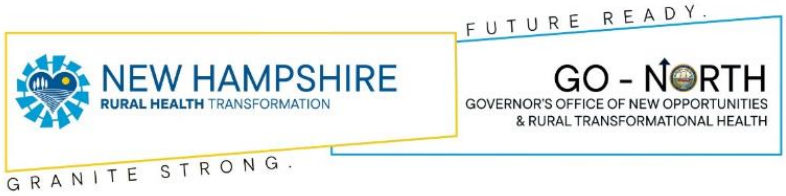

Foundation *for*
Healthy Communities

Foundation for Healthy Communities Request for Qualifications (RFQs)
FHC Transformation Technical Assistance Center (T-TAC)

This GO-NORTH Request for Qualifications is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $204 million 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.

The Governor's Office of New Opportunities and Rural Transformational Health (GO-NORTH), was established by Executive Order under Governor Kelly Ayotte, and is funded by the Rural Health Transformation (RHT) Federal program. GO-NORTH advances five strategic initiatives to improve the health and sustainability of rural New Hampshire.

Initiative 1: Population Health
Increase prevention, chronic disease management, and improved behavioral and maternal health.

Initiative 2: Access
Ensure sustainable access to care by strengthening rural hospitals, health centers, EMS, and telehealth services

Initiative 3: Workforce
Build and retain a skilled rural health workforce through education, training, and career pathways.

Initiative 4: Technology
Promote financial sustainability with innovative payment models and value-based care.

Initiative 5: Financial Sustainability
Promote financial sustainability with innovative payment models and value-based care.

[Program Overview | GO-NORTH]

GO NORTH delivers this work through five Hubs, each supported by a GO NORTH lead who provides coordination, guidance, and oversight to ensure alignment with statewide priorities. The 5 Hubs represent rural health experience and knowledge that will support our work together.

At-a-Glance

Funding Overview	The Governor's Office of New Opportunities for Rural Transformational Health (GO-NORTH) was established by Executive Order under Governor Kelly Ayotte, and is funded by the Rural Health Transformation (RHT) Federal program. GO NORTH advances five strategic initiatives to improve the health and sustainability of rural New Hampshire. FHC will establish the FHC Transformation Technical Assistance Center (T-TAC) -a structured, FHC-managed resource connecting subrecipients with expert consultants across eight core transformation areas.
Grant Start Date	Execution of contract through September 30, 2027, multiple-year awards contingent on funding from GO-NORTH
Eligible Applicants	All New Hampshire-based nonprofit, for-profit, or community-based organizations; nonprofits must be in good standing with the NH secretary of state
Application Deadline	Target Application Close Date: August 31st at 5:00 PM Notification of Award: September/October 2026
Submission	GO-NORTH-FHC@healthynh.org
Website	healthynh.org

RFP Overview

FHC is establishing the Transformation Technical Assistance Center (T-TAC) as a core support resource for all FHC subrecipients. The T-TAC is not a grant program or a funding track - it is a service delivered to funded organizations at no cost to them, either through a direct contract with the subrecipient or FHC.

This is designed to help each subrecipient successfully implement their awarded project. Whether an organization is in the early stages of assessing community needs or already operating a mature program, the T-TAC provides access to expert consultants, structured learning collaboratives, and peer-to-peer knowledge sharing across the eight core transformation areas .

How to Apply

FHC is structuring this procurement to attract a diverse, high-quality respondent pool. FHC is requesting a list of qualified professional for inclusion in the T-TAC specialist roster for one or more Core Areas. Specialists deliver direct TA or consultant support to subrecipients, FHC or GO-NORTH, as needed. This path is designed for individual consultants, small firms, and professional associations with deep expertise in specific areas.

