



VIRGINIA DEPARTMENT OF HEALTH (VDH)

REQUEST FOR APPLICATIONS

Virginia Rural Health Transformation Program (RHTP) Community Paramedicine & Mobile Integrated Healthcare

Issuing Agency/Organization:	Virginia Department of Health (VDH)
Program Name:	Community Paramedicine & Mobile Integrated Healthcare
CFDA / Assistance Listing:	93.798 - Rural Health Transformation Program
Federal Award Identification Number (FAIN):	RHTCMS332088
Federal Award Date:	December 29, 2025
Awarding Agency:	U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS), Office of Acquisitions and Grants Management
Statutory Authority:	Section 71401 of Public Law 119-21
Primary Recipient:	Virginia Department of Medical Assistance Services (DMAS) 600 E Broad St, Suite 1300, Richmond, VA 23219-1856
Federal Funds Expiration Date:	October 30, 2030
RFA Reference Number:	VDH-26-517-0386
Initiative:	Connected to Care, Closer to Home
Sub-initiative:	Community Paramedicine
RFA Issue Date:	September 4, 2026
Q&A Period/Response Schedule (If applicable):	Questions must be submitted no later than September 25, 2026, at 5:00 PM ET. Responses to questions received during the Q&A period will be compiled and posted as an addendum in eVA following the close of the Q&A period.
Pre-application Conference Info (If applicable):	September 16, 2026 at 1:00 PM EST Conference Link: https://vdhoep.webex.com/vdhoep/j.php?MTID=m3d48c301f617b4a6e87316049e3175c3
Application Deadline:	October 6, 2026 at 5:00 PM EST
Decision Timeline (If desired to disclose):	VDH anticipates issuing award notifications on or around November 13, 2026. This date is subject to change based on the application review and award process.
Submission Method:	Please submit applications via the eVA procurement portal.
Estimated Award Range:	VDH anticipates awarding approximately \$3.7 million over the initial performance period. Individual funding requests may not exceed \$400,000 and should be reasonable and proportionate to the scope and scale of the proposed project.

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Subaward Period of Performance:	Date of execution – September 30, 2027 (Initial Budget Period). Subject to the availability of funding, satisfactory performance, and continued programmatic alignment, awards may be eligible for continuation funding through September 30, 2030.
Geographic Scope:	<i>Eligible applicants must be physically located in, or provide direct services to, rural Virginia communities as defined under Virginia’s RHTP. The Program’s baseline definition of rurality is based on the federally required Federal Office of Rural Health Policy (FORHP) definition. Over the course of the Program, Virginia may build upon the FORHP baseline definition to better reflect the Commonwealth’s unique rural landscape and the needs of rural communities. Applicants should refer to the RHTP website for the most up-to-date rural definition and eligibility requirements</i> The initial Community Paramedicine/MIH awards under this RFA will be concentrated within three Virginia Regional EMS Council service areas. The three initial regions will be determined through the competitive application review process as described in Sections 1.5, 2.5, and 5.1 Applicants should refer to Appendix A for current eligible rural localities and their corresponding EMS regions.
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PART I: PROGRAM BACKGROUND

1.1 Community Paramedicine Initiative Background

The Community Paramedicine sub-initiative is part of the Virginia Rural Health Transformation Program (RHTP), established under Section 71401 of Public Law 119-21 and administered by the Centers for Medicare & Medicaid Services (CMS). The Virginia Department of Health (VDH), Office of Emergency Medical Services (OEMS), serves as the designated subrecipient responsible for implementing this initiative as part of the Commonwealth's approved Rural Health Transformation Program.

Rural communities throughout Virginia continue to experience significant challenges in accessing timely, coordinated, and preventive healthcare services. Geographic isolation, healthcare workforce shortages, transportation barriers, limited access to primary and specialty care, increasing rates of chronic disease, and growing behavioral health needs contribute to avoidable emergency department utilization, fragmented care, poorer health outcomes, and increased healthcare costs.

Community Paramedicine and Mobile Integrated Healthcare (CP/MIH) programs represent an innovative approach to addressing these challenges by expanding the role of Emergency Medical Services (EMS) beyond traditional emergency response. Through collaborative partnerships with healthcare providers, hospitals, public health agencies, and community organizations, Community Paramedicine/MIH programs provide patient-centered services that improve access to care, strengthen care coordination, support chronic disease management, facilitate care transitions, promote preventive services, and connect individuals with appropriate community resources.

The Community Paramedicine sub-initiative supports the Commonwealth's vision for transforming rural healthcare delivery by investing in innovative, community-driven models that improve healthcare access while strengthening local healthcare systems. Through this initiative, VDH seeks to support projects that foster collaboration across the healthcare continuum, build sustainable partnerships, and implement evidence-informed approaches that respond to locally identified healthcare priorities.

As a designated RHTP subrecipient, VDH will administer this initiative through a competitive Request for Applications (RFA) process that supports the development, implementation, evaluation, and long-term sustainability of Community Paramedicine/MIH programs serving Federal Office of Rural Health Policy (FORHP)-designated rural communities throughout Virginia.

The Community Paramedicine/MIH Initiative is intended to establish sustainable models of care that strengthen regional collaboration, improve healthcare delivery, and demonstrate approaches that can be expanded and replicated throughout rural Virginia beyond the period of federal funding.

Phased Regional Implementation Approach

The Commonwealth's approved RHTP Project Narrative establishes a phased implementation approach for the Community Paramedicine sub-initiative, beginning with fully funded pilot programming through three Regional EMS Councils and expanding successful and sustainable approaches more broadly over the course of the RHTP period. Consistent with this approach, VDH will use this RFA to competitively identify the three Regional EMS Council service areas in which initial Community Paramedicine/MIH projects will be funded.

VDH has not preselected the three regions. Rather, this RFA is open to eligible applicants statewide, and the three initial implementation regions will be determined through the competitive review process. For purposes of this RFA, a selected Regional EMS Council service area may include both rural and non-rural localities; however, RHTP-funded project activities must primarily benefit FORHP-designated rural Virginia communities identified as eligible under this RFA. The inclusion of a locality within a selected Regional EMS Council service area does not independently establish eligibility for RHTP-funded services or expenditures.

This approach allows the strength of applications—including demonstrated rural community need, program design, partnerships, organizational readiness, anticipated impact, and sustainability—to inform where the Commonwealth's initial Community Paramedicine investments are concentrated.

1.2 Program & RFA Purpose

The purpose of this Request for Applications (RFA) is to solicit applications for funding under the Community Paramedicine sub-initiative of the Virginia Rural Health Transformation Program's (RHTP) Connected Care Closer to Home initiative. Through this competitive funding opportunity, the Virginia Department of Health (VDH), Office of Emergency Medical Services (OEMS), seeks to support innovative Community Paramedicine and Mobile Integrated Healthcare (CP/MIH) projects that expand access to healthcare services, strengthen care coordination, improve health outcomes, and address locally identified healthcare priorities within Federal Office of Rural Health Policy (FORHP)-designated rural communities.

Program Vision and Funding Priorities

VDH's vision for the Community Paramedicine/MIH Initiative is to support community-driven, evidence-informed projects that transform how healthcare is delivered in rural Virginia by integrating EMS into the broader healthcare delivery system. Through this RFA, VDH seeks to invest in sustainable models that improve access to care, strengthen partnerships among healthcare providers and community organizations, and leverage the unique capabilities of EMS personnel to deliver preventive, coordinated, and patient-centered services outside of traditional clinical settings.

Recognizing that rural communities across Virginia face differing healthcare challenges, VDH encourages applicants to design innovative solutions that respond to locally identified needs while building strong partnerships across the healthcare continuum. Successful projects should demonstrate collaboration among EMS agencies, hospitals, health systems, primary care providers, behavioral health providers, public health agencies, social service organizations, community-based organizations, and other partners that contribute to improving health outcomes and expanding access to care.

Projects should demonstrate one or more of the following:

- Expand access to healthcare services for rural populations through Community Paramedicine and Mobile Integrated Healthcare models;
- Improve care coordination and continuity of care for individuals with chronic conditions, behavioral health needs, maternal health needs, or other complex healthcare needs;
- Reduce avoidable emergency department utilization, hospital admissions, and hospital readmissions through proactive, community-based interventions, including clinically appropriate treat-in-place, alternative destination, and other innovative EMS care delivery approaches;
- Strengthen collaboration among EMS agencies, healthcare providers, public health agencies, and community organizations to improve care coordination and referral pathways;
- Improve access to preventive services, chronic disease management, post-discharge follow-up, medication management, and other evidence-informed interventions delivered in community settings;
- Leverage telehealth, remote patient monitoring, digital health technologies, and other innovative approaches that improve access to care in rural communities;
- Address barriers to healthcare access, including transportation, workforce shortages, geographic isolation, and social determinants of health;
- Develop sustainable Community Paramedicine/MIH models that can be replicated or expanded to serve additional rural communities throughout Virginia.

For purposes of this RFA, innovation may include creating new Community Paramedicine/MIH programs, expanding existing programs to serve new populations or geographic areas, strengthening partnerships among healthcare providers and community organizations, implementing evidence-informed interventions in communities where they have not previously existed, integrating new technologies into care delivery, or redesigning workflows

to improve access, care coordination, and health outcomes. Innovation may also include adapting or enhancing existing Community Paramedicine/MIH models to better address locally identified healthcare needs and improve the delivery of patient-centered care.

Consistent with the phased implementation approach established in Virginia's approved RHTP Project Narrative, VDH intends to fund a portfolio of high-quality Community Paramedicine/MIH projects within three Regional EMS Council service areas during the initial implementation phase. The three regions are not predetermined. Instead, eligible applicants from across rural Virginia may compete under this RFA, and the three initial implementation regions will be identified based on the results of the competitive application review process described in Section 5.1. **Regional EMS Council service areas may include both rural and non-rural localities; however, projects funded under this RFA must directly serve or benefit FORHP-designated rural communities eligible under the RHTP. Applicants must clearly identify the eligible rural locality or localities to be served and demonstrate how proposed activities and expenditures will directly benefit those communities.**

Initial Award Period: All funds awarded under this RFA for the initial implementation period must be expended on allowable project activities by **September 30, 2027**.

This structure is intended to allow initial RHTP investments to be concentrated in regions demonstrating strong community need, implementation readiness, partnerships, organizational capacity, and potential for measurable impact, while generating experience and evidence that can inform future expansion of Community Paramedicine/MIH programming to additional rural communities.

