Foundation for Healthy Communities
Request for Applications (RFA)

Home Health and Community Care

This GO-NORTH opportunity 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 $204,016,550.20 with 100% 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 federal Rural Health Transformation (RHT) 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.

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. [Program Overview | GO-NORTH]



INITIATIVE(S) #	Access Technology Financial Sustainability
RFA ISSUED	Mid-November 2026
FHC POINT OF CONTACT	GO-NORTH-FHC@healthynh.org
CONTRACT TYPE	Grant Subaward Agreement
APPLICATION DUE DATE	January 7, 2027

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1. INTRODUCTION

1.1. Purpose

The Foundation for Healthy Communities (FHC), a Hub administering this funding opportunity on behalf of the Governor's Office of New Opportunities and Rural Transformational Health (GO-NORTH), is requesting applications from eligible organizations seeking to strengthen, transform, and sustain home health and community care delivery for rural New Hampshire communities.

This GO-NORTH funding opportunity supports targeted investments that improve rural access to home health and community care services, strengthen long-term financial and operational transformational sustainability, and modernize the clinical and administrative infrastructure needed to deliver care effectively in home and community settings. Projects may include connections to hospitals, primary care, EMS, or other providers when those connections support the proposed home health or community care project.

Selected Applicants will design and implement projects addressing one or more of the four focus areas described in Section 3.4, in coordination with FHC, GO-NORTH, and applicable partner organizations.

Applicants are encouraged to propose integrated projects that respond to identified rural healthcare needs and address multiple focus areas when appropriate. Applications must explain how the proposed investment will strengthen and transform home health or community care delivery for rural New Hampshire and how the organization will sustain the project's benefits beyond the funding period. Through this funding opportunity, FHC aims to support applicants in different stages of readiness.

FHC anticipates awarding approximately $4 million through this RFA, subject to available funding and GO-NORTH approval.

1.2. About FHC

The Foundation for Healthy Communities (FHC) builds statewide connections among hospitals, healthcare organizations, and community partners to advance equitable health for all New Hampshire residents. As a GO-NORTH Hub, FHC administers this funding opportunity under GO-NORTH's direction and oversight. FHC's responsibilities include application review, award recommendations, award administration, technical assistance, performance monitoring, financial oversight, and required reporting. GO-NORTH retains final award approval and authority over program policy and alignment with statewide priorities.

More information about the GO-NORTH program and its five Hubs is available at: gonorth.nh.gov.

More information about FHC is available at: healthynh.org.

2. ELIGIBILITY

2.1. Who May Apply as a Lead Applicant

The lead applicant must be one of the following organization types **and** must demonstrate how the proposed project will strengthen home health or community care delivery for rural New

Hampshire. Connections to hospitals, primary care, EMS, or other providers may be included when they support the proposed project.

- Licensed home health agencies, including those affiliated with a health system, hospital system or other medical practice
- Visiting nurse associations
- Hospice organizations
- Medically licensed Adult Day Cares or Centers
- Organizations approved to administer the Guiding an Improved Dementia Experience (GUIDE) program
- Health care providers or organizations who have a demonstrated history of providing or coordinating healthcare services in community or home-based settings
- Organizations partnering with any of the eligible organizations above to transform the delivery of home health and community care in rural New Hampshire.

Multiple eligible organizations are encouraged to collaborate on a single application; an eligible organization (see above) must be designated as the lead applicant and fiscal agent.

2.2. Who Is Ineligible

The following applicants are **ineligible** for this funding round:

- Organizations with an active investigation or substantiated finding related to abuse, neglect, or exploitation of individuals receiving their services, or that have been convicted of an offense involving such conduct
- Organizations that participated in the design of this RFA, consistent with 2 CFR § 200.319(b)

2.3. Definition of Rural

Applicants may use the Health Resources and Services Administration's Rural Health Grants Eligibility Analyzer as a reference when identifying rural service areas. The analyzer is available at: https://data.hrsa.gov/topics/rural-health/rural-health-eligibility

To support an applicant's eligibility determination, applicants must describe in their application how and to what extent the proposed project will benefit patients, providers, and communities in rural New Hampshire.

