



Vendor Fair Questions **Cross-cutting Questions**

A. Eligibility

Who is eligible to apply for RHTP-funded opportunities?

Organizations such as hospitals, universities, nonprofits, federally recognized tribes, and FQHCs that serve Montana's rural populations can participate through state grant awards and contracts. Vendors do not need to be Montana-based. CMS also permits collaborations that benefit rural populations even when they involve non-rural counties. Consistent with this flexibility, Montana's plan covers 51 rural counties and rural portions of five non-rural counties, and identifies Tribal Nations, Urban Indian Organizations, FQHC sites, and Certified Community Behavioral Health Clinics as key partners and target populations.

B. DPHHS Funding Mechanisms, Procurement, and RFP Process

What are the major forms of funding mechanisms RHTP utilizes?

DPHHS will primarily obligate and disburse funds for RHTP activities via the following funding mechanisms:

- Primary contractor/sub-recipient: Contractors and sub-recipients will be selected by the State through an approved procurement methodology, typically an RFP. The selected contractor/sub-recipient will be responsible for fulfilling certain activities to support the State in successfully implementing RHTP initiatives and achieving RHTP goals. All procurement opportunities will be announced on our website ruralhealth.mt.gov.
 - Subcontractor: Primary contractors may engage subcontractors to fulfill portions of a primary contractor's scope of work. Primary contractors must receive State approval for the use of each subcontractor.
- Grantee: hospitals, universities, nonprofits, federally recognized Tribes, FQHCs, and other organizations may be awarded RHTP funds through initiative-specific grant applications (i.e., renovating existing infrastructure, investing in critical repairs, funding pharmacies' startup costs for point-of-care testing, modernizing EHRs, etc.). All grant opportunities will be announced on our website, ruralhealth.mt.gov.

Contracting

What is the expected procurement process and timeline for RHTP RFPs?

The Department will be releasing RFPs on a rolling basis through September. Contractors will be selected by the State through these competitive RFP processes. The



selected contractors will be responsible for carrying out specific activities to support the State in successfully implementing RHTP initiatives and achieving RHTP goals.

All procurement opportunities will be announced on our website, ruralhealth.mt.gov. Each solicitation will specify the response deadline, evaluation criteria, and any pre-proposal activities. Following the RFP evaluation, DPHHS will publish a Notice of Intent to Award (NOIA) on bids.mt.gov, identifying the vendor selected for contract award.

Contractors may engage subcontractors to fulfill portions of a primary contractor's scope of work. Contractors must receive State approval for the use of each subcontractor.

Subcontracting

How will subcontracting opportunities be structured under RHTP procurements?

Prime contractors awarded contracts through RFPs may choose to engage **subcontractors**, with State approval. Any subcontractor selection will be conducted by the prime contractors, outside of the state's eMACS platform, as this would not be a direct contract with the State.

All entities involved in executing RHTP funding, regardless of mechanism (e.g., a contract, subcontract), are subject to **federal RHTP financial and program guidelines**. For example, inclusion of Stevens Amendment language in all communications, and required review by CMS of all public-facing communications at least 48 hours prior to publication. Prime contractors will work with partners to ensure understanding and compliance with these requirements.

Subawards

How will grant opportunities be structured under RHTP procurements?

Hospitals, universities, nonprofits, federally recognized tribes, FQHCs, and other organizations may be awarded RHTP funds through initiative-specific grant applications (e.g., to renovate existing infrastructure, invest in critical repairs, fund pharmacies' startup costs for point-of-care testing, or modernize Electronic Health Records (EHRs), etc.). All grant opportunities will be announced on our website, ruralhealth.mt.gov, and all grant applications will be submitted through the State's Submittable system. Instructions for accessing the Submittable system are available on the Information for Vendors section of our website.

Contractors, subcontractors, and subrecipients will all be subject to and required to comply fully with State and Federal terms and conditions specified by the State of Montana and CMS.

C. eMACS, SAM.gov, Vendor Registration, and Commodity Codes

What vendor registration steps are required to participate in RHTP procurements?



SAM.gov/UEI registration is required for applicants. Visit the Information for Vendors website and review the FAQ document and the Interested Vendor Checklist to find resources to help you prepare for future procurements. Once you are registered in eMACS, select the RHTP-specific commodity code: 2620 – Health Related – Rural Health Transformation Program. All RHTP-related procurements will utilize this commodity code. If your organization already has an eMACS account, you can utilize that account for RHTP procurements.