VDH anticipates serving as an active implementation partner by providing technical assistance, learning collaborative opportunities, and performance improvement support throughout the project period.

1.3 Program Objectives for this RFA

The objectives of this RFA are to support applicants in advancing the following Community Paramedicine sub-initiative goals aligned with the Commonwealth's Rural Health Transformation Program and CMS strategic priorities.

Objective	Description	CMS Strategic Goal Alignment
1	Expand access to timely, patient-centered healthcare services in rural communities through innovative Community Paramedicine and Mobile Integrated Healthcare (CP/MIH) models that improve access outside of traditional healthcare settings.	Rural Healthcare Access; Care Delivery Transformation
2	Strengthen care coordination and continuity of care by improving collaboration among EMS agencies, healthcare providers, behavioral health providers, public health agencies, community organizations, and other community partners.	Rural Provider Partnerships; Care Coordination
3	Improve health outcomes by supporting evidence-informed interventions that address chronic disease management, preventive care, care transitions, behavioral health, maternal health, and other locally identified healthcare priorities.	Population Health; Prevention & Wellness
4	Build regional capacity by strengthening Community Paramedicine/MIH infrastructure, workforce development, technology integration, and data-driven program evaluation to support sustainable healthcare delivery models.	Workforce Development; Technology & Digital Enablement

Objective	Description	CMS Strategic Goal Alignment
5	Develop innovative, scalable, and sustainable Community Paramedicine/MIH models that demonstrate measurable impact and can be replicated or expanded to improve healthcare access throughout rural Virginia.	Rural Health Infrastructure; Sustainability

1.4 Eligible Applicants

To be eligible for an award under this RFA, applicants must:

- Be a legally organized entity in good standing that is capable of receiving and administering federal subaward funding. Eligible applicants include, but are not limited to:
 - Licensed Emergency Medical Services (EMS) agencies;
 - Nonprofit organizations;
 - State, local, or Tribal governmental entities;
 - Hospitals and health systems;
 - Federally Qualified Health Centers (FQHCs);
 - Rural Health Clinics (RHCs);
 - Institutions of higher education; and
 - Other organizations with the demonstrated capacity to implement Community Paramedicine or Mobile Integrated Healthcare (CP/MIH) programs serving rural communities.
- Maintain, or be in the process of obtaining, an active SAM.gov registration with a current Unique Entity Identifier (UEI). An active SAM.gov registration and current UEI are required prior to execution of a final subaward agreement. Applicants must have no active exclusions, debarments, or suspensions.
- Demonstrate organizational capacity to manage federal funds in accordance with the requirements of 2 CFR Part 200, including financial management, procurement, reporting, and grant administration.
- Operate in, or demonstrate the capacity to provide direct services benefiting, one or more Federal Office of Rural Health Policy (FORHP)-designated rural Virginia localities identified in Appendix A.
- Demonstrate the organizational, clinical, and operational capacity necessary to implement a Community Paramedicine or Mobile Integrated Healthcare (CP/MIH) program consistent with the goals of this initiative.
- Demonstrate meaningful collaboration with EMS agencies, healthcare providers, public health agencies, behavioral health providers, and other community partners necessary to successfully implement the proposed project, as appropriate for the proposed model.

Collaborative applications involving multiple organizations are strongly encouraged. When multiple organizations participate, one eligible entity must serve as the lead applicant and assume responsibility for all programmatic, financial, contractual, and reporting requirements associated with the subaward.

Applicants proposing collaborative projects should clearly describe the roles and responsibilities of each partner, including governance, service delivery, data sharing, and performance monitoring.

1.5 Available Funding & Award Structure

VDH anticipates awarding approximately \$3.7 million in competitive subawards during the initial performance period to support Community Paramedicine and Mobile Integrated Healthcare (CP/MIH) projects serving Federal Office of Rural Health Policy (FORHP)-designated rural communities in Virginia. Applicants may request up to \$400,000 per application. Final award amounts will be determined by VDH based on the quality of the application, proposed scope of work, reasonableness of the budget, anticipated community impact, organizational capacity, and availability of funding.

Applicants should request funding that is reasonable and proportional to the proposed scope of work and supported by a detailed budget narrative and justification. Applicants are not expected to request the maximum

award amount, and requests should reflect the actual resources necessary to successfully implement the proposed project.

Statewide Competition and Selection of Initial Implementation Regions

Eligible applicants must be physically located in, or provide direct services to, rural Virginia communities as defined under Virginia's RHTP. The Program's baseline definition of rurality is based on the federally required Federal Office of Rural Health Policy (FORHP) definition.

For purposes of this RFA, Regional EMS Council service areas will be used to organize the geographic distribution and selection of initial implementation regions; however, RHTP-funded project activities must directly benefit eligible rural Virginia communities as defined by this RFA. A Regional EMS Council service area may include both rural and non-rural localities, but the inclusion of a locality within a selected EMS region does not independently establish eligibility for RHTP-funded services or expenditures. Consistent with the Commonwealth's approved RHTP implementation approach, initial awards under this RFA will be concentrated within **three Regional EMS Council service areas**.

The three regions will **not be selected in advance of the competitive review process**. Instead, VDH will determine the three initial implementation regions based upon the results of application scoring and ranking.

Following completion of the merit review:

1. All responsive applications meeting applicable eligibility requirements will be scored using the criteria established in Section 5.2. Applications receiving the minimum fundable score established in Section 5.1 will then be ranked statewide according to total score.
2. Beginning with the highest-ranked application, VDH will proceed through the statewide ranking to identify the **three distinct Regional EMS Council service areas represented by the highest-ranked applications**.
3. Those three Regional EMS Council service areas will constitute the **initial implementation regions** for purposes of awards under this RFA.
4. Once the three initial implementation regions have been identified, VDH will consider other fundable applications within those regions in statewide rank order, subject to available funding, application quality, proposed scope and budget, organizational capacity, community impact, and the overall composition of the project portfolio.
5. An application's location within one of the three selected regions does **not** guarantee funding. All projects selected for award must independently demonstrate sufficient technical merit, feasibility, organizational capacity, programmatic alignment, and responsible stewardship of federal funds.

Illustrative example: *If the highest-ranked application is from Region A, the second-highest-ranked application is from Region B, and the third-highest-ranked application is also from Region A, VDH would continue through the statewide ranking until the highest-ranked application from a third distinct region is reached. Regions A, B, and that third region would then constitute the three initial implementation regions.*

Following identification of the three initial implementation regions, VDH may make multiple awards within each selected region. VDH does not anticipate allocating funding equally among the three regions. The number and amount of awards within each region will depend upon the quality and scope of applications received, available funding, proposed budgets, anticipated community impact, and the resulting portfolio of projects.

Applicants should request funding that is reasonable and proportional to the proposed scope of work and supported by a detailed budget narrative and justification. Individual award amounts will be determined by VDH based on the availability of funding, quality of the application, proposed scope of work, anticipated community impact, and demonstrated organizational capacity.

Regardless of award amount, the following conditions apply to all awards under this RFA:

- **VDH anticipates that there will be minimal funding availability for direct administrative costs and no availability for indirect costs. Applicants should attempt to minimize administrative expenses in their application's budget proposal to align to RHTP program requirements.** Administrative costs

include, but are not limited to, general administrative salaries and benefits, grant administration, fiscal management, office operations, and other costs that support overall organizational administration rather than direct project implementation.

- All funds awarded for the initial budget period must be expended on allowable project activities by **September 30, 2027**. Funds may not be carried forward beyond the initial budget period unless expressly authorized by VDH in accordance with applicable RHTP requirements.
- No cost sharing or matching funds are required.
- Subawardees must demonstrate satisfactory programmatic and financial performance to be considered for continuation funding in subsequent budget periods. Continuation funding is contingent upon the availability of federal funds, compliance with award requirements, and successful progress toward approved project goals and performance measures.
- Pre-award costs are not allowable unless expressly authorized in writing by VDH.
- Awardees must maintain the organizational partnerships, operational capacity, and program infrastructure necessary to carry out the approved scope of work throughout the period of performance. Significant changes to key partnerships, project leadership, organizational capacity, or the approved scope of work must be reported promptly to VDH and may require prior written approval. Such changes may result in modification of the award, additional monitoring, or other actions deemed appropriate by VDH.

VDH reserves the right to negotiate budgets, scopes of work, project periods, and award amounts prior to executing subaward agreements. Individual award amounts, not to exceed \$400,000 during the initial performance period, will be determined by VDH based on the availability of funding, quality of the application, proposed scope of work, anticipated community impact, and demonstrated organizational capacity. Only applications meeting the minimum fundable score established in Section 5.1 will be eligible for an award or considered in determining the three initial implementation regions.

1.6 Project Duration and Continuation Opportunities

The Virginia Department of Health (VDH) recognizes that Community Paramedicine and Mobile Integrated Healthcare (CP/MIH) programs vary considerably in scope, organizational structure, implementation readiness, and the populations they serve. Applicants are encouraged to propose projects with timelines and work plans that are appropriate for the proposed activities and anticipated outcomes while demonstrating a clear strategy for long-term sustainability.

Initial awards made under this RFA are expected to support the first budget period of the Rural Health Transformation Program and must be expended by September 30, 2027. Subject to the availability of federal funding, satisfactory performance, compliance with award requirements, and continued alignment with program priorities, subawardees may be eligible for continuation funding in subsequent budget periods through the end of the Rural Health Transformation Program period of performance.

The Community Paramedicine/MIH program is intended to support the phased development, implementation, evaluation, refinement, and expansion of innovative Community Paramedicine/MIH models that improve healthcare access and strengthen rural healthcare delivery systems.

Applicants are encouraged to propose projects that establish a strong foundation for long-term growth, sustainability, and scalability. While funding decisions will be made on an annual basis and continuation funding is not guaranteed, VDH anticipates that successful projects will demonstrate the capacity to mature over time, expand their impact, strengthen regional partnerships, and contribute to the development of sustainable Community Paramedicine models that can inform broader implementation across rural Virginia. Applicants should therefore consider how proposed activities may evolve over multiple years and describe a realistic pathway for future growth consistent with community needs, organizational capacity, and program goals.