Applications must demonstrate a benefit to rural New Hampshire. The extent, reach, and strength of that benefit will be scored under Transformational Rural Impact in Section 5.2

2.4. Application Limits

Applications are structured by readiness stages of (i) Project Development; (ii) Preparatory Investment; and (iii) Program Ready. See Section 3.3 below for additional information on readiness stages.

- **Project Development:** There is no limit on the number of applications or projects an eligible applicant may submit for Project Development as the lead applicant. Applicants with more than one distinct need, or that want to pursue a combined initiative with another facility, are not constrained from applying.
- **Preparatory Investments and Program Ready:** An eligible applicant is limited to one application as the lead applicant. There is no limitation on the number of applications an

organization can participate as a partner or subrecipient in applications submitted by another organization as the lead applicant.

- Each application must align with at least one of the Focus Areas described in Section 3.4. Applications may address one or more Focus Areas. Applicants are encouraged to submit comprehensive applications that address all four Focus Areas through a coordinated and achievable project, which will receive higher scores than applications limited to fewer Focus Areas.
- Eligible applications will be evaluated based on the evaluation criteria set forth in Section 5.2.

3. FUNDING AND AWARD STRUCTURE

3.1. Grant Period and Available Funding

The initial grant term runs from the date of contract execution through September 30, 2027 (Budget Period 1 / Year 1 project budget period). Applicants are encouraged to describe additional funding needs for multi-year projects; awards issued under this RFA are eligible for non-competitive continuation funding in subsequent budget periods, contingent on available funding GO-NORTH authorization and satisfactory annual performance review.

FHC reserves the right to fund an award at less than the full amount requested (Partial Funding). This may occur where an application scores well, but the requested budget exceeds available funds, specific budget line items fall outside the scope of allowable activities, or FHC determines that a portion of the proposed work does not align with program priorities.

3.2. Award Structure

Each application must identify one eligible organization to serve as the lead applicant and fiscal agent. The lead applicant may carry out the proposed project directly or include partner organizations and subrecipients when their participation supports the project's scope and anticipated rural impact.

Partners may receive a portion of the award as subrecipients when the application clearly defines each organization's role, scope of work, deliverables, and proposed budget. The lead applicant remains responsible for oversight, performance monitoring, financial management, reporting, and compliance with all applicable award requirements.

Lead applicants may participate as a partner or subrecipient in other applications submitted by other eligible organizations.

3.3. Readiness Stages

Home health and community care organizations are at different stages of organizational readiness and a one-size-fits-all approach to grant design could leave some organizations behind. Awards may be made across all three stages described below. Applicants are not required to be at the Program Ready stage to be competitive, and organizations at earlier stages are encouraged to apply when they can demonstrate a clear and credible pathway toward sustainable transformation. Applicants should identify the stage that best reflects their organization's current level of readiness and propose a project scope appropriate to that stage. See Section 4.4 for additional information about available support.

Stage	What It's For	Example Eligible Activities
1. Project Development	Organizations with a promising project concept that need structured investment to assess their current state, fund a pilot project, strengthen organizational readiness, establish the operational and technical infrastructure needed for implementation, develop necessary partnerships, and create a credible project roadmap before committing to larger programmatic investments. Funded activities must produce actionable deliverables that position the organization to implement and sustain the proposed transformation.	Stakeholder convening and coalition building; community health needs assessments; regional partnership development and governance planning; feasibility assessments and development of implementation plans for shared services or new care delivery models; and early-stage workforce pipeline planning.
2. Preparatory Investments	One-time, non-recurring investments that remove a specific operational barrier, close a defined infrastructure gap, or establish a critical organizational capability that is a prerequisite to longer-term transformation. Designed for organizations that have identified a clear need and are ready to act, but require a targeted, time-limited investment first.	One-time software and technology purchases; telehealth technology acquisition, implementation, and adoption; population health management tool acquisition and implementation; revenue cycle assessment and improvement tools; and early implementation of shared services.
3. Program Ready	The intended destination of FHC's multi-year investment strategy, where the most significant sustainable transformation outcomes are expected. Partners are identified and committed, a gap analysis has been completed and its findings are understood, and a detailed project plan with defined goals, objectives, milestones, and a realistic budget has been developed.	Fully designed sustainable care transformation programs with committed implementation partners; multi-organization regional partnerships with defined governance structures and shared accountability frameworks; value-based payment initiatives with defined payer partnerships and measurable performance targets.