Specialist consultants will:

- Accept TA assignments from the FHC Project Director or requested by subrecipients within their approved Core Area(s)
- Conduct subrecipient needs assessments and deliver direct consulting engagements- virtual and in-person
- Produce engagement deliverables (assessments, plans, toolkits, training materials) as defined in each task order
- Facilitate group learning sessions, cohort convenings, and topical webinars within their area(s) of expertise
- Respond to new assignment requests within three business days
- Submit monthly TA activity reports and all engagement deliverables to FHC
- Coordinate with other T-TAC consultants where subrecipient needs span multiple areas

FHC anticipates multiple specialist awards across eight Core Areas and by provider type. Selection to the T-TAC roster does not guarantee a minimum volume of work or minimum contract value. Consultants are engaged via individual task orders authorized by FHC or by the subrecipient. Total specialist pool investment: up to $4,00,000 over budget period 1, through September 30, 2027,

T-TAC Core Areas of Expertise

The T-TAC is organized around eight Core Areas aligned with GO-NORTH's investment priorities. Proposals must identify which Core Area(s) the proposer is applying. FHC will evaluate each area independently and will build a roster that reflects the full breadth of subrecipient need across the portfolio.

Core Area 01 - Population Health, Chronic Disease Management & Care Coordination

TA support for subrecipients implementing population health strategies, chronic disease management programs, and care coordination infrastructure - including CHW embedding, closed-loop referral systems, and care management program design. This area directly supports GO-NORTH's initiative to reduce avoidable ED utilization, improve chronic disease outcomes, and expand the CHW workforce across rural primary care settings.

Required Expertise & Example Potential Activities

- Population health program design, stratification, and registry management
- Community Health Worker (CHW) program development, training, and supervision models
- Chronic disease management (CDM) workflow integration in primary care

- Closed-loop referral (CLR) system design and implementation support
- Care coordination billing, Medicaid enhanced payment navigation, and revenue capture
- Social determinants of health (SDOH) screening, referral pathway design, and community resource mapping

Core Area 02 - Primary Care Team-Based Care Integration

TA support for primary care practices redesigning care delivery through team-based models that integrate behavioral health, oral health, CHWs, and other disciplines. This area supports the RHTP's goal of transforming rural primary care from solo-provider models to high-functioning integrated teams capable of managing complex rural patient populations.

Required Expertise & Example Potential Activities

- Team-based care model design, implementation, and change management
- Behavioral health integration- workflow design, co-location, warm handoff, and billing
- Oral health integration into primary care settings
- Care team role definition, scope-of-practice optimization, and staffing redesign
- Clinical workflow redesign, documentation efficiency, and EHR workflow optimization
- Practice transformation coaching and PCMH/quality recognition support

Core Area 03 -EMS System Planning, MIH Model Design & REACT Implementation

TA support for EMS agencies and regional EMS systems implementing the RHTP's Emergency Medical Services transformation strategy- including new EMS unit start-up, Mobile Integrated Health (MIH) program design, and REACT 9-1-1 nurse triage model implementation. This is a high-priority area aligned with GO-NORTH's commitment to eliminating EMS service deserts and reducing avoidable emergency responses.

Required Expertise & Example Potential Activities

- EMS system design, operational planning, and rural service area analysis
- Mobile Integrated Health (MIH) and community paramedicine program development
- REACT 9-1-1 nurse triage model design, implementation, and protocol development
- EMS workforce development, training, and retention strategy
- Inter-facility transport (IFT) protocol design and implementation
- EMS financial sustainability, billing, and reimbursement optimization

Core Area 04 - Oral Health Program Development & School-Based Health TA

TA support for organizations developing, expanding, or transforming oral health access- including school-based oral health programs, community dental clinics, FQHC dental integration, and mobile/portable dental programs. This area supports the RHTP's investment in oral health access expansion across rural New Hampshire schools and communities.

Required Expertise & Example Potential Activities

- School-based oral health program design, start-up, and operational support
- Mobile and portable dental program planning, routing, and community outreach
- Electronic dental record (EDR) selection, implementation, and Medicaid billing optimization
- Oral health integration into primary care and school health settings
- Medicaid dental billing, reimbursement, and school-based claiming support
- Community oral health needs assessment and access gap analysis

Core Area 05 - Health IT Selection, Implementation & Interoperability

TA support for subrecipients selecting, implementing, and optimizing health information technology- including EHR systems, telehealth platforms, population health tools, clinical AI, and interoperability infrastructure. This area serves providers across all investment areas who need technology selection guidance, implementation support, and interoperability planning to meet RHTP digital infrastructure goals.