Continuation funding is not automatic and will be determined annually based on factors including, but not limited to:

- Availability of federal funding;
- Satisfactory programmatic and financial performance;
- Achievement of required milestones and performance measures;
- Compliance with all applicable award requirements;
- Demonstrated progress toward implementation and project sustainability; and
- Continued alignment with the goals and priorities of the Virginia Rural Health Transformation Program.

Applicants should design projects with long-term sustainability in mind. Applications should describe how the proposed Community Paramedicine/MIH model will build organizational and community capacity, strengthen partnerships, and position the program for continued operation and potential expansion beyond the period of federal funding.

PART II: REQUIRED SCOPE OF WORK

2.1 Scope of Work Overview

The Virginia Department of Health (VDH), Office of Emergency Medical Services (OEMS), seeks to support innovative Community Paramedicine and Mobile Integrated Healthcare (CP/MIH) projects that expand access to healthcare services, improve care coordination, strengthen regional partnerships, and address locally identified healthcare needs in rural Virginia.

Projects funded under this RFA are expected to implement evidence-informed Community Paramedicine/MIH models that integrate EMS capabilities and personnel, as appropriate to the proposed model, within the broader healthcare delivery system. Successful projects should improve access to care, strengthen collaboration among healthcare and community partners, and develop sustainable approaches that improve health outcomes while reducing barriers to healthcare access.

Applicants are encouraged to design projects that respond to the unique needs of their communities while aligning with the goals of the Virginia Rural Health Transformation Program. Proposed activities should demonstrate meaningful collaboration among EMS agencies, healthcare providers, hospitals, public health agencies, behavioral health providers, social service organizations, and other community partners, as appropriate for the proposed model.

Projects should be designed with sustainability and scalability in mind. Applicants should describe how proposed activities will establish the partnerships, operational infrastructure, workforce capacity, and evaluation processes necessary to support continued program growth and long-term success beyond the initial budget period.

All funded projects will be expected to participate in statewide program evaluation, performance reporting, technical assistance activities, and peer learning opportunities coordinated by VDH. Awardees will also collaborate with VDH and Regional EMS Councils to share promising practices, identify implementation challenges, and contribute to the development of scalable Community Paramedicine/MIH models that strengthen healthcare delivery across rural Virginia.

2.2 Required Activities

Applicants shall propose a Community Paramedicine/MIH project that addresses identified healthcare needs within the proposed service area and aligns with the goals of the Virginia Rural Health Transformation Program. Proposed projects should implement evidence-informed strategies that improve healthcare access, strengthen care coordination, and support sustainable models of healthcare delivery in rural Virginia.

At a minimum, funded projects will be expected to incorporate the following activities, as appropriate to the proposed model:

A. Community Need and Program Design

Applicants shall demonstrate that the proposed project is responsive to identified community health needs. Projects should be informed by available data, stakeholder input, existing healthcare resources, and documented service gaps within the proposed service area.

Applicants should describe:

- the healthcare challenges the project intends to address;
- the target population(s);
- why Community Paramedicine/MIH is an appropriate intervention; and
- how the proposed model complements, rather than duplicates, existing healthcare services.

B. Community Paramedicine Service Delivery

Applicants shall implement Community Paramedicine/MIH services designed to improve access to healthcare and address locally identified priorities.

Projects may include, but are not limited to:

- chronic disease management;
- Clinically appropriate treat-in-place, alternative destination, and other alternative EMS care delivery approaches that connect patients to the most appropriate level or setting of care and may reduce unnecessary emergency department utilization;
- preventive health services;
- post-discharge follow-up and care transitions;
- behavioral health support;
- maternal and child health services;
- medication management;
- telehealth or remote patient monitoring;
- fall prevention;
- community-based assessments;
- referrals to healthcare and community resources; and
- other evidence-informed Community Paramedicine/MIH interventions appropriate to community need.

Applicants should clearly describe the services to be provided, eligibility criteria, referral pathways, anticipated patient volume, staffing model, and operational workflow.

C. Care Coordination and Community Partnerships

Projects shall establish meaningful partnerships that support coordinated, patient-centered care.

Applicants should describe how they will collaborate with healthcare providers, hospitals, primary care practices, behavioral health providers, public health agencies, social service organizations, community-based organizations, and other partners to improve care coordination and facilitate referrals.

Projects should clearly identify the role of participating EMS agencies or related healthcare providers, and describe how Community Paramedicine services will be integrated within the broader healthcare delivery system.

D. Workforce Development and Operational Readiness

Applicants shall demonstrate that personnel participating in the proposed project possess—or will obtain—the education, training, certifications, clinical protocols, medical oversight, and operational support necessary to safely and effectively implement the proposed Community Paramedicine/MIH model. **Proposed projects should**

support EMS personnel in practicing at the highest level permitted within their applicable scope of practice, training, certification, and medical oversight structure, as appropriate to the proposed model.

Applicants should describe:

- Staffing plans and personnel roles;
- Education, training, certification, and workforce development needs, including preparation of EMS personnel for Community Paramedicine/MIH roles;
- Medical direction and clinical oversight;
- Clinical protocols and workflows;
- Quality assurance and performance improvement processes;
- Operational policies and procedures;
- Technology and other operational infrastructure; and
- Other resources necessary for successful implementation.

E. Performance Measurement and Continuous Quality Improvement

Applicants shall participate in all required program evaluation and reporting activities established by VDH.

Projects should establish processes for collecting performance data, monitoring program implementation, evaluating outcomes, and using data to support continuous quality improvement throughout the project period.

Applicants should describe how performance data will be incorporated into project management and decision-making.

F. Sustainability and Program Growth

Applicants shall describe their strategy for sustaining successful Community Paramedicine/MIH activities beyond the initial budget period.

Sustainability planning should address organizational capacity, reimbursement opportunities, community partnerships, operational infrastructure, workforce development, and other factors that will support continued program operation after grant funding concludes.

Applicants are encouraged to consider phased implementation approaches that establish a strong foundation for future expansion while demonstrating measurable progress during the initial award period.

2.3 Innovation Expectations

The Virginia Department of Health (VDH) recognizes that innovation may take many forms and will vary based on the unique healthcare needs, resources, and partnerships within each rural community. Applicants are encouraged to implement, adapt, expand, or enhance evidence-informed Community Paramedicine/MIH models that address locally identified healthcare priorities and strengthen rural healthcare delivery systems.

Applicants should propose projects that demonstrate meaningful improvements in one or more of the following:

- Expanding access to healthcare services for underserved rural populations;
- Improving care coordination and continuity across healthcare, public health, behavioral health, and community-based organizations;
- Leveraging EMS personnel in innovative, patient-centered roles that complement existing healthcare services;

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- Integrating technology, telehealth, remote patient monitoring, digital health tools, or other approaches that improve access and care delivery;
- Strengthening regional partnerships and interdisciplinary collaboration;
- Addressing barriers to healthcare access, including transportation, workforce shortages, geographic isolation, and social determinants of health;
- Developing sustainable operational models that improve health outcomes and may be replicated or expanded to other rural communities.

Innovation may include, but is not limited to:

- Expanding an existing Community Paramedicine/MIH program to serve new populations or geographic areas;
- Establishing new partnerships among EMS agencies, healthcare providers, public health agencies, behavioral health providers, and community organizations;
- Implementing evidence-informed interventions in communities where similar services have not previously been available;
- Integrating Community Paramedicine/MIH into existing clinical workflows, care coordination programs, or population health initiatives;
- Leveraging data, technology, and performance improvement strategies to enhance patient outcomes and program effectiveness; or
- Developing new approaches to supporting individuals with chronic disease, behavioral health needs, maternal health needs, care transition needs, or other locally identified healthcare priorities.

Applicants should clearly describe how the proposed project responds to identified community needs, advances the goals of this initiative, and demonstrates the potential for long-term sustainability and broader application within rural Virginia.

2.4 Required Partnerships and Coordination

Successful Community Paramedicine/MIH programs rely on strong collaboration among healthcare providers, Emergency Medical Services (EMS), public health agencies, and community organizations to improve healthcare access, strengthen care coordination, and address locally identified healthcare needs.

Applicants shall demonstrate meaningful collaboration with organizations that are appropriate to the proposed project and target population. Partnerships should support coordinated service delivery, referral pathways, patient engagement, data sharing (where appropriate), and continuity of care.

Depending on the proposed project, applicants are encouraged to collaborate with organizations such as:

- Licensed Virginia EMS agencies;
- Hospitals and health systems;
- Primary care providers;
- Federally Qualified Health Centers (FQHCs);
- Rural Health Clinics (RHCs);
- Local health departments;
- Behavioral health providers;
- Community Services Boards;
- Long-term care providers;
- Home health and hospice organizations;
- Social service agencies;
- Community-based organizations;
- Regional EMS Councils; and
- Other organizations that contribute to improving healthcare access and health outcomes within the proposed service area.

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Projects led by organizations other than licensed EMS agencies should clearly describe the role of participating EMS agency partners in project planning, implementation, and service delivery.

Applicants shall describe:

- the role and responsibilities of each key project partner;
- how patients will be identified, referred, and transitioned among participating organizations;
- how communication and coordination will occur throughout project implementation;
- how partners will support project evaluation and continuous quality improvement, as appropriate; and
- how partnerships will contribute to long-term sustainability of the proposed model.

Applicants are encouraged to demonstrate existing partnerships whenever possible. If formal agreements have not yet been executed, applicants should describe the status of partnership development and provide a plan for establishing collaborative agreements prior to implementation.

Regional EMS Councils are important partners in the statewide implementation of the Community Paramedicine/MIH Initiative. Awardees will be expected to coordinate with their respective Regional EMS Council, as appropriate, to support regional collaboration, technical assistance, stakeholder engagement, and dissemination of promising practices throughout the project period.

2.5 Geographic Scope

Eligible applicants must be physically located in, or provide direct services to, rural Virginia communities as defined under Virginia's RHTP. The Program's baseline definition of rurality is based on the federally required Federal Office of Rural Health Policy (FORHP) definition.

Consistent with the Commonwealth's approved RHTP implementation approach, awards made through this RFA will initially be concentrated within **three Regional EMS Council service areas**. The three regions have not been predetermined and will be identified through the competitive review and ranking process described in Sections 1.5 and 5.1.

Applicants must clearly identify:

- the Regional EMS Council service area in which the proposed project will be implemented;
- the FORHP-designated rural communities within the Commonwealth of Virginia that will directly benefit from project activities;
- the healthcare needs within the proposed service area; and
- how the proposed project will address those needs and strengthen the regional healthcare delivery system.