How FHC will apply this framework: Applications will be reviewed in the context of the program stage identified by the applicant. Applicants may propose a phased project that begins at the Project Development stage and progresses through Preparatory Investment toward Program Ready status over subsequent funding periods. Applications proposing progression across stages should clearly identify the starting stage, anticipated progression, and the milestones, deliverables, timeline, and budget associated with each phase.

FHC reviewers will assess whether the proposed scope, budget, deliverables, and pathway are appropriate and credible for the applicant’s current stage. Applicants will not be penalized for beginning at an earlier stage; they will be evaluated on whether the proposed investment is appropriate for their current level of readiness and creates a clear pathway toward sustainable transformation. Applicants that identify as Program Ready but do not demonstrate the foundational elements of that stage will be evaluated according to the stage best supported by the application.

3.4. Focus Areas

All applicants must address at least one of the Focus Areas below and are encouraged to address all four through a coordinated and achievable project. Applicants should identify the project's primary Focus Area and explain how the proposed activities will strengthen healthcare delivery for rural New Hampshire communities.

Focus Area	What It Supports
1. Access	We seek to support organizations and partnerships that provide or expand: • **Community nursing and mobile health clinics** serving rural New Hampshire communities. • **Home-based primary care** that brings care directly to patients where they live. • **Community health worker (CHW) programs** that connect rural residents with care and support services. • **Medication access and support services** that help patients obtain, safely store, and manage prescribed medications. • **Mobile diagnostic imaging** serving county-operated nursing homes, with additional service to rural healthcare providers. • **Other applicant-proposed care models** demonstrate a direct benefit to rural New Hampshire communities. • **CMS Guiding an Improved Dementia Experience (GUIDE) Model** to extend its dementia care program into additional rural communities. Ongoing care management and respite are paid through GUIDE's monthly payments and respite benefit, not grant funds. • **Aging in place** supports to older adults to remain independent • **Community-Based Maternal Health** partnerships between home health and labor and delivery hospitals to expand maternity care in rural areas.
2. Technology	Cybersecurity, EMR/interoperability, AI & clinical decision support, revenue cycle management, telehealth equipment, and cross-organization data-sharing infrastructure — all tied to a demonstrated ROI
3. Value Based Care	Activities that prepare organizations to participate in and succeed under value-based payment models. Competitive projects will build the data, quality, financial, and care coordination infrastructure needed to manage population health, measure performance, and assume greater accountability for outcomes and cost.
4. Financial Sustainability	Operational efficiency, revenue cycle performance, shared infrastructure, cost reduction, sustainable service lines, and workforce retention

Note: *Detailed example activities and metrics for each Focus Area and illustrative project examples by organizational readiness stage (Project Development, Preparatory Investments, Program Ready), are provided in the companion Focus Area & Examples Reference, available in the appendix.*

3.5. Allowable and Ineligible Use of Funds

All funded activities must be allowable, allocable, reasonable, and necessary under 2 CFR Part 200. General allowable cost categories include: personnel costs; clinical supplies for service start-up/redesign; equipment purchases (see below); outreach & engagement; health

information technology; data collection & evaluation; quality improvement; training & continuing education; consultants; partnership & regional collaboration costs; sustainability planning; and indirect costs.

For purposes of this RFA, "equipment" has the meaning established in 2 CFR § 200.1: tangible personal property, including information technology systems, with a useful life of more than one year and a per-unit acquisition cost that equals or exceeds the lesser of the recipient's or subrecipient's policy on capitalization threshold for financial-statement purposes or $10,000.

All proposed equipment purchases meeting this definition must be included in the approved project budget and receive prior written approval from FHC. When more than one applicant proposes purchasing the same or similar equipment, FHC will coordinate a single purchase where feasible to maximize buying power. The approval request must include the item description, manufacturer and model, unit cost, quantity, useful life, intended location and responsible custodian, a written justification demonstrating how the equipment supports the approved project, and confirmation that the equipment is not reasonably available through an existing shared-use arrangement.

