past performance and overall risk profile as part of its due diligence prior to awarding funds. OHS or its successor, OPM, will conduct a pre-award risk assessment in accordance with applicable state and federal requirements, which may include review of the applicant's financial stability, internal controls and governance structure, prior grant performance, audit history, and capacity to comply with program and reporting requirements. Additional documentation may be requested to support this review, and funding decisions will be based, in part, on the results of this assessment.

4.2 Required Application Content & Format

All applications must follow the required format, submission instructions, and address all requirements listed. Failure to follow the required format may result in disqualification of an application.

Required Information	Description	Format
OHS Grant Application Form	See Application for details	PDF; must be signed by Authorized Representative
Project Narrative (≤15 pages)	See Application for details	PDF; 11pt font, 1-inch margins
Work Plan Summary & Major Milestone Document	See Application for details	Include in application or as a separate PDF or Excel attachment
Organizational Background	See **Section 4.3 Organization Background**	PDF; 11pt font, 1-inch margins, Max 4 Pages
Budget & Budget Narrative	See **Section 4.5 Budget and Budget Narrative**	PDF or Excel
Letters of Commitment	Letters of commitment from each partner as applicable	PDF

Required Information	Description	Format
Data Sharing & Privacy Addendum /Business Associate Agreement (**BAA**)	If applicable	PDF
Affidavit of Corporate Authority Truth & No Criminal Offense or Debarment	See **Section 7.2 Grant Provisions**	PDF
IRS Determination Letter for Tax-Exempt Organizations	Only applicable to applicants with nonprofit status	PDF
Return of Organization Exempt Form (Form 990)	Only applicable to applicants with nonprofit status	PDF
SAM.gov Registration	Under 2 CFR and CMS grant, all subrecipients of federal funds must meet federal eligibility and registration requirements, including registering on SAM.gov	Obtain at sam.gov/entity-registration; Include with application
CTsource Account	Applicants must set up an account with CTsource to receive notifications about the NOFO: https://portal.ct.gov/DAS/CTSource/Create-a-CTsource-Account-for-Doing-Business-with-the-State?language=en_US	Registration will be verified by screening team – no documentation required
Active CT Business Registration	CT Business Registration Number (Business ALEI as provided on the active business registration with CT Secretary of State's Office ["**SOTS**"])	Provide in application
Audited Financial Statements	**Section 7.2 Grant Provisions**. Applicants shall be required to comply with the requirements of state and federal single audits, if applicable. Submit the organization's **last two years** of audited financial statements. If the audit encompasses multiple entities within a system or umbrella organization, provide additional financial information specific to the applicant entity (e.g., income statement).	PDF
OPM Form 1: State of CT Campaign Contribution Certification.	See **Section 7.2 Grant Provisions.** Not applicable to a state agency, quasi-public state agency, municipality, or a Regional Council of Government	PDF; completed, signed, and returned with application
Notice to Executive Branch State Contractors and Prospective State Contractors	See **Section 7.2 Grant Provisions**	Informational

Required Information	Description	Format
of Campaign Contribution and Solicitation Limitations		
State of Connecticut Agency Vendor Form – Form SP-26NB	Not applicable to a state agency, quasi-public state agency, municipality, or a Regional Council of Government	PDF; completed, signed, and returned with application, if applicable.
IRS Form W-9 (Request for Identification Number and Certification)		PDF
Most recent tax filing		PDF
Current Board approved fiscal year budget		PDF
Budget vs actual reporting for the current fiscal year and previous fiscal year		PDF

Table 4. Required Application Content & Format

4.3 Organization Background

Provide an overview of the organization's Connecticut location(s) and service area(s). Include a description of the organization's staffing and administrative structure. Identify the total number of patients served annually and the annual volume of patient encounters. Describe any unique characteristics or circumstances relevant to the organization's capacity to implement the proposed initiative.

4.4 Project Information

Proposed Project Title: Provide a concise title describing the project.

Anticipated Dates: Provide anticipated project start and end dates.

Rural Service Area: Identify the rural counties or towns in Connecticut where the project will operate.

Project Narrative: Describe the objectives of the project.

Overarching RHTP Goals

Describe how the proposed projects to be undertaken will be operated in a coordinated manner to advance the RHTP goals of:

- Improving health outcomes and access to care for rural Connecticut residents
- Deploying sustainable, AI-enabled technology solutions in rural care settings
- Advancing integration with CT HIE and EHR interoperability
- Reducing preventable ED utilization and improving chronic disease control

Transformative Impact

Describe what is transformative about the specific projects being undertaken, including the lasting changes anticipated for the organization and the rural communities served. Explain how these changes will be sustained over time and how they will support preparedness for future system shifts, including potential participation in value-based care or alternative payment models.

RHTP Project Management

List each member of the core project management team, along with job title. Identify the RHTP project lead(s). Describe the structure of the team, frequency of meetings, and any specific project management tools or plans to ensure grant activities fulfill all RHTP requirements.