Projects may serve a single locality, multiple localities, or a broader regional service area, provided the proposed model demonstrates meaningful benefit to eligible rural communities and aligns with the goals of this initiative.

For purposes of regional selection under this RFA, each application must be associated with one primary Regional EMS Council service area. If an applicant proposes a project spanning more than one Regional EMS Council service area, the applicant must identify the primary region in which the majority of project activities and beneficiaries will be located. The applicant's designated primary region will be used for purposes of the regional selection process described in Sections 1.5 and 5.1.

Applicants proposing projects to serve eligible rural communities in any Regional EMS Council service area are encouraged to apply. The three initial implementation regions will be determined through the competitive review and regional selection process described in Sections 1.5 and 5.1; therefore, submission of an application does not guarantee that the applicant's region will be selected for funding. Eligible rural localities are identified in Appendix A.

2.6 Expected Project Deliverables

Projects funded under this RFA are expected to produce measurable outcomes that improve healthcare access, strengthen care coordination, and contribute to the long-term development of sustainable Community Paramedicine/MIH models in rural Virginia.

At a minimum, funded projects will be expected to achieve the following deliverables, as appropriate to the proposed scope of work:

Program Implementation

- Establish or expand a Community Paramedicine/MIH program consistent with the approved project scope.
- Develop and implement project workflows, protocols, referral processes, and operational procedures necessary to support program implementation.
- Recruit, train, and support project personnel, as appropriate.

Partnership Development

- Establish and maintain collaborative relationships with healthcare providers, EMS agencies, public health agencies, community organizations, and other project partners necessary to support successful implementation.
- Develop coordinated referral pathways and communication processes that facilitate patient-centered care and improve continuity across the healthcare continuum.

Service Delivery

- Implement Community Paramedicine/MIH services that address identified community healthcare needs and improve access to healthcare services for the target population.
- Demonstrate measurable progress toward the project goals, objectives, and performance measures described in the approved application.

Performance Measurement and Reporting

- Participate in all required performance measurement, program evaluation, financial reporting, and technical assistance activities established by VDH.
- Collect, maintain, and report project data necessary to evaluate program implementation, patient outcomes, and overall project performance.
- Participate in continuous quality improvement activities and use project data to inform ongoing program refinement.

Sustainability and Knowledge Sharing

- Develop and implement a sustainability strategy that supports continuation of successful project activities beyond the initial award period.
- Share lessons learned, promising practices, implementation challenges, and project outcomes with VDH and other initiative participants to support statewide learning and future program development.
- Contribute to the identification of scalable Community Paramedicine/MIH models that may be replicated or adapted in other rural communities throughout Virginia.

Applicants should clearly describe how the proposed project will accomplish these deliverables and identify any additional project-specific deliverables that are appropriate for the proposed model.

PART III: REQUIRED PERFORMANCE METRICS AND MILESTONES

3.1 Required Program Metrics

Performance measurement is a critical component of the Community Paramedicine/Mobile Integrated Healthcare (CP/MIH) Initiative and the Virginia Rural Health Transformation Program (RHTP). Performance monitoring will include required Initiative-level metrics reported by VDH as part of the RHTP, as well as project-specific performance data collected and reported by subrecipients. Together, these measures will support program accountability, continuous quality improvement, statewide evaluation, and assessment of the Initiative's impact on healthcare access and outcomes in Virginia's rural communities.

VDH recognizes that projects funded under this RFA may vary considerably in scope, target population, service delivery model, and community need. Accordingly, individual projects may contribute differently to the Initiative's overall performance goals based on their approved project model.

RHTP Required Initiative Metrics

As part of Virginia's RHTP, VDH is responsible for monitoring and reporting required performance metrics for the Community Paramedicine/MIH Initiative to the Department of Medical Assistance Services (DMAS). These measures are used to assess progress toward the goals of the Community Paramedicine/MIH Initiative and the broader RHTP.

The following two required performance metrics have been established for the Community Paramedicine/MIH Initiative:

- **Metric 1: Incremental Number of Residents Receiving One or More Preventive Visits through Community Paramedicine in Rural Localities Served by the Project**
 - This measure will assess the incremental number of residents receiving one or more preventive visits through Community Paramedicine/MIH activities in rural localities served by funded projects. The baseline for newly funded activities is zero, with applicable targets to be established by VDH following initial implementation and baseline data collection. **Subrecipients will be responsible for collecting and reporting project-level information necessary for VDH to monitor and report this measure**, using patient encounter records, electronic medical records, or other approved program documentation, as applicable to the approved project model.
- **Metric 2: Rate of Avoidable Emergency Department Visits in Rural Localities Served by the Project or Sub-Initiative, as Applicable**
 - This measure will assess changes in avoidable emergency department utilization within rural localities served by funded Community Paramedicine/MIH projects or the broader sub-initiative, as applicable. VDH, in coordination with DMAS and the statewide evaluation partner, will generate and monitor this measure using DMAS administrative claims data, Virginia's All-Payer Claims Database (APCD), and/or other appropriate statewide data sources. **Subrecipients will not be responsible for independently calculating or reporting this measure.**

Applicants should consider how their proposed activities may contribute to the broader aims reflected in these required metrics, including expanding access to preventive and appropriate healthcare services, strengthening care coordination and continuity of care, and reducing potentially avoidable emergency department utilization. Individual projects are not expected to independently demonstrate improvement in every Initiative-level measure; rather, VDH will assess performance across funded projects and participating rural communities as part of the broader evaluation of the Community Paramedicine/MIH Initiative.

Required Subawardee Measure: Individuals Served

In addition to project-level data necessary to support Metric 1, all subawardees will be required to report the number of unique individuals served through the funded project, including the number residing within eligible rural Virginia localities identified in Appendix A.

VDH will provide selected subawardees with applicable measure definitions, data specifications, reporting guidance, and standardized reporting templates following award. VDH may refine reporting requirements during the period of performance as necessary to maintain alignment with CMS, DMAS, and statewide RHTP evaluation requirements.

3.2 Additional Project-Specific Performance Measures

In addition to the required measures identified in Section 3.1, applicants shall propose project-specific performance measures that reflect the goals, activities, target population, and anticipated outcomes of the proposed Community Paramedicine/MIH project.

Because projects funded under this RFA may vary considerably in scope, target population, service delivery model, and community partnerships, applicants should select measures that are appropriate to the proposed intervention and meaningful for assessing project implementation, progress, and success.

Applicants should identify project-specific measures that are:

- Clearly aligned with the proposed project goals, objectives, and activities;
- Measurable using reliable and feasible data collection methods;
- Relevant to the target population and services provided;
- Appropriate for monitoring project implementation, outcomes, and continuous quality improvement; and
- Capable of demonstrating meaningful progress during the period of performance

Depending on the proposed project model, project-specific measures may address areas such as:

- **Project implementation and operational readiness**, including achievement of implementation milestones, workforce development, clinical protocols, and operational capacity;
- **Program reach and service delivery**, including CP/MIH encounters, home visits, preventive services, post-discharge follow-up, and other project-specific interventions;
- **Care coordination and referrals**, including referral completion, connections to healthcare and community resources, and continuity of care;
- **Patient and health outcomes**, including chronic disease management, patient engagement, healthcare utilization, and other outcomes appropriate to the proposed intervention;
- **Workforce and partnership development**, including training, interdisciplinary collaboration, and development or strengthening of regional partnerships; and
- **Sustainability and continuous quality improvement**, including organizational capacity, sustainability planning, lessons learned, and promising practices.

Applicants are not expected to include measures from every category. Proposed measures should be limited to those that are meaningful, feasible, and appropriate to the proposed project.

For each proposed project-specific measure, applicants should describe the anticipated data source, collection methodology, reporting approach, and personnel or partners responsible for performance measurement. Performance measures should support ongoing project monitoring, continuous quality improvement, and evaluation of project effectiveness.

Applicants are encouraged to describe how their proposed project-specific measures align with the broader goals and intended outcomes of the Community Paramedicine/MIH Initiative and, where applicable, support the RHTP required Initiative metrics identified in Section 3.1.

VDH recognizes that project-specific performance measures may evolve as projects mature. Following award, VDH may work collaboratively with subrecipients and the statewide evaluation partner to refine project-specific measures, definitions, data collection methods, and reporting expectations to ensure alignment with the approved scope of work, statewide evaluation priorities, and applicable federal reporting requirements.

3.3 Required Program Milestones

Subawardees will be expected to achieve measurable implementation milestones throughout the project period that demonstrate progress toward successful project implementation, effective project management, performance measurement, and sustainability.

VDH recognizes that Community Paramedicine/MIH projects may vary considerably in implementation readiness, scope, and service delivery model. Accordingly, individual project milestones and timelines may vary based on the approved scope of work. However, all projects should demonstrate measurable progress toward implementation and completion of approved activities within the initial award period.

Applicants shall identify anticipated project milestones in the **Implementation Approach and Project Management** section of the Project Narrative and in the required Work Plan. Milestones should identify major activities, anticipated completion dates, responsible parties, expected deliverables, and associated performance measures, as applicable. Milestones should be realistic, measurable, and aligned with the proposed project activities and performance measures described in Sections 3.1 and 3.2.

At a minimum, project milestones should address the following phases, as appropriate to the proposed project:

Milestone	Activities Completed	Expected Timeframe
Project Planning and Start-Up	Finalize staffing, partnerships, workflows, protocols, medical oversight, training, data collection processes, and other implementation requirements	Within 60 days of award
Project Implementation	Initiate and conduct approved CP/MIH activities, service delivery, care coordination, community engagement, and performance monitoring	Throughout Project Period
Performance Monitoring and Quality Improvement	Monitor project-specific measures, assess implementation progress, participate in required VDH evaluation activities, and implement quality improvement activities as needed	Throughout Project Period
Sustainability and Closeout	Assess project performance, advance sustainability planning, document lessons learned and promising practices, and complete required final reporting	By September 30, 2027

VDH may work collaboratively with selected subrecipients following award to refine project milestones and implementation schedules based on the approved project scope, implementation readiness, and applicable program requirements.

All activities and expenditures funded during the initial award period must be completed in accordance with the approved subaward and applicable RHTP deadlines, including the requirement that initial award funds be expended by September 30, 2027.