Required Expertise & Example Potential Activities

- EHR implementation, optimization, and clinical workflow redesign
- Telehealth platform selection, integration, and clinical workflow design
- Clinical AI tools- ambient documentation, risk modeling, and decision support adoption
- Health IT interoperability, data exchange, HL7/FHIR standards, and API integration
- Population health platform selection, configuration, and adoption
- Digital patient engagement, portal optimization, and patient access tools

Core Area 06 - Cybersecurity Assessment & Remediation Planning

TA support for rural health organizations assessing, stabilizing, and strengthening their cybersecurity posture. RHTP-funded organizations handle sensitive patient data and operate critical health infrastructure- cybersecurity investment is both a compliance requirement and an operational necessity. This area provides targeted expert support for assessments, remediation planning, and shared security infrastructure development.

Required Expertise & Example Potential Activities

- Healthcare cybersecurity risk assessment, gap analysis, and remediation planning
- HIPAA Security Rule compliance assessment and corrective action planning
- Incident response planning, tabletop exercise facilitation, and breach protocols
- Managed Security Service Provider (MSSP) selection and procurement guidance
- Multi-factor authentication, identity access management, and endpoint security
- Business continuity, disaster recovery, and system backup planning

Core Area 07 - Value-Based Payment Readiness, ACO Enabling & RCM Optimization

TA support for primary care practices, FQHCs, and rural hospitals building the operational, financial, and clinical infrastructure for success in value-based payment arrangements- including Medicaid managed care, Medicare programs, ACO participation, and commercial APMs. This area also covers revenue cycle modernization, back-office streamlining, payer contracting, and credentialing optimization that directly supports financial sustainability.

Required Expertise & Example Potential Activities

- Value-based payment readiness assessment and strategic planning
- ACO formation, governance, operations, and participation strategy
- Revenue cycle management (RCM), billing optimization, and coding compliance
- Payer contracting strategy, analysis, and negotiation support
- Credentialing, payer enrollment, and contract management modernization
- Population health management platform implementation for VBP performance tracking
- Total cost of care modeling, attribution analysis, and care management ROI

Core Area 08 - Rural Hospital Financial Sustainability & VBP Readiness

TA support specifically for rural hospitals- CAHs, rural general acute care hospitals, and sole community hospitals- building the financial performance, quality infrastructure, and leadership capacity needed for value-based readiness and long-term operational sustainability. This area addresses the distinct financial and regulatory environment of Hospitals including cost reporting, swing bed optimization, CQI/PDSA cycles, KPI management, and patient safety systems.

Required Expertise & Example Potential Activities

- Rural hospital financial performance management, budgeting, and cost reporting
- CAH cost report preparation, cost-to-charge ratio optimization, and Medicare cost reporting compliance
- Swing bed program development, compliance, and revenue optimization
- Clinical quality improvement (CQI), PDSA methodology, and patient safety program development
- Hospital KPI framework design, performance dashboard development, and leadership reporting
- VBP readiness for rural hospitals- quality measure selection, tracking infrastructure, and payer strategy

Providers T-TAC may Support:

Primary Care

- Federally Qualified Health Centers (FQHCs) and FQHC Look-Alikes
- Rural Health Clinics (RHCs), both provider-based and independent
- Independent Primary Care Practices
- Community Health Centers

Behavioral Health

- Substance Use Disorder (SUD) Treatment Providers
- Opioid Treatment Programs (OTPs) / Medication-Assisted Treatment (MAT) Providers
- Community Mental Health Centers
- Residential Behavioral Health Facilities

Oral Health

- Federally Qualified Health Center Dental Programs
- Community Dental Clinics and Safety-Net Dental Providers
- School-Based Dental Programs
- Mobile and Portable Dental Programs
- Oral Health Integration Programs within primary care settings

Private Practice Dental Offices

Hospitals & Acute Care

- Critical Access Hospitals (CAHs)
- Rural General Acute Care Hospitals serving rural communities (non-CAH)
- Psychiatric Hospitals
- Crisis Stabilization Units

Long-Term Care & Post-Acute

- Nursing Facilities (county-operated and private)
- County-Operated Nursing Homes (e.g., Coos County, Grafton County)
- Assisted Living Facilities
- Residential Care Facilities
- Home Health Agencies
- Hospice Providers
- Adult Day Programs