Administrative Costs

Describe the anticipated administrative costs associated with implementing the RHTP Health Care and RPM using AI project, including both direct and indirect expenses. Administrative costs are generally targeted not to exceed 4% of the total annual budget in any one particular year, however there might be projects that by their very nature would exceed the 4% budgeting range, in which case further review and/or documentation of these cases might be required to ensure the appropriateness and acceptability of these expenses. This target is subject to change to ensure the entire program remains within the CMS cap on administrative costs.

Administrative costs generally include, but are not limited to:

- Staff time for personnel (such as administrative professionals or executive directors) who support RHTP work but are not directly involved in implementation or delivery of activities
- Costs related to reporting to OHS, such as staff or contractor time to complete and submit reports
- Costs associated with grant compliance activities, such as tracking expenditures and establishing internal controls
- Accounting, audits, and similar activities
- Indirect costs that support the entire organization and its programs, such as rent and utilities

Procurement Process

Describe the components of the project that will require executed contracts for services, equipment, or supplies. Provide an overview of the organization's procurement process. If any contractors or suppliers have been identified, list them by name. *Note: Costs incurred prior to execution of the grant agreement will not be eligible for reimbursement.*

Collaborating Partners

Identify any collaborating partners and briefly describe how they will contribute to the project. Submit Letters of Commitment from each partner as attachments.

New or Expanded Project

CMS rules for RHTP state that **federal funds may only support costs tied to new activities, new populations, or new services**—not existing operations. Identify whether the project is new or an expansion of an existing project. If expanding an existing project, describe what will be new — for example, reaching additional rural communities or adding new clinical technology components. RHTP funds may only be used for costs directly attributable to the new population, new services, or expanded activities and may not support existing operations.

All grant-funded activities must be either entirely new or meaningful expansions of existing activities. When expanding a program or initiative, grantees may apply RHTP funds only to costs associated with the new population(s) and/or new activities. Costs of the original program must continue to be funded by non-RHTP sources.

Data and Reporting

Describe how the organization will collect and report data on the required metrics. Provide an overview of the organization's capacity to collect and report data to meet program requirements. Additional guidance on reporting and metric specification will be provided at the time of contracting.

Work Plan Summary

Provide a work plan of major milestones during Year 1 (September 10, 2026 through September 30, 2027). If funding is awarded, a detailed project plan will be required.

4.5 Budget and Budget Narrative

Attach a budget and a detailed justification for each expense to demonstrate how it supports the goals of the proposed project during Year 1. Justifications should clearly explain why each cost is directly tied to implementing or delivering program activities and therefore considered programmatic rather than administrative. Please review the Budget Guidance Document which includes a sample budget template, and review CMS Mandated Guidelines (2 CFR 200).

4.6 Certification Statement

Applicants will certify the following by submitting the application:

Certification Statement

I certify that the information contained herein is true and accurate to the best of my knowledge and that I am authorized to submit this application on behalf of the organization. By submitting this application, I certify that:

(1) RHTP funds will not be used for any activities that are currently funded, or planned to be funded, by other sources; and
(2) RHTP funds will not be used to provide the same services to the same beneficiaries as other funding sources or programs.

Part 5: SUBMISSION REQUIREMENTS AND DEADLINES

5.1 Application Submission Instructions

Applications must be submitted electronically by email to RHTP@ct.gov by the deadline. Applicants experiencing technical difficulties with electronic submission (e.g., email delivery failure, file size limits) should contact RHTP@ct.gov as soon as possible and before the application deadline.

All materials must be uploaded in PDF format unless otherwise specified.

All information must be included for the application to be considered complete. Incomplete applications may be rejected. Do not provide materials not requested in this NOFO. Any non-required materials submitted will not be considered.

File Naming Convention

OHS_RHTP_[OrgName]_[DocumentType].pdf (e.g., OHS_RHTP_ABCompany_Narrative.pdf)

5.2 Application Deadline

CRITICAL DEADLINE

All applications must be received by OHS at RHTP@ct.gov no later than 2:00 PM Eastern Time on July 7, 2026. Late submissions will not be accepted under any circumstances.

If the application is not received by the deadline, it will not be considered for funding. It is the applicant's sole responsibility to allow sufficient time to address all potential delays. OHS will not be responsible for delays caused by email, delivery, computer, or technology problems.

If funding remains after all applicants that submitted by the deadline have received awards, additional funds may be offered to grantees or a new NOFO may be published.

Submission of an application acknowledges that the information provided is true, correct, and reliable for purposes of evaluation. Providing inaccurate or misleading information may result in disqualification or other actions permitted by law.

5.3 Submission Problems & Technical Difficulties

Applicants experiencing technical difficulties with electronic submission (e.g., email delivery failure, file size limits) should contact RHTP@ct.gov as soon as possible and before the application deadline. OHS will use this email account to manage and document technical assistance; however, OHS is not responsible for submission delays. Applicants remain responsible for ensuring the complete application is received by the deadline.

5.4 Freedom of Information Act (FOIA)

The FOIA generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by Conn. Gen. Stat. § 1-210(b). If an applicant indicates that certain documentation, as required by this NOFA, is submitted in confidence, the State will endeavor to keep said information confidential to the extent permitted by law. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The applicant has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While a proposer may claim an exemption from the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.