PART IV: APPLICATION REQUIREMENTS

A complete and responsive application must include all components identified in this section. Applications that are submitted after the deadline, omit a required component, or do not comply with the submission, formatting, or page-limit requirements of this RFA may be deemed nonresponsive and may not advance to merit review.

Applicants should present information clearly and concisely and ensure consistency across the Executive Summary, Project Narrative, work plan, performance measures, staffing information, and budget. Each application must provide sufficient detail for reviewers to evaluate the proposed project using the review criteria described in Part V.

Formatting Requirements:

Unless otherwise specified, all application materials must comply with the following requirements:

- Font: Arial
- Font Size: 12-point for all narrative text; 10-point minimum may be used within tables, charts, figures, and graphics
- Margins: 1-inch on all sides
- Spacing: Single-spaced
- Page Size: 8.5" x 11"
- Page Numbering: Consecutively number all pages of the application package
- File Format: PDF (unless otherwise specified)
- Page Limits: Page limits apply only to the sections identified in the RFA. Content exceeding the stated page limits will not be reviewed.

Component	Page Limit
Application Cover Page	1 Page
Executive Summary	2 Pages
Project Narrative (as described in Section 4.3)	14 Pages
Budget and Budget Narrative (Please use attached budget template)	2 Pages for narrative N/A for Budget sheet (use template)
Organizational Capacity Statement	2 Pages
Key Personnel Resumes or Bio-sketches	No page limit
Letters of Support / MOUs (if applicable)	As applicable
Active SAM.gov Registration Confirmation and Debarment Certification	No page limit
Work Plan	No page limit; submitted as appendix

Applicants must submit all required components through eVA in accordance with the submission instructions provided on the cover page of this RFA.

4.1 Cover Page

Applicants shall complete and submit the **Application Cover Page** using the form provided below as part of this Request for Applications (RFA). The Application Cover Page serves as the official application transmittal and provides key organizational and contact information for the applicant.

APPLICANT ORGANIZATION AND PROJECT INFORMATION

Project Title	
Total Funding Requested (USD)	
Legal Name of Organization	
DBA / Trade Name (if applicable)	
Organization Type	☐ State agency ☐ Local government ☐ Tribal entity ☐ Nonprofit 501(c)(3) ☐ For-profit entity ☐ Institution of higher education ☐ Hospital / Health System ☐ Other (specify): Click or tap here to enter text.
Year Established	
Number of Employees	
Organization Website	
EIN (Federal Tax ID, 9 digits)	
Unique Entity Identifier (UEI)	
SAM.gov Registration Active (Y/N)	
Mailing Address (Street)	
City, State, ZIP	

AUTHORIZED ORGANIZATIONAL REPRESENTATIVE (AOR) CERTIFICATION

By signing below, the Authorized Organizational Representative certifies that all information in this application is true, accurate, and complete; that the organization accepts all conditions of a Virginia RHTP subrecipient award; and that the organization will comply with 2 CFR Part 200, CMS RHTP Program Terms and Conditions, and all applicable federal and state requirements.

Full Name	
Title	
Email	
Direct Phone	
Date	
AOR Signature:	

Applicants are responsible for ensuring that all information provided on the Application Cover Page is complete and accurate. The Authorized Organizational Representative must have the legal authority to submit the application and enter into a subaward agreement on behalf of the applicant organization.

Required Submission:

- Completed **Application Cover Page** (1 page)

4.2 Executive Summary

Applicants shall submit an **Executive Summary** that provides a concise overview of the proposed project. The Executive Summary should summarize the key elements of the application and provide reviewers with a clear understanding of the proposed project, the need it addresses, the applicant's approach, and the anticipated impact on healthcare access and outcomes through Community Paramedicine/MIH services in rural Virginia.

The Executive Summary should be written as a stand-alone summary of the proposed project and should accurately reflect the information presented throughout the remainder of the application.

At a minimum, the Executive Summary shall include:

- A brief description of the applicant organization and its role in the proposed project.
- The proposed project title and a concise overview of the proposed project.
- A description of the rural community (or communities) and target population to be served.
- A summary of the healthcare needs, service gaps, or barriers that the proposed project is intended to address.
- A high-level overview of the proposed Community Paramedicine/MIH model, key project activities, implementation approach, and anticipated partnerships.
- A summary of the expected project outcomes and how the proposed project aligns with the goals of the Community Paramedicine sub-initiative and the Virginia Rural Health Transformation Program (RHTP).
- The total amount of funding requested.

The Executive Summary should not introduce new information that is not otherwise addressed within the Project Narrative.

Required Submission:

- **Executive Summary** (maximum 2 pages)

4.3 Project Narrative

The Project Narrative is the primary component of the application and should clearly describe the proposed project, the applicant's capacity to successfully implement the proposed activities, and how the project will advance the goals of the Community Paramedicine/MIH sub-initiative. Applicants should respond to each section below in the order presented and provide sufficient detail to enable reviewers to fully evaluate the proposed project using the evaluation criteria outlined in Part V of this RFA.

Do not omit or combine sections. Narrative responses should be concise, well organized, and supported by relevant data or examples where appropriate. Pages exceeding the stated page limits will not be reviewed.

Section A: Program Design

Describe the proposed Community Paramedicine/MIH project and how it will advance the goals of the Virginia Rural Health Transformation Program (RHTP) and the Community Paramedicine sub-initiative, including the applicable program objectives identified in Section 1.3. Applicants should clearly explain the proposed model of care, the need for the project, and how the proposed activities will improve healthcare access, strengthen care coordination, and address locally identified healthcare priorities within the proposed rural service area.

At a minimum, applicants shall address the following:

- Identify the specific Community Paramedicine/MIH program objective(s) described in Section 1.3 that the proposed project will advance and describe how the proposed project activities align with and contribute to achievement of the identified objective(s).
- Describe the proposed project, including the target population, geographic service area, and primary activities to be implemented.
- Describe the evidence-informed practices, Community Paramedicine/MIH models, or best practices that support the proposed approach and explain why they are appropriate for the identified community.
- Explain how the proposed project addresses identified healthcare needs, service gaps, or barriers to care within the proposed rural community or region.
- Describe the anticipated impact of the proposed activities on healthcare access, care coordination, quality of care, patient outcomes, and healthcare system utilization, as appropriate.
- Present a clear theory of change or project logic that connects project activities to anticipated outputs, outcomes, and long-term impact.
- Explain how the proposed project represents an innovative or transformational approach that builds upon or enhances existing healthcare services rather than simply maintaining current operations.

Page Limit: 4 pages

Section B: Stakeholder Engagement

Applicants shall describe how key stakeholders will be engaged in the planning, implementation, and ongoing oversight of the proposed project. Successful projects should demonstrate meaningful collaboration among Emergency Medical Services (EMS) agencies, healthcare providers, public health agencies, community-based organizations, and other partners that contribute to improving healthcare access, care coordination, and health outcomes within the proposed rural service area.

At a minimum, applicants shall address the following:

- Identify the organizations and stakeholders that will participate in the proposed project and describe each partner's role and responsibilities.
- Describe how partnerships were established and how stakeholders contributed to the development of the proposed project.
- Explain how communication, decision-making, and project oversight will be coordinated among participating organizations.
- Describe how the proposed project will leverage existing community resources, programs, and initiatives to avoid duplication and strengthen local healthcare infrastructure.
- Explain how patients, caregivers, community representatives, or individuals with lived experience, as appropriate, will be engaged in project planning, implementation, and evaluation.
- Describe any existing or anticipated partnerships with licensed EMS agencies, hospitals, Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs), Local Health Districts, behavioral health providers, Community Services Boards (CSBs), Regional EMS Councils, community-based organizations, Medicaid Managed Care Organizations, or other organizations that support the proposed project.
 - Explain how these partnerships will support care coordination, patient referrals, and continuity of care throughout the project period.

Section C: Performance Metrics and Evaluation Plan

Applicants shall describe how they will measure project implementation and success throughout the period of performance. The evaluation plan should demonstrate the applicant's ability to collect, analyze, and use performance data to monitor progress, support continuous quality improvement, and evaluate project outcomes.

At a minimum, applicants shall address the following:

- Describe how the proposed project and its activities are expected to contribute to the broader goals reflected in the RHTP Required Initiative Metrics described in Section 3.1. Applicants should identify the project-level data they will collect and report to support applicable required measures but are not expected to independently calculate statewide or claims-based measures generated by VDH or its evaluation partners.
- Identify the additional project-specific performance measures proposed in accordance with Section 3.2 and explain how they will demonstrate project success.
- Describe the proposed data sources, data collection methods, reporting processes, and quality assurance procedures that will be used to monitor project performance.
- Explain how performance data will be used to inform project management, continuous quality improvement, and decision-making throughout implementation.
- Describe anticipated challenges related to data collection or reporting and the strategies that will be used to address those challenges.
- Identify the staff member(s) or partner organization(s) responsible for performance measurement, data management, reporting activities, and coordination with VDH's statewide evaluation efforts.

Applicants are not expected to independently calculate statewide or claims-based performance measures maintained by VDH or its evaluation partners. However, applicants should describe how they will collect and report project-level data necessary to support statewide evaluation activities.

Page Limit: 2 pages

Section D: Implementation Approach and Project Management

Applicants shall describe the overall approach that will be used to implement and manage the proposed Community Paramedicine/MIH project during the initial award period. This section should explain the applicant's implementation strategy, how project activities will be sequenced, coordinated, and monitored, and how the applicant will address potential challenges to successful implementation.

At a minimum, applicants shall address the following:

- Describe the major phases of project implementation and how activities will be sequenced and coordinated throughout the initial award period.
- Describe the approach for managing and overseeing project implementation, including coordination among project leadership, Emergency Medical Services (EMS) personnel, healthcare providers, Regional EMS Councils, and other partner organizations, as applicable.
- Explain how project progress will be monitored to ensure activities, milestones, and deliverables remain on schedule and project objectives are achieved.
- Describe potential implementation risks, barriers, or dependencies and the strategies that will be used to mitigate or address them. These may include, as applicable, staffing and workforce availability, credentialing or medical direction, partner agreements, referral workflows, technology or data needs, equipment or vehicle readiness, or other operational considerations.