D. Rural Definitions and Census Tracts

How does the RHTP define “rural” for eligibility and program purposes?

In Montana, 51 of 56 counties and 204 of 219 census tracts are rural based on HRSA’s definition, and the target geography includes both those 51 rural counties and the rural portions of 5 metropolitan counties.

Entities based in an urban county may be eligible for RHTP funding if their activities or services benefit rural Montanans. Eligibility is driven by impact on rural residents, not headquarters location or county classification alone. Detailed criteria of eligibility for RFPs and grant applications will be included with each posted opportunity. All vendors and grant applications must explicitly track and demonstrate how proposed activities will deliver measurable impacts to rural populations, aligned with the State’s RHTP initiatives and target geographies.

E. Center of Excellence (CoE) – Deployment, Vendor Selection, and Structure

What is the intended structure, scope, and selection process for the RHTP Center of Excellence (CoE)?

Montana plans one, time-limited Rural Health CoE, operating through 2028, to create a county- and facility-level rural supply/demand fact base, issue restructuring recommendations, and oversee implementation support. The CoE is intended to be a board-governed coordinating structure, not a stand-alone physical facility. The CoE will have tribal representation. Montana has planned two RFPs, with the first vendor deliverables targeted for September 30, 2026.

F. Program Operations

How will RHTP funding be structured and administered over time?

Montana’s FY 2026 award is \$233.5 million for budget period 1 (Dec. 29, 2025 - Oct. 30, 2026). While Montana must obligate all \$233.5 by October 30, 2026, CMS guidelines allow spending of funds through the end of the following federal fiscal year (September 30, 2027). The four future funding periods will operate similarly. CMS has stated States cannot receive extensions beyond that statutory spend window. Continuation of funding is contingent on CMS approvals.

How will RHTP initiatives be sustainable upon the program’s termination?

Consistent with CMS requirements, sustainability beyond federal funding is a design consideration for all of Montana’s initiatives. Some initiatives are designed to be time-



limited while delivering lasting impact, some are designed to provide up-front investments and become self-sustaining, while other initiatives are designed with a clear plan to transfer responsibility for operations and maintenance to a third-party.

G. Contact Information, Timelines and Website Resources

Where can vendors find key information and updates related to RHTP opportunities, including the vendor preparation checklist, links to submit applications through Submittable, contact email addresses or phone numbers for questions, and timelines for upcoming procurements?

A [centralized website page](#) has been created with resources to help vendors effectively navigate the registration process and understand next steps. The resources include a vendor checklist, direct links to helpful videos, and a Frequently Asked Questions document. For specific questions regarding the program, please email HHSRuralHealthTransformation@mt.gov.

Initiative-Specific Questions

H. Workforce (Talent Attraction, Retention, and Training)

How will RHTP funding support workforce development efforts?

Montana's workforce initiative covers recruitment, clinical training, apprenticeships, preceptors, residencies, training tracks, relocation and wellness support, and upskilling across roles, including physicians, NPs, PAs, RNs, midwives, dental hygienists, pharmacy technicians, radiologic technicians, behavioral health paraprofessionals, and health IT workers. The final list of professions covered by each of these activities will be announced by DLI. DPHHS's implementation partner for this initiative is the Department of Labor and Industry (DLI). This initiative also supports partnerships with universities, AHEC, WWAMI, and other training entities.

I. School-Based Care

How will RHTP funding support school-based care initiatives?

Montana's plan supports school-based care by expanding 80+ existing sites across 20+ organizations, including FQHCs, RHCs, and tribal health departments, and by funding startup costs, such as renovations and equipment, for new and expanded sites. New school-based care sites will be established in high-need rural areas at facility-based educational settings. DPHHS will procure work for this sub-initiative via a contracted primary vendor who can pass through subawards to named subcontractors. DPHHS will release an RFP no later than June 2026 to procure a prime vendor to support implementation.

J. Technology, EHRs, and Remote Monitoring

How will health technology initiatives be addressed through RHTP procurements?

As part of Initiative 5, Montana plans to improve data usability and statewide operational HIE tools and fund EHR modernization for priority rural and tribal providers, including community-connect models, subsidies for non-opt-in providers, consumer-



facing modules, and remote patient monitoring integrated with selected modules. EHR modernization funding will be made available to organizations via a grants application process that will be launched in summer 2026. Detailed information on these funding opportunities will be released at that time. Remote patient monitoring is explicitly contemplated in both vendor-facilitation/shared-services and EHR-enabled chronic disease management.