Equipment purchased without prior written approval from FHC or not identified in the approved project budget will not be reimbursed. Retroactive approval requests will not be considered.

The following activities and expenditures are **ineligible** for this funding round:

- Activities or costs that duplicate funding already provided by GO-NORTH or a GO-NORTH HUB at the time of application or award
- Meeting matching requirements for any other federal funds or local entities
- Supplanting existing funding (including state, federal or private)
- New construction
- Capital expenditures that are either (i) inconsistent with the applicable RHT Use of Funds requirements; or (ii) that have not received any required prior approval
- Clinical services that duplicate billable services or seek to change payment amounts under existing fee schedules. We will not accept payments to clinical services if they duplicate billable services and/or attempt to change payment amounts of existing fee schedules. If you plan to fund direct health care services, you must justify why they are not already reimbursable, how the payment will fill a gap in care coverage (such as uncompensated care or services not covered by insurance), and/or how they transform the current care delivery mode.
- Research projects, including clinical trials, secondary data analysis, and mixed-methods research
- Lobbying activities
- Purchase of covered telecommunications and video surveillance equipment (See 2 CFR 200.216) as well as financial assistance to households for installation and monthly broadband internet costs
- Workforce recruitment or retention activities that provide a direct cash benefit to an employee
- Replacing an electronic medical records system if a previous HITECH certified electronic medical records system is already in place as of September 1, 2025
- Clinician salaries or wage supports for facilities or organizations that subject clinicians to non-compete contractual limitations

Indirect and Admin costs: Applicants must clearly identify all indirect and administrative costs in the proposed budget and demonstrate that their combined total does not exceed 10% of the total funding requested. This limitation applies regardless of whether an applicant has a federally negotiated indirect cost rate or elects to use the de minimis rate.

4. APPLICATION PROCESS

4.1. Key Event Dates

Key Milestone	Date	Comments
Application Portal Opens	Early December 2026	
Initial Application Deadline (Priority Cohort)	January 7, 2027	Guaranteed to be scored against available funding as part of the initial cohort
Notification of Award (Initial Cohort)	February 21, 2027	
Rolling Applications	Accepted on a rolling basis after the initial deadline	Reviewed in order received, subject to remaining funding availability
Award Notification (Rolling Cohort)	Within 45–60 days of submission	
Information Session	Details and registration TBD	

FHC reserves the right to amend this schedule as necessary. Applicants are strongly encouraged to submit by the initial deadline; submitting after that date does not guarantee review, scoring, or funding, as funding may already be fully allocated from the initial cohort.

4.2. How to Apply

Applications are submitted through FHC's online application portal. The application consists of the following written narrative questions, to be answered within the stated word limits:

1. Transformational Rural Impact - Project rationale (600 words) and how the proposal addresses each Home Health and Community Care Focus Area (1,200 words).
    a. Projected Impact on Rural Communities, Including the Estimated Number of Rural Patients Served (400 words)
2. Strength of Plan - Implementation approach, milestones, and organizational capacity (2,000 words)
3. Achievable Meaningful Outcomes, including specific dollar projections where cost savings are expected (800 words)
4. Sustainability – Sustainability plan describing how the investment will be sustained beyond the term of the grant. (800 words)
5. Long-Term Impact – Rationale describing the long term impact of the investment and description of appropriate partnerships & collaboration to support the success of the project (1,000 words)
6. Budget Alignment (400 words)

Applicants are strongly encouraged to also describe their anticipated long-term approach for the remainder of the RHT Program (October 1, 2027 – September 30, 2031), including long-term objectives, key milestones, and a high-level anticipated budget. Funding beyond September 30, 2027 is contingent on GO-NORTH authorization and both FHC's and the recipient's demonstrated performance.

4.3. Required Attachments

- Workplan of Milestones and Timeline (template provided)
- Project Budget (template provided)
- Letters of Support or MOUs from key partner organizations

4.4. Applicant Supports

Grant Writing Support: FHC will provide qualifying organizations with financial resources and direct support for project development and award application writing activities. Applicants may request this support ahead of completing their application.

To request application writing support, contact: GO-NORTH-FHC@healthynh.org.