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- Explain how implementation activities will support achievement of the RHTP Required Initiative Metrics identified in Section 3.1 and applicable project-specific performance measures described in Section 3.2.
- For projects involving multiple phases or activities anticipated to extend beyond the initial award period, describe how activities proposed during the initial award period will establish the operational infrastructure, partnerships, workforce capacity, service delivery processes, or other foundation necessary for future implementation or expansion. Continuation funding is not guaranteed.

Required Work Plan: In addition to the narrative above, applicants are required to complete and submit a Work Plan as an appendix to the application. Applicants may use the VDH-provided Work Plan Template or submit a comparable format that includes the same required information. The Work Plan should translate the implementation approach described in the Project Narrative into a structured project management tool identifying major activities, milestones, timelines, responsible parties, anticipated deliverables, and associated performance measures for the initial award period. As an appendix item, the Work Plan will not count toward the Project Narrative page limit.

Page Limit: 2 pages

Section E: Sustainability Plan

Applicants shall describe their strategy for sustaining successful project activities beyond the period of grant funding. Sustainability planning should consider how effective practices, partnerships, workforce capacity, and infrastructure developed through the Community Paramedicine/MIH program will continue to improve healthcare access, care coordination, and health outcomes within the proposed service area.

At a minimum, applicants shall address the following:

- Describe how successful project activities will be integrated into ongoing organizational operations, where appropriate.
- Identify potential long-term funding sources, reimbursement strategies, or organizational resources that may support continuation of project activities.
- Describe how partnerships established through the project will be maintained beyond the grant period.
- Explain how workforce capacity, organizational infrastructure, operational processes, and community engagement efforts will support long-term sustainability.
- Describe how project outcomes, lessons learned, and promising practices will be used to inform future Community Paramedicine/MIH initiatives within the community or region.

Applicants are not required to demonstrate that all project activities will continue indefinitely; however, they should present a realistic strategy for maintaining the project's most impactful components beyond the period of RHTP funding.

Page Limit: 3 pages

Required Submission:

- Project Narrative (maximum **14 pages**)

4.4 Budget Requirements

Applicants shall submit a complete project budget using the **Budget Template (Microsoft Excel)** provided as part of this Request for Applications (RFA). The completed budget template must include all anticipated project costs associated with implementation of the proposed Community Paramedicine/MIH project and must be submitted in its original Excel format.

In addition to the completed budget template, applicants shall submit a **Budget Narrative** that provides sufficient detail to explain and justify the proposed budget. The Budget Narrative must not exceed **two (2) pages** and should clearly describe how the requested resources support the proposed project activities, work plan, performance measures, and anticipated outcomes.

At a minimum, the Budget Narrative should address the following, as applicable:

- Personnel positions, including each position's role, responsibilities, and level of effort.
- Fringe benefits and the basis for calculating fringe benefit costs.
- Contractual or consultant services, including the scope of work, purpose of each contract, and how contracted activities support implementation of the proposed project.
- Equipment purchases and their relationship to project implementation.
- Supplies, travel, and other direct costs necessary to implement the proposed project.
- Indirect costs, if applicable, including the applicant's approved indirect cost rate or other allowable methodology.

Applicants should ensure that all proposed costs are **allowable, reasonable, necessary, and directly related** to the activities described in the Project Narrative and Work Plan. Budget requests should demonstrate prudent stewardship of public funds and clearly support successful implementation of the proposed project.

Applicants shall ensure that the proposed budget complies with all funding limitations identified in this RFA. VDH anticipates that there will be minimal funding availability for direct administrative costs and no availability for indirect costs. Applicants should attempt to minimize administrative expenses in their application's budget proposal to align to RHTP program requirements.

VDH reserves the right to request clarification or additional justification for any proposed budget item during the application review process or prior to award.

Required Submission:

- Completed Budget Template (Excel workbook)
- Budget Narrative (maximum 2 pages)

4.5 Organizational Capacity

Applicants shall submit an **Organizational Capacity Statement** that demonstrates the organization's ability to successfully implement, administer, and sustain the proposed project. The statement should describe the applicant's organizational experience, administrative infrastructure, financial management capacity, and partnerships that position the organization to successfully achieve the goals of the Community Paramedicine/MIH Initiative.

The Organizational Capacity Statement should provide reviewers with a clear understanding of the applicant's ability to manage grant funding, implement project activities, monitor performance, and comply with all applicable programmatic and financial requirements.

At a minimum, applicants shall address the following:

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- Provide a brief overview of the organization, including its mission, history, and role within the proposed service area.
- Describe the organization's experience implementing programs or projects of similar size, scope, or complexity, particularly those related to Community Paramedicine/MIH, Emergency Medical Services (EMS), rural health, public health, healthcare delivery, care coordination, or community-based initiatives, as applicable.
- Describe the organization's administrative, financial, and operational capacity to successfully manage state and federal grant funding, including systems for fiscal oversight, contract management, reporting, and compliance.
- Describe the organization's experience collaborating with EMS agencies, healthcare providers, public health agencies, community-based organizations, Regional EMS Councils, or other partners to implement cross-sector initiatives.
- Describe the organizational resources, infrastructure, staffing, and internal processes that will support successful implementation of the proposed project.

Applicants are encouraged to highlight organizational strengths, existing community relationships, and previous experience that demonstrate readiness to implement the proposed project and achieve meaningful improvements in healthcare access, care coordination, and health outcomes within rural communities.

Required Submission:

- **Organizational Capacity Statement** (maximum **2 pages**)

4.6 Key Personnel & Staffing

Applicants shall submit a resume or biographical sketch (bio-sketch) for **each individual** identified as key personnel responsible for the implementation, oversight, and management of the proposed project. These materials should demonstrate that the proposed project team possesses the qualifications, experience, and expertise necessary to successfully implement the proposed project and achieve the objectives of the Community Paramedicine/MIH Initiative.

At a minimum, applicants should include resumes or bio-sketches for the Project Director and any other key personnel with primary responsibility for project leadership, programmatic oversight, financial management, clinical leadership, evaluation, or other essential project functions.

Each resume or bio-sketch should clearly identify:

- The individual's current position and organizational affiliation.
- Relevant education, professional credentials, certifications, or licensure, as applicable.
- Relevant experience and expertise related to Community Paramedicine, Emergency Medical Services (EMS), rural health, public health, healthcare delivery, care coordination, grant administration, program management, evaluation, or other areas applicable to the proposed project.
- Experience managing or implementing projects of similar size, scope, or complexity.
- The individual's anticipated role and responsibilities within the proposed project.

If key personnel have not yet been identified at the time of application, applicants should provide a position description outlining the anticipated qualifications, responsibilities, and proposed timeline for recruitment and onboarding.

VDH recognizes that staffing may evolve throughout the project period. Any changes to key personnel following award shall be communicated to VDH in accordance with the terms and conditions of the subaward agreement.

Required Submission:

- Resume or Bio-sketch for the Project Director
- Resume or Bio-sketch for each additional Key Personnel identified in the application
- Position Description(s), if applicable, for vacant key personnel positions

4.7 Letters of Support and Memoranda of Understanding (if applicable)

Applicants are encouraged to demonstrate meaningful collaboration through the submission of Letters of Support, Letters of Commitment, Memoranda of Understanding (MOUs), or other documentation that confirms participation by key project partners.

When collaborative partnerships are essential to successful implementation of the proposed project, applicants should include documentation that clearly identifies each partner's anticipated role and level of commitment.

Letters of Support or MOUs should, as applicable:

- Identify the partnering organization;
- Describe the organization's role in the proposed project;
- Confirm the organization's commitment to participate in project implementation; and
- Be signed by an individual authorized to represent the partnering organization.

Applicants are not required to submit Letters of Support or MOUs unless partnerships are identified as part of the proposed project. However, applicants are encouraged to provide documentation that strengthens the proposed collaboration and demonstrates organizational commitment.

Required Submission:

- Letters of Support, Letters of Commitment, Memoranda of Understanding, or other partnership documentation (if applicable)

4.8 Active SAM.gov Registration Confirmation and Debarment Certification

Applicants shall maintain, or be in the process of obtaining, an active registration in the System for Award Management (SAM.gov) at the time of application. Applicants selected for funding must have an active SAM.gov registration with a current Unique Entity Identifier (UEI) prior to execution of a final subaward agreement and must maintain an active registration for the duration of the period of performance.

Applicants shall submit documentation confirming their active SAM.gov registration (or pending registration) and certify that neither the applicant organization nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in federally funded programs.

Failure to maintain an active SAM.gov registration or the submission of inaccurate certification information may affect an applicant's eligibility for funding.

Required Submission:

- Documentation confirming an active SAM.gov registration or, if registration is pending, documentation of the pending registration. Applicants must have an active SAM.gov registration before execution of a final subaward agreement.
- Debarment Certification

PART V: REVIEW CRITERIA AND SCORING

5.1 Review Process

Applications that meet the eligibility, completeness, and submission requirements described in this RFA will advance to merit review.

Responsive applications will be evaluated by a review panel using the criteria and scoring rubric described below. Each application will receive a total numerical score based on its technical merit, responsiveness, feasibility, organizational capacity, and alignment with the Community Paramedicine/MIH Initiative.

Following completion of scoring, VDH will use the following process to identify the three initial implementation regions and projects recommended for funding.

Step 1 – Statewide Application Ranking

All applications meeting applicable eligibility and minimum quality requirements will be ranked statewide according to their final total scores, from highest to lowest.

Step 2 – Identification of Three Initial Implementation Regions

Beginning with the highest-ranked application, VDH will proceed through the statewide ranking until applications representing **three distinct Regional EMS Council service areas** have been identified. Those three service areas will become the initial implementation regions for this RFA.

A second or subsequent highly ranked application from a region already identified will not count toward identification of an additional region. VDH will continue through the ranking until three distinct regions are represented.

Step 3 – Identification of Fundable Applications Within Selected Regions

Once the three initial implementation regions have been established, VDH will consider applications from those regions for funding in statewide rank order. Selection will remain subject to application quality, available funding, reasonableness of the proposed budget, organizational capacity, programmatic alignment, anticipated community impact, and other applicable award requirements.

Selection of a region does not guarantee funding for every applicant within that region. VDH may decline to fund an application that does not demonstrate sufficient technical merit, feasibility, organizational capacity, or responsible stewardship of federal funds.

Step 4 – Final Award Determinations

VDH will determine the final number, amount, and distribution of awards within the three selected regions based on available funding and the resulting portfolio of high-quality projects. Funding is not required to be distributed equally among the three regions.