5.5 Assurances

By submitting a proposal in response to this NOFO, an applicant implicitly gives the following assurances:

1. **Collusion.** The applicant represents and warrants that the applicant did not participate in any part of the NOFO development process and had no knowledge of the specific contents of the NOFO prior to its issuance. The applicant further represents and warrants that no agent, repre-

sentative, or employee of the State participated directly in the preparation of the applicant's proposal. The applicant also represents and warrants that the submitted proposal is in all respects fair and is made without collusion or fraud.

2. **State Officials and Employees.** The applicant certifies that no elected or appointed official or employee of the State has or will benefit financially or materially from any contract resulting from this NOFO. The Agency may terminate a resulting contract if it is determined that gratuities of any kind were either offered or received by any of the aforementioned officials or employees from the applicant, contractor, or its agents or employees.

3. **Competitors.** The applicant assures that the submitted proposal is not made in connection with any competing organization or competitor submitting a separate proposal in response to this NOFO. No attempt has been made, or will be made, by the applicant to induce any other organization or competitor to submit, or not submit, a proposal for the purpose of restricting competition. The applicant further assures that the proposed costs have been arrived at independently, without consultation, communication, or agreement with any other organization or competitor for the purpose of restricting competition. Nor has the applicant knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor.

4. **Validity of Proposal.** The applicant certifies that the proposal represents a valid and binding offer to provide services in accordance with the terms and provisions described in this NOFO and any amendments or attachments hereto. The proposal shall remain valid for a period of 180 days after the submission due date and may be extended beyond that time by mutual agreement. At its sole discretion, the Agency may include the proposal, by reference or otherwise, into any contract with the successful applicant.

5. **Press Releases.** The applicant agrees to obtain prior written consent and approval of the Agency for press releases that relate in any manner to this NOFO or any resultant contract.

5.6 Terms and Conditions

By submitting a proposal in response to this NOFO, an applicant implicitly agrees to comply with the following terms and conditions:

1. **Equal Opportunity and Affirmative Action.** The applicant is an Equal Opportunity and Affirmative Action employer and does not discriminate in its hiring, employment, or business practices. The applicant is committed to complying with the Americans with Disabilities Act of 1990 (**ADA**) and does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities.

2. **Preparation Expenses.** Neither the State nor the Agency shall assume any liability for expenses incurred by an applicant in preparing, submitting, or clarifying any proposal submitted in response to this NOFO.

3. **Exclusion of Taxes.** The Agency is exempt from the payment of excise and sales taxes imposed by the federal government and the State. Applicants are liable for any other applicable taxes.

4. **Proposed Costs.** No cost submissions that are contingent upon a State action will be accepted. All proposed costs must be fixed through the entire term of the contract.

5. **Changes to Proposal.** No additions or changes to the original proposal will be allowed after submission. While changes are not permitted, the Agency may request and authorize applicants to submit written clarification of their proposals, in a manner or format prescribed by the Agency, and at the applicant's expense.

6. **Supplemental Information.** Supplemental information will not be considered after the submission of proposals deadline, unless specifically requested by the Agency. The Agency may ask an applicant to give demonstrations, interviews, oral presentations or further explanations to clarify information contained in a proposal. Any such demonstration, interview, or oral presentation will be at a time selected and in a place provided by the Agency. At its sole discretion, the Agency may limit the number of applicants invited to make such a demonstration, interview, or oral presentation and may limit the number of attendees per applicant.

7. **Presentation of Supporting Evidence.** If requested by the Agency, an applicant must be prepared to present evidence of experience, ability, data reporting capabilities, financial standing, or other information necessary to satisfactorily meet the requirements set forth or implied in this NOFO. The Agency may make onsite visits to an operational facility or facilities of an applicant to evaluate further the applicant's capability to perform the duties required by this NOFO. At its discretion, the Agency may also check or contact any reference provided by the applicant.

8. **NOFO Is Not an Offer.** Neither this NOFO nor any subsequent discussions shall give rise to any commitment on the part of the State or the Agency or confer any rights on any applicant unless and until a contract is fully executed by the necessary parties. The final contract document (e.g., Notice of Grant Award (**NOGA**), which shall include all relevant terms and conditions and a grant budget and statement of work, will represent the entire agreement between the applicant and the Agency and will supersede all prior negotiations, representations or agreements, alleged or made, between the parties. The State shall assume no liability for costs incurred by the applicant or for payment of services under the terms of the contract until the successful applicant is notified that the contract has been accepted and approved by the Agency.

5.7 Rights Reserved to the State

By submitting a proposal in response to this NOFO, an applicant implicitly accepts that the following rights are reserved to the State:

1. **Timing Sequence.** The timing and sequence of events associated with this NOFO shall ultimately be determined by the Agency.

2. **Amending or Canceling NOFO.** The Agency reserves the right to amend or cancel this NOFO on any date and at any time, if the Agency deems it to be necessary, appropriate, or otherwise in the best interests of the State.

3. **No Acceptable Proposals.** In the event that no acceptable proposals are submitted in response to this NOFO, the Agency may reopen the procurement process, if it is determined to be in the best interests of the State.