Specialty & Ancillary Care

- Federally Qualified Behavioral Health Providers
- Telehealth-Only and Virtual Care Providers
- Federally Qualified Vision Care Providers
- Physical, Occupational, and Speech Therapy Providers (rural-serving)
- Pharmacy-Based Health Services

Emergency Medical Services

- Municipal EMS Agencies
- Volunteer EMS and Fire/EMS Departments
- Regional EMS Cooperatives
- Ground Transport Providers
- Critical Care Transport (CCT) Services
- Community Paramedicine Programs

Community & Social Services

- Community Health Workers (CHW) Programs
- School-Based Health Centers

In addition to direct subrecipient TA, Specialist consultants may be engaged by FHC to support stakeholder engagement and partnership design activities that advance GO-NORTH program goals. This may include facilitating multi-stakeholder convenings, supporting the design of regional care coordination networks, developing partnership frameworks between provider types, and advising on governance structures for collaborative initiatives.

Budget Guidance

FHC is authorized to invest up to $4,000,000 in the T-TAC during Budget Period 1 (BP1), covering the period from contract execution through September 30, 2027. This is the full authorized investment for this procurement cycle. All awards made under this RFP are BP1 awards.

BP1 Rate & Staffing Guidance

To assist proposers in scoping their proposals appropriately, FHC provides the following guidance. These are benchmarks, not ceilings- proposers should submit rates that accurately reflect their staffing model and cost structure.

Role / Level	Reasonable Rate Range	Notes
Senior Consultant / Subject Matter Expert	$175 – $225 / hour	Core Area specialist delivery, needs assessments, strategic planning, implementation coaching
Mid-Level Consultant / Analyst	$125 – $175 / hour	Direct TA delivery, documentation, training facilitation, subrecipient support
TA Coordinator / Program Support	$75 – $110 / hour	Activity logging, scheduling, report preparation, subrecipient communication
Travel & Direct Costs	At cost- IRS standard mileage rate for in-state travel	Out-of-state travel requires prior FHC written approval
Rate Reasonableness Review: FHC will evaluate all proposed rates against market benchmarks for health consulting services in the Northeast. Rates significantly above the ranges above should be clearly justified in the proposal. FHC reserves the right to negotiate rates prior to award.		

Proposal Requirements

Proposals must be organized according to the sections below. Sections 2, 3, and 5 must be completed separately for each Core Area proposed. All other sections may be shared.

Section 1- Cover Page & Path Declaration (1 page)

- Proposer name, organization, primary contact name, email, and phone
- List all Core Areas for which the proposal is submitted (by number and title)
- Brief statement of interest (3–5 sentences)

Section 2- Qualifications & Relevant Experience (3 pages max per Core Area)

- Describe specific expertise and experience in each proposed Core Area
- Provide at least two comparable TA engagement examples per area- include organization type, scope, and outcomes
- Identify provider types for which you have direct experience
- Provide at least three professional references with name, title, organization, phone, and email

Section 3- Proposed Approach (2 pages max per Core Area)

- Describe your TA methodology- how you assess needs, structure engagements, and measure outcomes
- Describe your approach for organizations with limited internal capacity
- Describe availability and capacity- estimated concurrent engagements you can manage
- Describe virtual TA delivery capability and in-person engagement approach across NH

Section 4- Staffing Plan (1–2 pages)

- Identify all key personnel and their roles, credentials, and relevant experience
- Identify any proposed subcontractors and their roles (prior FHC written approval required)

Section 5- Work Samples (up to 2 per Core Area)

- Submit up to two work samples per Core Area- e.g., assessment, strategic plan, training curriculum, toolkit
- Work samples may be redacted for confidentiality

Section 6- Rate Schedule

- Rate schedules must be submitted as a separate PDF or Excel file and must include:
  - **Personnel rates all** roles by name/title, hourly or daily rate, and estimated hours for BP1
  - **Direct costs estimated** travel and any other direct costs; out-of-state travel requires prior approval
  - **Indirect / overhead Rate** applied and calculation basis; may not exceed 10% of total in aggregate
  - **BP1 total** proposed contract value for Budget Period 1
  - **BP2–BP5 projections** Projected annual rates and estimated total per budget period (planning purposes only)