This selection process is intended to implement the phased Community Paramedicine approach established under Virginia's RHTP while allowing the competitive review process to identify the rural regions demonstrating the strongest combination of project quality, community need, readiness, partnerships, and potential impact.

Minimum Fundable Score

Applications must receive a minimum score of **70 points out of 100** to be eligible for funding. Applications receiving fewer than 70 points will not be eligible for an award and will not be considered when identifying the three initial Regional EMS Council service areas for implementation, regardless of their relative ranking among applications received.

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If applications meeting the minimum fundable score represent fewer than three Regional EMS Council service areas, VDH reserves the right to fund fewer than three regions through this RFA and/or pursue a subsequent competitive funding opportunity to identify additional projects or regions.

Meeting the minimum fundable score does not guarantee an award. Final funding decisions remain subject to statewide application ranking, identification of the three initial implementation regions, available funding, organizational capacity, programmatic alignment, and the other considerations described in this RFA.

If applications meeting the minimum fundable score represent fewer than three Regional EMS Council service areas, or if the number, quality, geographic distribution, or funding requests of fundable applications are insufficient to support the anticipated award structure, VDH reserves the right to modify the final award approach consistent with the objectives of this RFA. Such modifications may include funding fewer than three initial implementation regions, making additional awards to eligible applicants within selected regions, adjusting individual award amounts as permitted by this RFA, and/or pursuing a subsequent competitive funding opportunity to identify additional projects or regions.

Reservation of Rights

The Virginia Department of Health (VDH) reserves the right, consistent with applicable federal and state requirements and the objectives of this RFA, to:

- Fund applications in whole or in part;
- Negotiate project scope, work plans, budgets, performance measures, or other award terms prior to award;
- Adjust award amounts, provided that no individual award exceeds the maximum award amount established by this RFA;
- Make multiple awards within a selected Regional EMS Council service area;
- Modify the number or distribution of awards based on the number, quality, geographic distribution, and funding requests of applications received;
- Initially fund fewer than three initial implementation regions if sufficient fundable applications are not received across three distinct Regional EMS Council service areas;
- Allocate otherwise available funding among additional fundable projects within selected implementation regions, consistent with application merit, proposed scope, community need, anticipated impact, and program priorities;
- Conduct an additional competitive funding opportunity if necessary to support achievement of the Community Paramedicine/MIH Initiative's programmatic and geographic objectives;
- Decline to fund any application; and
- Make no awards under this RFA if VDH determines that doing so is in the best interest of the Commonwealth and consistent with applicable program requirements.

Applicants will be notified of award decisions according to the timeline identified in this RFA. Procedures for requesting reconsideration or otherwise contesting award determinations, if applicable, will be provided in the award notification.

Reviewer Conflict of Interest

To ensure a fair and impartial review process, all reviewers will complete and sign a Conflict of Interest Disclosure prior to evaluating applications. Reviewers must disclose any financial, employment, familial, professional, or organizational relationships with an applicant organization or its key personnel that could create an actual or perceived conflict of interest.

Any reviewer with a conflict of interest will be recused from reviewing, discussing, or scoring the affected application(s). VDH will document all conflict disclosures and recusals as part of the official procurement record. Applicants who believe a conflict of interest exists may submit a written request for review to the RHTP Program Officer within five (5) business days following the application deadline.

5.2 Review Criteria and Scoring Rubric

Responsive applications will be evaluated using the criteria below. Reviewers will assess each application based on the quality, feasibility, responsiveness, and overall merit of the proposed project. The maximum possible score is **100 points**.

Review Criterion	What Reviewers Assess	Maximum Points
Technical Approach	Demonstrated understanding of the goals and objectives of the Community Paramedicine and Mobile Integrated Healthcare (CP/MIH) Initiative; responsiveness to the requirements of this RFA; appropriateness of the proposed Community Paramedicine model; degree of innovation; and overall technical quality of the proposed approach.	8
Program Design	Quality, feasibility, and completeness of the proposed project design; alignment with the Rural Health Transformation Program and the Community Paramedicine and Mobile Integrated Healthcare (CP/MIH) Initiative; use of evidence-informed Community Paramedicine practices; clearly articulated theory of change; and likelihood of improving healthcare access, care coordination, health outcomes, and healthcare system utilization and potential for sustainability and scalability within the proposed service area.	16
Stakeholder Engagement	Strength of partnerships among EMS agencies, healthcare providers, public health agencies, community-based organizations, and other partners; clearly defined partner roles and responsibilities; and plans for ongoing stakeholder engagement throughout project implementation.	10
Performance Metrics and Evaluation Plan	Quality and appropriateness of the proposed evaluation approach; alignment with the Core Community Paramedicine Performance Measures described in Section 3.1; project-specific performance measures; measurable outcomes; data collection methods; reporting approach; and plans for continuous quality improvement.	18
Work Plan and Project Timeline	Completeness and feasibility of the Community Paramedicine implementation plan; appropriateness of the project timeline; clearly defined milestones and deliverables; staffing approach; project management strategy; and identification of implementation risks and mitigation strategies.	16
Sustainability	Credibility and feasibility of the sustainability plan; identification of future funding or reimbursement opportunities; integration into ongoing organizational operations; continuation of Community Paramedicine services, partnerships, and long-term impact beyond the grant period.	16
Key Personnel & Staffing	Qualifications, experience, and expertise of the proposed Project Director and key personnel related to Community Paramedicine, Emergency Medical Services, rural health, healthcare delivery, public health, grant administration, or other applicable disciplines; demonstrated ability to successfully implement projects of similar size and complexity; and availability to carry out the proposed project.	8
Budget	Alignment of the proposed budget with the Project Narrative, Work Plan, and proposed activities; reasonableness, allowability, and cost effectiveness of proposed expenditures; adequacy of the Budget Narrative; and overall stewardship of public funds.	8

Review Criterion	What Reviewers Assess	Maximum Points
TOTAL		
100 Points Maximum		100

PART VI: AWARD TERMS, REPORTING, AND COMPLIANCE REQUIREMENTS

6.1 Federal Regulatory Framework

All awards under this RFA are federal subawards. Sub-awardees must comply with:

- 2 CFR Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance);
- Applicable provisions of 2 CFR Part 300;
- Code of Virginia and applicable procurement policies;
- Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.);
- Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794);
- Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.);
- Section 1557 of the Patient Protection and Affordable Care Act (42 U.S.C. 18116);
- Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.) where applicable;
- Anti-Lobbying Act and Byrd Amendment (31 U.S.C. 1352) for awards over \$100,000;
- Drug-Free Workplace Act;
- SAM.gov registration and UEI requirements (2 CFR Part 25, Appendix A).
- Federal Funding Accountability and Transparency Act (FFATA)

6.2 Reporting Schedule

Subrecipients will be required to submit timely programmatic and financial reports to VDH throughout the period of performance. Reporting requirements are intended to support ongoing project monitoring, assess progress toward approved activities and milestones, monitor expenditures, support continuous quality improvement, and provide VDH with the information necessary to meet applicable Virginia Rural Health Transformation Program (RHTP), Department of Medical Assistance Services (DMAS), and federal reporting requirements.

Subrecipients should anticipate participating in the following reporting activities:

Report Type	Frequency	Description	Reporting Period	Due Date
Quarterly Progress Report	Quarterly	Project implementation and milestone progress; spending by activity; required subawardee and project-specific performance measures; accomplishments and challenges; technical assistance needs; and planned activities.	• Q1: 10/31/26-1/30/27 • Q2: 1/31/27-4/30/27 • Q3: 5/1/27-7/31/27 • Q4: 8/1/27-9/30/27	• Q1: 2/5/27 • Q2: 5/5/27 • Q3: 8/5/27 • Q4: 10/5/27
Annual Progress Report	Annually	Cumulative qualitative and quantitative project progress; required subawardee and	• 10/31/26-9/30/27	• 10/5/27

		project-specific performance data; progress toward project objectives and milestones; updated Work Plan; project outcomes, lessons learned; and sustainability activities.		
Annual Financial Report	Annually	Actual expenditures by approved budget category and activity; budget-to-actuals; unliquidated obligations, if applicable; and unobligated balance	10/31/26-9/30/27	10/5/27

***Reporting requirements under this section are separate from reimbursement requests and supporting financial documentation required under Section 6.12.**

VDH will provide reporting templates, measure definitions, and detailed submission instructions following award. Subrecipients shall maintain documentation sufficient to support all reported programmatic and financial information, including performance measures, expenditures, project activities, and achievement of applicable milestones.

Reporting requirements, reporting periods, and due dates may be modified by VDH as necessary to maintain alignment with DMAS, CMS, statewide evaluation, or other applicable RHTP requirements. VDH will provide subrecipients with notice of any changes to reporting requirements or deadlines.

Reports must be complete, accurate, and submitted in accordance with the established reporting schedule. VDH may request clarification, corrections, additional documentation, or other information necessary to validate reported programmatic or financial information. **Timely and satisfactory submission of required reports will be considered as part of ongoing subrecipient monitoring and may affect payment, continuation funding, or other award actions, as applicable.**

6.3 Sub-awardee Monitoring

The Virginia Department of Health will conduct ongoing monitoring of all sub-awardees. Monitoring activities will include:

- Desk reviews of financial reports, progress reports, invoices, and supporting documentation;
- Risk assessments at onboarding and annually to calibrate monitoring intensity;
- Site visits (announced and/or unannounced) to assess program operations, records, and internal controls;
- Follow-up on audit findings, corrective action plans, and identified compliance deficiencies.

Sub-awardees must cooperate fully with all monitoring activities and provide requested documentation within timeframes specified by VDH. Failure to cooperate constitutes non-compliance and may result in corrective action.

6.4 Stevens Amendment Acknowledgement Requirements

The Stevens Amendment (Section 507 of P.L. 104-208, as continued in subsequent appropriations acts) requires that any document, statement, press release, or other publication describing a project or program funded in whole or in part with RHTP funds clearly state both the dollar amount and the percentage of total program costs financed with federal money. Sub-awardees must include the applicable acknowledgement language below in any publication, website, report, press release, presentation, or other communication describing a project or program funded in whole or in part with RHTP funds.

If the subaward is funded entirely with federal funds (no non-federal sources):

"This subaward [is/was] 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 \$[XX] with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CMS/HHS or the U.S. Government."