4. **Award and Rejection of Proposals.** The Agency reserves the right to award in part, to reject any and all proposals in whole or in part, for misrepresentation or if the proposal limits or modifies any of the terms, conditions, or specifications of this NOFO. The Agency may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. The Agency shall reject the proposal of any applicant who submits a proposal after the submission date and time.

5. **Sole Property of the State.** All proposals or applications submitted in response to this NOFO are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this NOFO shall be the sole property of the State, unless stated otherwise in this NOFO or subsequent contract. The right to publish, distribute, or disseminate any and all information or reports, or part thereof, shall accrue to the State without recourse.

6. **Contract Negotiation.** The Agency reserves the right to negotiate for any resulting NOGA.

7. **Clerical Errors in Award.** The Agency reserves the right to correct inaccurate awards resulting from its clerical errors.

8. **Key Personnel.** The Agency reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The Agency also reserves the right to approve replacements for key personnel who have terminated employment. The Agency further reserves the right to require the removal and replacement of any of the applicant's key personnel who do not perform adequately, regardless of whether they were previously approved by the Agency.

Part 6: APPLICATION REVIEW INFORMATION

6.1 Review Process

Applications will be reviewed by a multi-disciplinary State agency review committee. Conflicts of interest will be screened in accordance with state procedures. OHS reserves the right to:

- Withhold distribution of funds where proposals do not meet necessary criteria
- Cancel this NOFO if considered to be in the state's best interest
- Waive minor irregularities or request additional clarifying information
- Obtain prior approval from CMS before issuing grant agreements

6.2 Scoring Criteria

Stage 1: Mandatory Screening

The Stage 1 mandatory screening items below are the responsiveness (threshold) criteria. Applications that do not meet all Stage 1 requirements will not proceed to merit scoring.

1. **Healthcare Providers or Organizations Delivering Patient Care or Local Public Health Departments (Municipalities)**

Yes ☐ No ☐	Must be licensed or authorized to provide health care services in Connecticut and demonstrate the ability to serve rural populations.

2. **Direct Patient Care Model**

Yes ☐ No ☐	Proposal includes ongoing patient management (not just software deployment)

3. **Rural Focus**

Yes ☐ No ☐	Patients served are in designated rural areas

4. **Integration Commitment**

Yes ☐ No ☐	Commitment to integrating with HIE

Stage 2: Merit Scoring

Applications will be reviewed and scored using the criteria below. Applications must demonstrate meaningful use of **AI-enabled tools for remote patient monitoring and care delivery support in rural populations**. Awards will be made to the highest scoring, responsive, and responsible applicants, subject to available funding.

Applications will be reviewed and scored using the criteria below. Applications must demonstrate meaningful use of **AI-enabled tools for remote patient monitoring and care delivery support in rural populations**. Awards will be made to the highest scoring, responsive, and responsible applicants, subject to available funding.

CRITERIA
STATEMENT AND PRESENTATION OF WORK
Understanding of and ability to meet OHS's needs as described in the NOFO, as evidenced by Grantee's response to the NOFO and questions posed by the committee
OPERATIONAL CAPACITY
Ability of the Grantee to provide an RHTP Health IT initiative, including Health Care Coordination and Remote Patient Monitoring Using Artificial Intelligence as described in this NOFO, as demonstrated through background, qualifications, relevant experience, Organizational structure, and financial conditions.
STAFFING PLAN
The key personnel have necessary experience including "breadth and depth" with Health Care Coordination and Remote Patient Monitoring Using Artificial Intelligence. The Grantee has adequate "back-up" procedures if key personnel left (other qualified personnel available to provide the required services.
REFERENCES
Confirmation and evidence of relevant experience, capabilities, reputation, and integrity.
COST
Competitiveness and reasonableness of proposed cost. The rates being proposed demonstrate efficiency in providing advice and service without unnecessary or excessive charges.

AFFIRMATIVE ACTION EFFORTS
Demonstrated commitment to affirmative action considering the factors delineated on 46a-68j-30(10).

Table 5. Review and Scoring Criteria

PART 7: POST-AWARD REQUIREMENTS AND ADMINISTRATION

7.1 Grant Management

Grant Agreement

Each grantee must fully execute a grant contract with OHS or its successor agency, OPM. The grant contract will address the conditions of the award, including implementation of the approved project plan, reporting obligations, compliance requirements, and fiscal management responsibilities. **No work on grant activities may begin until a fully executed grant agreement is in place and OHS has authorized the grantee to proceed**.

The grantee will be legally responsible for:

- Agreeing to comply with the attached additional federal conditions which have been issued by the federal grantor agency to OHS and which are, hereby, made a part of the resulting grant award as Special Grant Conditions, as may be amended
- Assuring implementation of the work plan and achievement of approved specific, measurable, achievable relevant and time-bound (**SMART**) goals and key performance indicators (**KPIs**)
- Compliance with all applicable state requirements including worker's compensation insurance, nondiscrimination, and data privacy
- Budget compliance, financial documentation, and reimbursement reporting
- Ensuring integration with the HIE and ongoing data contribution requirements
- Submission of timely progress and financial reports
- Ensuring monitoring tool results are reported and/or integrated into the beneficiary provider(s) electronic medical records system
- For all State contracts, defined in section 9-612 of the Connecticut General Statutes as having a value of $50,000 or more, or a combination or series of such agreements or contracts having a value of $100,000 or more in a calendar year, the authorized signatory to this Agreement represents that they have received the State Elections Enforcement Commission's notice advising state contractors of state campaign contribution and solicitation prohibitions, and will inform its principals of the contents of the notice and, if applicable, Grantee shall complete and submit State of Connecticut Campaign Contribution Certification (OPM Form 1) to Grantor at the time of submission of proposal and/or application
- If the applicant / grantee is a nonprofit organization, the applicant / grantee agrees to maintain its 501(c)(3) status and to maintain up-to-date annual filings as follows: (1) Certificate of Legal Existence with the Connecticut Secretary of the State; (2) Charitable Organization Registration with the Connecticut Department of Consumer Protection, unless exempted by Conn. Gen. Stat. § 21a-190d; and (3) Return of Organization Exempt From Income Tax Form 990 with the Internal Revenue Service. At Grantor's request, the Grantee shall provide Grantor with documentation pertaining to Grantee's 501(c) (3) and annual filings.
- Carrying and maintaining adequate business insurance at all times during the term of any resulting grant

- Grantees shall be required to indemnify, defend and hold harmless the State, its officers, employees, and agents.
- The State of Connecticut is dedicated to providing a digitally inclusive environment for all residents and visitors, regardless of disability status. Applicants are encouraged to consider the full range of techniques, including the advisory techniques, as well as to seek relevant advice about current best practice to ensure any relevant web content is accessible, as far as possible, for individuals living with disabilities. If relevant for an applicant's submission program or plan, digital content should conform to the Web Content Accessibility Guidelines (WCAG) 2.1 Level AA https://www.w3.org/TR/WCAG21/.

Accountability and Reporting Requirements

Grantees must submit regular performance and financial reports demonstrating measurable outcomes, not solely activity completion. Reporting is designed to support program accountability and inform continuation funding decisions.

Report Type	Frequency / Due Dates
Quarterly Program Progress Report	Every quarter; due within 30 days of quarter end
Quarterly Financial/Expenditure Report	Submitted with progress report
12-Month Outcomes Report	Required to determine continued funding eligibility
Annual KPI Summary	Aligned with program milestones – See **Table 9** for additional information
Final Report (at conclusion of each funding period)	Outcomes, lessons learned, and sustainability planning

Table 6. Reporting Requirements

Grant Monitoring

All awards will be monitored in accordance with state and federal requirements. Monitoring activities will include at least one formal review.

KPI Definitions

KPI	Target
Avoidable ED Visits	% improvement below baseline; target reduction Year 1
Potentially Preventable Hospitalizations	% improvement below baseline; target reduction Year 1
Readmissions	30-day readmission rate; target reduction Year 1
Chronic Disease Control – Hypertension	% of patients with BP <140/90
Chronic Disease Control – Diabetes	% of patients with A1c <8%
Connie Integration Completeness	% of required data feeds live and validated
Provider Participation	# of onboarded sites; % of clinical staff trained

Patient Engagement / RPM Adherence	% of enrolled patients actively using devices; survey scores
AI Alert Accuracy	% of alerts triggering appropriate clinical response (true positive rate)
Digital Equity	% of patients from underserved populations enrolled in RPM

Table 7. KPI Definitions and Future Reporting Metrics

Grant Payments

Payments will be made on a reimbursement-basis. Additional information will be included in the grant agreement.

OHS will review all reimbursement requests based on:

- Approved budget alignment
- Allowable cost eligibility (See **Table 5** in the Budget Guidance Document for allowed/disallowed costs)
- Expenditures to date
- Required progress reporting status

7.2 Grant Provisions

Affirmative Action and Non-Discrimination Requirements

The grantee agrees to comply with all applicable state and federal laws prohibiting discrimination. This includes compliance with Connecticut's nondiscrimination laws, federal civil rights laws, and the ADA. All grantees are responsible for knowing and complying with these requirements.

The grantee agrees not to discriminate against any employee or applicant for employment because of race, color, religious creed, age, marital status, national origin, ancestry, sex, sexual orientation, gender identity or expression, status as a veteran, status as a victim of domestic violence, status as a victim of sexual assault or status as a victim of trafficking in persons, intellectual disability, mental disability or physical disability, including, but not limited to, blindness.

Successful grantee applicants awarded an opportunity to negotiate a NOGA, must provide OHS or OPM with *written representation* in the resulting NOGA that certifies the grantee complies with the State's nondiscrimination agreements and warranties. This nondiscrimination certification is required for all State contracts – regardless of type, term, cost, or value. The authorized signatory of the contract shall demonstrate his or her understanding of this obligation by either (A) initialing the nondiscrimination affirmation provision in the body of the resulting contract, or (B) providing an affirmative response in the required online bid or response to a proposal question, if applicable, which asks if the contractor understands its obligations. If an applicant or grantee refuses to agree to this representation, such bidder or grantee shall be rejected and OHS or OPM.

