Foundation *for*
Healthy Communities

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Program Outline Guide

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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
Modernize care delivery by expanding technology, interoperability, and data security.

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.

Table of Contents

FHC Program Objectives

FHC is responsible for deploying awards to a broad and diverse portfolio of rural health providers -including Federally Qualified Health Centers (FQHC), Rural Health Centers (RHC), Critical Access Hospitals (CAHs), hospitals serving rural communities, EMS agencies, behavioral health organizations, oral health providers, and community-based organizations. FHC anticipates managing 50 to 100 active awards at any given time, spanning eight distinct investment areas. FHC is a nonprofit organization that collaborates with hospitals, community partners, state departments, and insurers on statewide initiatives that improve health and health care for all New Hampshire residents. Our mission is to build healthier communities for all by leading partnerships, fostering collaboration, and creating innovative solutions to advance health and health care.

FHC's Year 1 investment strategy is building capacity for sustainable transformation through planning, stabilization, and initial program development across key provider sectors: EMS, oral health, primary care, and rural hospitals. RFAs are released sequentially, starting with EMS and oral health, and pair provider investments with targeted RFPs for statewide digital infrastructure, cybersecurity, and shared IT planning.

Investment Phasing

FHC's investment strategy is organized around three phases of organizational readiness -Project Development, Preparatory Investments, and Program Ready -rather than a fixed calendar sequence. Organizations may apply at whichever phase matches their current readiness, regardless of when they first engage with FHC. A well-prepared organization may enter directly at Program Ready; one just beginning its journey may need a Project Development award first.

Budget Period 1 (BP1) is intentionally weighted toward Project Development and Preparatory Investments awards. As the portfolio matures, FHC expects the balance of new awards to shift toward Program Ready investments, reflecting organizations' progression through earlier phases and demonstrated performance.

- **Project Development**
  Structured support to assess current state, build partnerships, and develop a credible roadmap for transformation. Examples: stakeholder convenings, EMS system analysis, community needs assessments, feasibility studies.

- **Preparatory Investments**
  One-time, non-recurring investments that remove a specific barrier or establish infrastructure. Examples: technology purchases, revenue cycle optimization, cybersecurity remediation, and EHR upgrades.

- **Program Ready**
  Organizations with completed planning, committed partnerships, and a well-defined project ready to drive measurable outcomes - reduced ED utilization, expanded access, and sustainable value-based payment participation.

With this readiness framework, FHC is sequencing Budget Period 1 (BP1) funding opportunities across core areas - Emergency Medical Services, Oral Health School-Based Dental Services, Primary Care, Critical Access Hospitals & Rural Hospitals, Long-Term Care, Nursing Facilities & Home Health, and Rural Health Technology & Digital Infrastructure. Every sector of New Hampshire's rural health system has a clear, defined pathway to funding regardless of where its organizations currently stand on the readiness continuum. The Launch Plan below reflects this sequencing: each RFA and RFP is timed and scoped to advance GO-NORTH's transformation goals while ensuring Project Development, Stabilization, and Program Ready applicants alike have a meaningful opportunity to participate.

What This Looks Like By Provider Type (Examples)

Provider Type	Project Development	Preparatory Investments	Program Ready
EMS	Feasibility study for MIH expansion or new unit start-up	Equipment/tech purchase to launch an already-scoped MIH program	Fully operational MIH/REACT program reducing avoidable ED transports
Oral Health School-Based Dental	Needs assessment for a new school-based dental program	EDR implementation for an existing program	Sustainable, multi-district oral health network
Primary Care	Assessment for integrating CHWs/behavioral health into care teams	One-time investment in care coordination tech or workflow redesign	Fully integrated team-based care model with VBP/APM participation
CAH, Rural Hospitals & LTC	Feasibility study for a specialty telehealth line (e.g., tele-OB)	EHR/interoperability upgrade or diagnostic equipment purchase	Operating specialty service line with demonstrated volume/outcomes
Rural Health Technology	Cybersecurity risk assessment to identify gaps	One-time remediation or EMR modernization project	Interoperable infrastructure supporting population health analytics