Contract Terms & Conditions

- FHC anticipates making multiple awards - specialist awards across Core Areas.
- Selection to the T-TAC roster does not guarantee a minimum volume of work or minimum contract value for specialist awards.
- Subcontracting requires prior written approval from FHC. Subcontractors must meet the same qualification standards as the prime.
- FHC may conduct supplemental solicitations to add consultants at any point during the grant period.
- All costs are subject to 2 CFR Part 200 allowability, reasonableness, and allocability. Indirect costs are not allowed in this procurement.
- Award selections are subject to GO-NORTH prior approval.
- Vendor Neutrality & Product Conflict of Interest: FHC is committed to ensuring that technical assistance and consulting services funded under this RFP are delivered in the public interest and free from commercial bias. Funded technical assistance must be vendor-neutral. Consultants and Integrators funded under this award may not recommend, endorse, or facilitate the procurement of a specific commercial product or platform in which they hold a financial interest, unless FHC has reviewed and approved a conflict management plan in writing prior to any such recommendation being made to a subrecipient.
- Prohibition on Tied Arrangements: Applicants may not structure their proposed services in a way that requires or strongly incentivizes subrecipients to procure a specific commercial product as a condition of receiving technical assistance. Any arrangement in which the applicant's compensation is contingent on a subrecipient's procurement decision is expressly prohibited.
- FHC's Right to Disqualify: FHC reserves the right to disqualify any application where an undisclosed or unmanaged conflict of interest is identified, either during review or after award. Post-award discovery of an undisclosed vendor relationship may result in termination of the subaward agreement. FHC reserves the right to remove a consultant from the T-TAC roster for documented performance issues or conflicts of interest.

Submission Instructions

Proposals must be submitted via email to GO-NORTH-FHC@healthynh.org by August 31st at 5:00 PM ET for priority consideration. Qualifications will be accepted on a rolling basis.

Submit as a single PDF. Rate schedules may be submitted as a separate PDF or Excel file. Work samples may be submitted as separate attachments.

Overview of the Review Process

All proposals go through two stages. Stage 1 is pass/fail- it screens out incomplete or unqualified submissions before anyone scores anything. Stage 2 is the scored evaluation where reviewers assign points. Scores are averaged across all reviewers.

Every Core Area is scored independently.

Stage 1- Threshold Review (Pass / Fail)

Check each item. If ANY item is missing or fails to meet the minimum, the proposal does not advance. Do not score it.

Threshold Criterion	Minimum Requirement	Pass / Fail
Completeness	All required sections submitted: Cover Page, Qualifications, Approach, Staffing Plan, Work Samples, Rate Schedule	
Path Declaration	Cover page clearly states Path 1, 2, or 3	
Core Area Identification	Proposals list all Core Areas being proposed for	
Minimum Experience	At least 5 years of direct consulting or TA experience in the proposed area(s)	
Rural Health Experience	Direct experience with rural health organizations, safety-net providers, or rural communities demonstrated	
References	At least 3 professional references with full contact information provided	
Rate Schedule	Rate schedule submitted with BP1 total proposed contract value clearly stated	
Federal Compliance	Proposal acknowledges familiarity with 2 CFR Part 200	
Provider Type Match	Experience covers at least one provider type outlined in the RFQ	

→ **All items pass: advance to Stage 2 scored evaluation.**

Stage 2- Core Competency (Per Core Area)

Scored independently for each Core Area proposed.

#	Criterion	Pts	What to Look For
1	Depth of Area-Specific Expertise	30	Specific methodologies, certifications, named tools, clear command of the subject. Vague or generic claims score low. Work samples inform this criterion.
2	Quality & Relevance of Past Engagements	20	Engagement examples match GO-NORTH scope- rural settings, similar provider types, comparable complexity. Strong examples include outcomes. Urban/large-system work scores low.
3	TA Methodology & Approach	20	Methodology is clear and appropriate for rural providers with limited capacity. Covers needs assessment, engagement structure, virtual and in-person delivery, and outcome measurement. Work samples inform this criterion.
4	Staffing & Organizational Capacity	15	Key personnel named with relevant credentials. Capacity is realistic for the proposed volume of concurrent engagements across proposed Core Areas.
5	Cost Reasonableness & Value	15	Rates within RFP benchmarks ($75–$250/hr by role). BP1 total is proportionate to the proposed scope. Budget reflects a clear, achievable work plan.

Min Score 85 Pts