Audits

Subject to the requirements of Conn. Gen. Stat. § 4e-1, the grantee's books, records, documents, and accounting procedures and practices are subject to examination by OHS and the Connecticut State Auditors of Public Accounts, as appropriate. This requirement will last for a minimum of three years from the grant agreement end date, receipt and approval of all final reports, or the required period to satisfy all state and program retention requirements, whichever is later.

Federal Single Audit in accordance with 2 CFR Part 200 if federal expenditures meet or exceed the federal threshold of $1,000,000. A State Single Audit in accordance with Conn. Gen. Stat. § 4-231 is state financial assistance expenditures meet or exceed the state threshold of $500,000.

Conflicts of Interest

OHS will take steps to prevent individual and organizational conflicts of interest, both in reference to applicants and reviewers. Organizational conflicts of interest occur when a grantee or applicant is unable to render impartial assistance, their objectivity is impaired, or they have an unfair competitive advantage. Individual conflicts occur when an applicant or employee uses their position to obtain special advantage or has financial interests in competing organizations.

All applicants must attest and acknowledge any and all conflicts of interest as part of their completed application. Failure to do so will result in disqualification from the review process.

PART 8: RESOURCES & REFERENCES

8.1 Project Examples

The following example projects are provided to support proposal development. These are illustrative samples only.

Example 1: AI-Enabled RPM & Chronic Disease Management

Activity: Deploy AI-Enabled Remote Patient Monitoring for Chronic Disease

Description

To ensure that Connecticut residents living in rural areas can access proactive, technology-enabled care for managing chronic diseases, this initiative supports rural FQHCs and other eligible providers in implementing AI-powered RPM and virtual care solutions. These solutions monitor vital signs, detect dangerous health trends using predictive analytics, and deliver automated guidance to patients and early-warning alerts to care teams.

OHS-contracted technical assistance providers will assist grantees with platform configuration, workflow integration, HIE connectivity, and performance measure reporting. Grantees will participate in a statewide learning community to share progress, lessons learned, and resources.

Priorities

- Increasing adoption of AI-enabled RPM platforms that monitor blood pressure, glucose, oxygen saturation, weight, and heart rate for rural patients with chronic conditions.
- Using predictive analytics and early-warning AI alerts to support proactive clinical interventions and prevent avoidable ED visits and hospitalizations.

- Implementing automated patient guidance workflows and virtual triage capabilities with human-in-the-loop safeguards.
- Integrating RPM data with EHR systems via Fast Healthcare Interoperability Resources (**FHIR**)-based Application Programming Interface (**API**s) and contributing data to Connie for statewide care coordination.
- Achieving measurable reductions in preventable ED visits, 30-day readmissions, and hospitalizations within 12 months.

Examples of Eligible Technology Investments
This is a non-exhaustive list.

1. **Vital Signs Monitoring & AI-Powered Early Warning:** Deploy connected devices (blood pressure, glucose, O2 sat, weight, heart rate). Use AI to detect dangerous trends before a patient becomes unstable. Send automated alerts to care teams and patient guidance messages.
2. **Predictive Analytics & Care Team Triage Workflows:** Implement predictive alert workflows for early clinical deterioration. Develop staffed triage protocols, escalation pathways, and documentation workflows.
3. **Virtual Follow-Up & Care Coordination:** Enable virtual check-ins, medication adjustment workflows, and provider-patient messaging. Integrate with HIE for continuity of care and independent outcome validation.
4. **Patient Digital Literacy & Engagement Support:** Provide training and support for patients to use RPM devices and virtual care tools. Include multilingual support and accessibility accommodations.

Examples of eligible expenses:
- AI-enabled RPM platforms, licensing, configuration, and cloud hosting
- Connected devices: blood pressure monitors, continuous glucose monitors, weight scales, pulse oximeters
- Cybersecurity and data privacy tooling
- Workflow redesign and clinical staff training
- HIE integration and FHIR-based API development
- Patient digital literacy support and multilingual outreach materials
- Evaluation dashboards and outcome analytics
- Project management and governance coordination

Baseline Data Collected in Application
- What percentage of your patients with a chronic disease diagnosis (hypertension, diabetes, COPD) are currently enrolled in any remote monitoring program?
- How many avoidable ED visits occurred among your rural patient population in calendar year 2025?
- What is your current 30-day all-cause readmission rate?
- What percentage of your patients with hypertension had BP <140/90 in 2025?
- What percentage of your patients with diabetes had A1c <8% in 2025?

Example 2: Behavioral Health Access & Virtual Monitoring

Activity: Implement Virtual Behavioral Health Care and SUD Support Tools

Description
This activity supports rural FQHCs and behavioral health providers in deploying AI-assisted virtual behavioral health tools and substance use disorder (**SUD**) support platforms. These tools expand access to mental health care in rural communities where behavioral health provider shortages are severe, using AI to flag symptom worsening, deliver evidence-based interventions, and trigger escalation to live clinician support when needed.

Eligible Projects and Expenses

1. **AI-Assisted Behavioral Health Monitoring:** Daily check-ins with AI-flagged symptom worsening; step-based cognitive behavioral therapy (**CBT**) tools; crisis de-escalation workflows that trigger live clinician support.
2. **SUD Support Platforms:** SUD support tools; coping skills guidance; peer support integration; medication adherence monitoring for MOUD patients.
3. **Crisis Response Workflow Integration:** Protocols linking AI-flagged crises to care team escalation; warm handoffs to behavioral health providers or emergency services when indicated.