Launch Plan

Launch	RFA / RFP	Estimated Award	Key Projects
JULY 2026	**RFA - Emergency Medical Services**	**$5.0M**	• EMS Stabilization • MIH Expansion (existing programs) • MIH New Start-Up
	RFA - Oral Health & Dental Services	**$3.0M**	• School-based oral health expansion • School-based oral health Electronic Dental Record (EDR) implementation
	RFQ - Technical Assistance Center (T-TAC)	**$4.0M**	• 8 Core Areas: Population Health, Primary Care, EMS, Oral Health, Health IT, Cybersecurity, Alternative Payment Models (APMs), Revenue Cycle, Rural Hospital Finance
	RFP - Data & Reporting Partner	**$600K**	• Reporting framework design & integration • Subrecipient data capacity building & TA • GO-NORTH Evaluator collaboration
AUGUST 2026 **AUGUST 2026**	**RFA - Rural Primary Care** Includes technology investment related to each	**$12.0M**	• Community Health Workers (CHW) embedding + care coordination • Team-based care (Behavior health, Substance use disorder (SUD) programs, oral health integration) • Virtual-first / hybrid care models • Chronic Disease Management (CDM) programs • Value Based Purchasing / ACO readiness / Alternative Payment Models (APMs) • Revenue Cycle Management (RCM) modernization • Occupational medicine hub-and-spoke
	RFA – CAH and Acute Care Hospitals	**$14.0M**	• Specialty telehealth service lines (tele-OB, psychiatry, SANE, stroke) • Diagnostic equipment upgrades • Inter-facility transport (IFT) model + pilot

	Includes technology investment related to each		• CHW transportation coordination & patient navigation • Nursing home admissions streamlining / presumptive eligibility
	RFA - Rural Health Technology & Digital Infrastructure	**$10.0M**	• Cybersecurity assessments & remediation (Year 1 phase) • Health IT / EMR modernization + interoperability • AI & clinical decision support tools • Telehealth equipment & community access points • Remote patient monitoring technology • Population health analytics for VBP/APM • Cross-county nursing home/hospital EMR integration pilot • Close Loop Referral Interfacing
	RFP - Statewide Authorization & Claims Management Design	**$3.0M**	• Interoperability design & prior auth streamlining • Real-time claims management planning • Patient access framework + sustainability plan
OCTOBER 2026	**RFA - Home Health & Community Care**	**$2.5M**	• Community nurse model - in-home CDM & care coordination • EHR & remote patient monitoring technology adoption for home health providers
	RFA - Workforce R&R Phase 1	**$3.5M**	• Initiatives TBD - rural provider recruitment, workforce training infrastructure (finalizing prior to posting)

YEAR 2 (In Development)

Subject to GO-NORTH Authorization & BP1 Performance

	Est. Award	Potential Projects
Workforce R&R Phase 2	**TBD**	• R&R awards - CAHs, FQHCs, CMHCs, EMS, SUD (5-yr service commitment) • SUD workforce pipeline • Home health workforce retention • Perinatal / tele-obstetrics workforce
Pharmacy Access	**TBD**	• Pharmacy lockbox in rural pharmacy deserts • Medication access strategy development
Community Access	**TBD**	• Scope TBD - based on Year 1 gap analysis and provider feedback
Rural Health Technology Phase 2	**TBD**	• Cybersecurity remediation (Year 2 implementation) • Shared regional IT infrastructure buildout • Emerging technology priorities TBD
Other Areas as Identified	**TBD**	TBD

Launch plan subject to changes and adjustments by GO-NORTH and FHC. Additionally, sole source agreements may be issued based on extenuated circumstances.

Award Process

FHC administers this program under a contract with The Governor's Office of New Opportunities and Rural Transformational Health (GO-NORTH), New Hampshire's lead agency for RHT administration.

- Award Approval -All award selections are subject to GO-NORTH prior approval before award agreement is executed.
- Procurement Standards -All FHC funding opportunities are competitive procurements subject to 2 CFR Part 200 Subpart D, evaluated on a consistent, objective basis using published scoring criteria.
- Scope -FHC's authority to issue awards is limited to activities, investment areas, and budget periods authorized by GO-NORTH. Future funding is contingent on future CMS awards and GO-NORTH approval.
- Sole-source agreements may be issued only in extenuated circumstances - such as a single-source provider for a specific service area, an emergency need that cannot accommodate competitive timelines, or a documented absence of qualified alternative.

Eligibility

To be eligible, an organization must satisfy at least one of three pathways:

Pathway	Requirement
Path A -HRSA Geographic (Primary pathway)	Project is in a HRSA-defined rural area of NH. Verify at the HRSA Rural Health Grants Eligibility Analyzer. Rural Health Grants Eligibility Analyzer
Path B -CMS Rural Facility Designation	Organization holds a federal rural facility designation: CAH, Sole Community Hospital, RHC, FQHC, CMHC
Path C -Rural Service Area	Project primarily serves rural NH residents, even if the organization's headquarters is urban. Applicants must document that the majority of beneficiaries reside in HRSA-eligible rural areas.

Eligibility varies by specific RFA/RFP and will be clearly outlined in each opportunity.

Applications

All completed applications will be reviewed and scored by a committee made up of Subject Matter Experts (SMEs), FHC staff and/or GO-NORTH representatives. Applications with the highest score and within the funding limits will be advanced for approval from GO-NORTH.

All applications will be assessed based on the following 5 objectives, consistent with GO NORTH's priorities and CMS strategic goals for RHT funding.