If the subaward is partially funded with non-governmental sources:

"This subaward [is/was] 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 \$[XX] with [XX] percent funded by CMS/HHS and \$[XX amount] and [XX] percent funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CMS/HHS or the U.S. Government."

Update both the dollar amount and the percentage figures whenever the funding mix changes during the period of performance.

6.5 Prohibited Uses of Funds

The following expenditures are expressly prohibited and may not be charged to this award under any circumstances:

- Pre-award costs.
- Meeting matching requirements for any other federal funds or local entities.
- Services, equipment, or supports that are the legal responsibility of another party under federal, state, or tribal law such as vocational rehabilitation or education services. Such legal responsibilities include, but are not limited to, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party.
- Goods or services not allocable to the approved project.
- Supplanting existing state, local, tribal, or private funding of infrastructure or services, such as staff salaries.
- Construction.
- Capital expenditures for improvements to land, buildings, or equipment that materially increase their value or useful life as a direct cost except with the prior written approval.
- The cost of independent research and development, including their proportionate share of indirect costs in accordance with 2 CFR 300.477.
- Profit to any recipient even if the recipient is a for-profit organization. Profit is any amount in excess of allowable direct and indirect costs.
- Funds related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body. See also 45 CFR part 93, 2 CFR 200.450, Lobbying, and applicable Appropriations Law.
- Paying the salary or expenses of any grant recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before the Congress or any state government, state legislature, or local legislature or legislative body.
- Lobbying, but recipients can lobby at their own expense if they can segregate federal funds from other financial resources used for lobbying.
- Certain telecommunications and video surveillance equipment. See 2 CFR 200.216.
- Costs of promotional items and memorabilia, including models, gifts, and souvenirs.
- Costs of advertising and public relations designed solely to promote the non-Federal entity.
- Subjects and patients under study; Where specifically approved as part of the project or program activity (not recipient specific), e.g., in programs providing children's services; and As part of a per diem or subsistence allowance provided in conjunction with allowable travel.
- Meals, except in limited circumstances such as: (i) subjects and patients under study; (ii) where specifically approved as part of the project or program activity (not subrecipient-specific), e.g., children's services programs; or (iii) as part of a per diem or subsistence allowance provided in conjunction with allowable travel.

6.6 Record Retention and Audit Requirements

Sub-awardees must retain all grant-related records (financial, programmatic, procurement) for a minimum of five (5) years following submission of the final expenditure report, or longer if required by a federal audit or litigation hold. If federal expenditures equal or exceed \$1,000,000 in any fiscal year, sub-awardees are subject to the Single Audit requirements of 2 CFR Part 200, Subpart F. VDH must receive copies of all Single Audit reports pertaining to the subaward.

6.7 Data Integrity and Intellectual Property

Sub-awardees must protect the confidentiality of all project-related data that includes personally identifiable information (PII) or protected health information (PHI). Recipients must assume full responsibility for the accuracy of all data and reports submitted to VDH. CMS holds a royalty-free, nonexclusive, and irrevocable license to reproduce, publish, or use materials, systems, and items developed or refined under the award for federal government purposes per 2 CFR 200.315(b).

6.8 Prior-Approval Triggers

Sub-awardees must obtain written prior approval from VDH before taking any of the following actions. Sub-awardees should submit prior-approval requests at least **45** days in advance of the proposed action, with sufficient supporting documentation.

Prior-approval requests are required for:

- Any change in scope, objectives, or key personnel identified in the approved application;
- Disengagement of the Project Director or Principal Investigator from the project for more than three (3) consecutive months, or a 25% or greater reduction in their level of effort;
- Any rebudgeting that cumulatively shifts more than 10% of the total approved budget across direct cost categories within a budget period;
- Carryover of unobligated balances from one budget period to the next;
- Subaward, transfer, or contracting out of any work under the federal award not previously identified in the approved application;
- Pre-award costs (which are otherwise prohibited under this RFA);
- No-cost extensions of the period of performance;
- Changes to the approved indirect cost rate or methodology;
- Acquisition of equipment with a unit cost of \$10,000 or more not specifically itemized in the approved budget;
- Changes in the approved cost-sharing or matching arrangement, if any;
- Termination of the subaward by the subrecipient.

The list above reflects the prior-approval requirements set forth in 2 CFR 200.308 and applicable CMS RHTP Program Terms and Conditions, as in effect on the date of this RFA. VDH may impose additional prior-approval requirements based on the sub-awardee's risk assessment.

VDH recognizes that project implementation may require adjustments over time. Material changes to the approved scope of work, budget, or project activities require prior written approval from VDH.

6.9 Remedies for non-compliance

If a sub-awardee fails to comply with applicable performance, reporting, financial, or administrative requirements, including failure to achieve required milestones, VDH may impose one or more remedies for noncompliance, as appropriate.

Remedies for noncompliance:

- Temporarily withholding cash payments pending correction;
- Disallowing unallowable or unsubstantiated costs;
- Imposing additional conditions under 2 CFR 200.208;
- Requiring submission of a corrective action plan;

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- Increasing monitoring intensity;
- Reducing subsequent budget period funding;
- Declining to renew the subaward;
- Suspending or terminating the award for cause.
- Other legally available remedies, as appropriate.

Remedies for noncompliance with performance and reporting timelines:

- Requiring submission of a corrective action plan within 30 days of written notice;
- Imposing heightened monitoring, including increased reporting frequency and required site visits;
- Designating the sub-awardee as "high risk" under 2 CFR 200.208, with associated specific conditions;
- Reducing future budget periods or declining to renew the subaward;
- Termination of the subaward for cause.
- A sub-awardee may contest any adverse action through the dispute process set forth in the executed agreement and applicable Code of Virginia provisions.

6.10 Required Certifications and Assurances Prior to Award

Prior to execution of a subaward agreement, selected applicants may be required to complete and submit certifications, assurances, and other administrative documentation required by federal law, the Commonwealth of Virginia, the Virginia Department of Health (VDH), the Department of Medical Assistance Services (DMAS), or the Centers for Medicare & Medicaid Services (CMS).

Required certifications and assurances may include, but are not limited to:

- Certification regarding lobbying activities;
- Drug-Free Workplace Certification;
- Non-discrimination and Equal Employment Opportunity assurances;
- Civil Rights compliance assurances;
- Debarment and suspension certifications; and
- Other certifications or assurances required as a condition of award.

VDH will provide all required forms and instructions to selected applicants during the pre-award process. Failure to submit required certifications or assurances within the timeframe established by VDH may result in withdrawal of the award offer.

6.11 Pre-Award Financial Documentation and Risk Assessment

Applicants selected for funding will be required to provide documentation sufficient for the Virginia Department of Health (VDH) to assess the organization's financial management capacity, fiscal stability, and compliance with applicable federal requirements prior to execution of a subaward agreement.

Selected applicants that are subject to the Single Audit requirements under 2 CFR Part 200, Subpart F shall provide their most recent Single Audit report or documentation demonstrating that the report is publicly available through the Federal Audit Clearinghouse.

Selected applicants that are not subject to the Single Audit requirements should provide their most recent audited financial statements, if available. If the organization does not obtain an independent financial audit, VDH may request alternative documentation sufficient to assess the organization's financial management capacity and internal controls.

Applicants that are part of a larger parent organization, health system, governmental entity, or university may provide the applicable audit documentation of the parent organization, provided the applicant is included within the audited entity.

VDH may request additional financial or organizational documentation as necessary to complete its pre-award risk assessment. Selection for funding does not constitute final approval of an award, and execution of a subaward agreement will be contingent upon satisfactory completion of all applicable pre-award requirements.

6.12 Payment and Reimbursement

Funding awarded under this RFA will be provided on a **cost-reimbursement basis for actual, allowable expenditures incurred in accordance with the approved project budget and subaward agreement.** Subrecipients may submit requests for reimbursement in accordance with invoicing procedures established by VDH.

Requests for reimbursement shall identify expenditures by the applicable approved budget category and include any required certifications. VDH may require supporting documentation for claimed expenditures, including, but not limited to, payroll or time-and-effort documentation, invoices, receipts, proof of payment, travel documentation, contractual expenditures, or other records necessary to substantiate costs.

Subrecipients shall maintain complete and accurate financial records supporting all expenditures charged to the award. Such records shall be made available to VDH upon request and will be subject to applicable fiscal and subrecipient monitoring requirements.

Additional invoicing procedures, required documentation, submission timelines, and payment requirements will be established in the final subaward agreement and related VDH guidance.

6.13 Continuation Funding

Subject to the availability of funding, VDH may, at its sole discretion, offer continuation funding to selected awardees for subsequent budget periods. Continuation funding decisions will consider project performance, achievement of required milestones, compliance with reporting and financial requirements, continued alignment with program priorities, and the availability of funding from CMS and DMAS.

Awardees selected for continuation funding may be required to submit additional documentation, including updated work plans, budgets, performance reports, or other materials requested by VDH. Continuation funding is not automatic and is subject to written approval by VDH.

Appendix A

EMS Region	RHT Localities		
Region 1	Bland County	Buchanan County	Carroll County
	Dickenson County	Grayson County	Lee County
	Russell County	Smyth County	Tazewell County
	Wise County	Wythe County	Galax City
	Norton City		
Region 2	Alleghany County	Appomattox County	Craig County
	Floyd County	Franklin County	Giles County
	Henry County	Patrick County	Pittsylvania County
	Pulaski County	Covington City	Danville City
	Martinsville City	Radford City	
Region 3	Bath County	Clarke County	Highland County
	Page County	Rockbridge County	Shenandoah County
	Warren County	Buena Vista City	Lexington City
Region 5	Caroline County	Culpeper County	Fauquier County
	Fluvanna County	Greene County	King George County
	Louisa County	Madison County	Nelson County
	Orange County	Rappahannock County	
Region 6	Amelia County	Brunswick County	Buckingham County
	Charlotte County	Cumberland County	Greensville County
	Halifax County	Lunenburg County	Mecklenburg County
	Nottoway County	Prince Edward County	Surry County
	Sussex County	Emporia City	
Region 7	Accomack County	Charles City County	Essex County
	King and Queen County	King William County	Lancaster County
	Mathews County	Middlesex County	New Kent County
	Northampton County	Northumberland County	Richmond County
	Southampton County	Westmoreland County	Franklin City