Examples of eligible expenses:

- Virtual behavioral health platform licensing and configuration
- Integration with EHR systems and HIE
- Staff training on AI-assisted workflows and crisis protocols
- Patient digital literacy support and engagement outreach
- Privacy and security tooling for sensitive behavioral health data (42 CFR Part 2 compliance)

Example 3: Preventive Health & Screening Enablement

Activity: AI-Driven Preventive Care, Screenings, and Annual Wellness Visits

Description
This activity enables rural FQHCs to leverage AI to identify patients overdue for preventive screenings, deliver multilingual reminders and education, and enable Annual Wellness Visits (**AWVs**) for rural populations with limited access to in-person preventive care.

Eligible Projects and Expenses

1. **AI-Driven Screening Identification:** AI-driven identification of patients overdue for cancer screenings (breast, colon, cervical); predictive modeling for non-completion risk; automated outreach and scheduling support.
2. **Annual Wellness Visit Enablement:** Virtual AWV workflows; multilingual patient education; integration with preventive care protocols and EHR documentation.
3. **Multilingual Outreach and Health Education:** Development of culturally appropriate patient education materials; language access services for non-English-speaking rural residents.

Example 4: Rural Care Access & Navigation

Activity: AI-Powered Patient Navigation and Care Coordination

Description
This activity supports rural FQHCs in deploying AI-powered patient navigation tools that help rural residents access care, navigate referrals, schedule appointments, and connect to community resources.

These tools reduce administrative burden on clinical staff and improve access to care for high-risk rural patients.

Eligible Projects and Expenses

- AI assistants for scheduling, referrals, and patient intake
- Multilingual navigation tools and patient communication platforms
- High-risk patient identification algorithms for proactive outreach
- Integration with HIE for care coordination and referral tracking
- Digital equity tools for broadband-limited rural environments

Example 5: Technology Infrastructure & Sustainability

Activity: Technology Investments and Alternative Payment Model Exploration

Description

This activity supports rural FQHCs and other eligible providers on their path to sustainable, technology-enabled care delivery and participation in alternative payment arrangements and population health models that improve quality and financial performance.

Priorities

- Advancing HIE integration and FHIR-based API interoperability across funded projects.
- Investing in EHR upgrades, clinical decision support tools, and revenue cycle management systems.
- Protecting rural provider networks and data systems through cybersecurity investments.
- Exploring participation in value-based care models, Accountable Care Organizations, or other alternative payment arrangements.

8.2 Key Resources & References

General

a. All grantees and potential state grantees (applicants/bidders/proposers/respondents to a solicitation) are subject to the provisions outlined in the Contractors' Guide to the Code of Ethics. The grantee, for itself and on behalf of all of its principals or key personnel who submit a bid or proposal, represents that such submission affirms the receipt of, understanding of and adherence to all provisions set forth in the Contractors' Guide to the Code of Ethics.

b. Campaign Contribution Restriction, C.G.S. § 9-612. For all State contracts, defined in section 9-612 of the Connecticut General Statutes as having a value in a calendar year of $50,000 or more, or a combination or series of such agreements or contracts having a value of $100,000 or more, the authorized signatory to the resulting contract hereby represents, as part of this NOFO response, that they have received the State Elections Enforcement Commission's notice advising state contractors of state campaign contribution and solicitation prohibitions, and that they shall inform their principals of the contents of the notice.

c. H.R.1 (Section 71401 of Public Law 119-21) – Federal RHTP Authorization: https://www.congress.gov/119/plaws/publ21/PLAW-119publ21.pdf

d. Connie – Connecticut's Health Information Exchange: https://conniect.org

e. CT Freedom of Information Act: https://portal.ct.gov/FOI

f. Unique Entity Identifier (**UEI**) Registration: https://sam.gov/entity-registration

g. CT State Ethics Commission: https://www.ct.gov/ethics

h. CT Nondiscrimination Laws: https://portal.ct.gov/CHRO
i. CMS Telehealth and RPM Billing Codes: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth
j. HIPAA Privacy and Security Rules: https://www.hhs.gov/hipaa
k. 42 CFR Part 2 – Substance Use Disorder Confidentiality: https://www.ecfr.gov/current/title-42/chapter-I/subchapter-A/part-2
l. State of Connecticut Policy AI-01 AI Responsible Use Framework: https://portal.ct.gov/-/media/opm/fin-general/policies/ct-responsible-ai-policy-framework-final-02012024.pdf
m. Conn. Gen. Stat. § 4a-2e
n. Conn. Gen. Stat. § 4e-70
o. Conn. Gen. Stat. § 36a-701b

PART 9: SPECIAL CONDITIONS & DISCLAIMERS

9.1 Special Conditions and Disclaimers

1.) The funds to be awarded by the Grantor under this NOFO were received by the Grantor as a subaward of a federal grant award. The funds' receipt and use are subject to any and all project or program requirements, definitions, limitations, prohibitions, Recipient Specific Terms and Conditions, Program Terms and Conditions, Standard Terms and Conditions, and legal requirements (**Conditions**) contained in, or incorporated by reference into, the following documents:

   a. Center for Medicare and Medicaid Services, Rural Health Transformation Program, Notice of Funding Opportunity Number CMS-RHT-26-001 ("**CMS NOFO**"), and any attachments or appendices thereto; and
   b. Department of Health and Human Services, Centers for Medicare & Medicaid Services, Notice of Award for Award No. RHTCMS332073-01-00 ("**CMS NOA**"), and any attachments or appendices thereto; and
   c. Any updates to the CMS NOA, including the CMS NOA updated February 10, 2026 and any attachments or appendices thereto.