1. Rural Transformational Change: Proposal drives structural transformation through the adoptions of new care models, moving to value-based payments, technology investments that produce an ROI (e.g. more efficient operations, clinical productivity, etc.)

2. Strength of the Project Plan & Milestones: Strong workplan and milestones include clear and creative approaches to maximizing the immediate impact of GO-NORTH RHT funds.

3. Ambition of Measurable Outcomes: Outcomes to be achieved are ambitious, achievable, and well-supported. Outcomes directly related to the improvements and transformational changes included in the proposal – e.g. increased access, reduced costs or long-term operating expenses, etc.

4. Projected Impact on Rural Communities: Significant impact on rural communities' access or population health is meaningful. Proposal includes clear and strong explanation of how the proposal will directly impact rural residents, and how the scale of such rural impact is transformative.

5. Sustainability & Long-Term Value: Proposal includes a detailed sustainability plan to sustain the investments and change beyond the term of the grant.

As part of the application process, applicants will need to clearly identify their readiness stage. This will enable FHC to correctly score your project within the correct stage.

Project Development- you may be here if:

- You've identified a problem or opportunity but haven't yet defined a specific project or budget
- You don't have committed partners yet, but know who you'd need at the table
- You need outside expertise to test feasibility before committing resources

Preparatory Investments - you may be here if:

- You've already done the planning and know exactly what needs to be built or fixed
- Your need is a discrete, one-time investment — a system, a piece of equipment, a process fix - not an ongoing program
- You have one specific barrier standing between you and better care delivery

Program Ready - you may be here if:

- You have a fully scoped project, committed partners, and a clear outcomes plan
- You're ready to operate and scale something that reduces ED utilization, expands access, or supports value-based payment participation
- You have the infrastructure to sustain the work after the funding ends

Budget & Distribution of Funds

- A completed Budget Template is required with every application; all costs must comply with 2 CFR Part 200 and include written justification.
- FHC is currently authorized for Budget Period 1 (BP1) only, through September 30, 2027. Multi-year projections are encouraged and may be included for planning purposes but are not able to receive a funding commitment from FHC.
- Most awards will be disbursed on a reimbursement basis only - no costs are incurred before award agreement is fully executed. All award selections require GO-NORTH prior approval. In some cases, advance payments will be available. This should be discussed during the award process.

Conflict of Interest

All applicants and reviewers must disclose any financial, employment, or personal relationship that could affect an award decision. Organizations involved in developing an RFA's solicitation material may be restricted from applying for that RFA, consistent with 2 CFR §200.319(b).

How to Apply

All applications must be submitted through FHC's grant management system, detailing the proposed project, its alignment with program priorities, and the organization's capacity to deliver it.

- Technical Assistance -FHC staff provide guidance through workshops, webinars, and one-on-one support
- Grant Writing Assistance -qualifying applicants may receive financial resources for project development
- First-Time Applicants -organizations without prior federal funding should register with SAM.gov and obtain a UEI before any RFA is posted; the process can take up to two weeks

Award Requirements

Selected applicants are assigned to an FHC partner and must enter into an awards agreement, complying with all applicable program and federal requirements. FHC reserves the right to decline or remove applicants with existing or prior conditions of default under any state or FHC agreement.

Required at Contract:

- Financial Disclosure -audit, IRS Form 990, or Income Statement and Balance Sheet
- Executed Certificate of Vote/Authority -signed by an authorized individual other than the award signatory
- Certificate of Insurance -ACORD certificate naming FHC, 125 Airport Road, Concord, NH 03301
- Active SAM.gov UEI Number
- NH State Business ID Number

Reporting Requirements:

- Quarterly -budget spending, work plan progress, successes and challenges
- Annual -detailed financial expenditures and program outcomes
- Evaluation -baseline data, measurable targets, and ongoing progress

Awardee Monitoring Requirement

- FHC, as the pass-through entity, is contractually and federally required (2 CFR §200.332) to monitor awardee performance and compliance throughout the award period. Monitoring includes:
  - Desk Audits - Routine review of quarterly financial/progress reports, reimbursement requests, and supporting documentation.
  - Site Visits -On-site or virtual visits to verify project activities, review records, and assess programmatic compliance, prioritized by risk level.
  - Risk-Based Frequency - Monitoring intensity scales with award size, subrecipient risk profile, and prior performance history.
  - Corrective Action Plans- projects found out of compliance must remediate findings within a defined timeframe.
  - Single Audit Compliance – projects expending $1,000,000+ in federal awards annually must submit Single Audit results.

Stay-Tuned…. Upcoming Documents in Development:

- Upcoming RFAs
- FHC Applicant Handbook
- Award Subrecipient Monitoring Guide
- FHC Transformation Technical Assistance Center (T-TAC) Resource Guide

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