   The Grantor under this NOFO is subject to, and is obligated to comply with, and to adhere to, the Conditions. Any applicant selected to receive an award pursuant to this NOFO must agree that the Grantor's obligation to comply with, adhere to, and to be subject to the Conditions is passed on to, and is applicable to, any and all applicants receiving an award pursuant to this NOFO.

2.) Any applicant selected to receive an award pursuant to this NOFO shall, in conducting any and all activities related to its receipt of funds pursuant to this NOFO, comply with any and all applicable provisions of any federal, state, or local laws and regulations, as they may be amended from time to time, (**Legal Requirements**) including, but not limited to 2 CFR § 200 and 2 CFR § 300.

3.) All applicants selected to receive an award pursuant to this NOFO must agree to cooperate fully with the Grantor under this NOFO and must assist the Grantor in Grantor's compliance with, and adherence to, all Conditions referred to in Paragraph 1 above, and in Grantor's compliance with, and adherence to, all Legal Requirements referred to in Paragraph 2 above. To that end, all applicants selected to receive an award pursuant to this NOFO will be responsible for,

amongst other things, providing to the Grantor, upon the Grantor's request, any and all information or documentation required by the Grantor in order for the Grantor to comply with, or to adhere to, any and all Conditions, and all Legal Requirements referred to in Paragraphs 1 and 2 above.

4.) By submitting an application to receive funds pursuant to this NOFO, each applicant thereby acknowledges that:

   a. They have familiarized themselves with the Conditions and Legal Requirements referred to in Paragraphs 1 and 2 above; and
   b. They agree to be bound by, to comply with, to adhere to, and to be subject to the Conditions and Legal Requirements referred to in Paragraphs 1 and 2 above; and
   c. They are aware of and agree to the obligations to assist Grantor as set forth in Paragraph 3 above; and
   d. They, and everyone performing work on their behalf that will be funded through an award issued pursuant to this NOFO, have not been debarred, suspended, or otherwise been determined ineligible to receive an award, subaward, or contract under any federal, state, or local laws or regulations; and
   e. They are not currently in violation of any federal, state, or local laws or regulations, including but not limited to, anti-discrimination laws; criminal laws involving fraud or bribery; or gratuity violations that may potentially affect a federal award; or the subject of disbarment; and
   f. If they are currently either bankrupt or insolvent, they have disclosed that fact, and the relevant details thereof, in their application. Relevant details include, but may not be limited to, the date on which a bankruptcy petition was filed, the identity of the court in which the petition was filed, a copy of any and all of the legal pleadings, and a listing of Government grant and cooperative agreement numbers and grant offices for all Government grants and cooperative agreements against which final payment has not been made.

5.) Applicants selected to receive an award pursuant to this NOFO will receive a set of records that make up the NOGA grant agreement package. Briefly, the NOGA agreement package consists of a NOGA form, a Statement of Work, the General Grant Conditions and the Special Grant Conditions that shall list the only official and relevant contractual terms for the underlying grant award. ***Until a NOGA is fully executed by the applicant and the State, applicants do not have permission to start work related to an award given pursuant to this NOFO.*** Applicants must not rely on any other document or information in concluding that they have been selected for an award pursuant to this NOFO. The NOGA will provide applicants with important information relating to an award including the amount of the award, important dates, and the terms and conditions that will need to be followed. The receipt of a fully executed NOGA notwithstanding, continued funding after the receipt of a NOGA is dependent upon the applicant's continued compliance with, and adherence to, the Conditions and Legal Requirements referred to in Paragraphs 1 and 2 above as well as compliance with, and adherence to, any additional conditions or requirements that might be set forth in the NOGA or in any grant agreement executed by the applicant after the applicant's receipt of a NOGA. Furthermore, if an applicant experiences any performance issues after executing a grant agreement, the Grantor under this

NOFO can suspend or terminate the award. Performance issues might include, but are not limited to, misusing funds or not carrying out the activities described in the applicant's approved application.

6.) If any inconsistency exist between information included in this NOFO or any of the attachments or appendices hereto, and the information included in either the CMS NOA, as it may be updated from time to time, and any attachments or appendices thereto, or in the CMS NOFO and any attachments or appendices thereto, such inconsistency shall be resolved by giving precedence to the information found in the following documents in the following order:

   a. CMS NOA, as it may be updated from time to time, and any attachments or appendices thereto;
   b. CMS NOFO and any attachments or appendices thereto; and
   c. This NOFO or any of the attachments or appendices hereto.