Transformation Technical Assistance Center (T-TAC): Award recipients will have access to qualified T-TAC resources to support project planning, implementation, performance improvement, and sustainability, based on identified needs and subject to FHC approval and resource availability.

Organizations interested in support with developing a plan for GO-NORTH funding may be eligible for a GO-NORTH Planning Grant (details at gonorth.nh.gov).

5. EVALUATION

5.1. Review Process

All completed applications, submitted by the initial application deadline, are reviewed and scored by a committee made up of Subject Matter Experts (SMEs) and FHC staff. Applications received after the initial deadline will be scored using the same criteria in Section 5.2 and considered in the order received.

Upon completion of scoring, FHC recommends the highest scoring applications to GO-NORTH for funding. GO-NORTH reviews FHC's recommendations and makes final award decisions. FHC will then notify applicants and execute subaward agreements with approved applicants.

5.2. Evaluation Criteria

Applications are assessed against the following 5 objectives, consistent with GO-NORTH's priorities and CMS strategic goals for RHT funding:

Evaluation Category	What Reviewers Look For	Weight
Transformational Rural Impact	Proposals demonstrate how they will transform healthcare delivery in rural New Hampshire by expanding access to care close to home, investing in technology with a measurable return, building capacity for value-based payment, or improving financial sustainability. Applicants must address at least one of	30 pts

Evaluation Category	What Reviewers Look For	Weight
	the four focus areas and describe the measurable results they expect to achieve. Proposals that address all four focus areas and show how the activities work together to improve results will score higher under this criterion.	
Sustainability	A detailed, well-articulated plan to sustain the investment and change beyond the grant term; budget is reasonable, cost-effective, and aligned with allowable costs.	20 pts
Achieving Meaningful Outcomes	The proposal identifies clear, measurable outputs and outcomes, including baselines, targets, data sources, and reporting methods. Measures align with applicable GO-NORTH performance indicators and CMS reporting requirements and demonstrate how the project will improve rural healthcare delivery and/or patient outcomes.	10 pts
Long-Term Impact	Significant, well-supported impact on rural communities' access or population health; strong, appropriate partnerships demonstrated.	20 pts
Strength of Project	Work plan is realistic, well-sequenced, and achievable; proposal demonstrates capacity to execute, including staffing, leadership, governance, and financial management. Proposals that address all four focus areas and show how the activities work together will score higher under this criterion.	20 pts

6. AWARD AND REPORTING

6.1. Awardee Expectations

If selected for funding, FHC staff will coordinate with the awardee to finalize the budget, work plan, and award agreement. The following will be required for the contract:

- Financial Disclosure — An audit, IRS Form 990, or Income Statement/Balance Sheet from the most recently completed fiscal year
- Executed Certificate of Vote/Authority, signed within 30 days of signing the award agreement
- Certificate of Insurance naming the Foundation for Healthy Communities as Certificate Holder
- Unique Entity Identifier (UEI) Number, as issued by SAM.gov
- Acknowledgment of additional GO-NORTH grant requirements, which may include collaboration with regional health, behavioral health, and community partners, and participation in workforce and communities-of-practice initiatives
- Acknowledgment of evaluation requirements, including working with GO-NORTH's evaluation contractor on refining the evaluation plan, mid-course corrections, and reporting of data, lessons learned, and success stories

- Communications and public recognition: Award recipients must follow applicable GO-NORTH branding, attribution, and communications requirements, including required CMS/HHS funding acknowledgments and disclaimers and any applicable review or approval before public release. FHC will coordinate required reviews with GO-NORTH. These requirements must be included in applicable downstream agreements.

6.2. Reporting Guidelines

- **Quarterly Reporting:** Grantees will regularly report to FHC on budget spending, progress on the work plan, and successes and challenges on a recurring schedule to be determined by FHC in accordance with CMS quarterly reporting requirements.
- **Annual Reporting:** By July 31 of each year, grantees must submit detailed financial expenditure and outcome reports.
- **Evaluation Reporting:** Grantees may be required to establish baseline data, set measurable targets, and report on progress throughout the grant period, tracking both quantitative and qualitative metrics related to access to care, health outcomes, and program activities.

Additional support will be provided throughout the grant funding period, including check-ins with the FHC grant management team and information sharing with other grantee organizations receiving funding from FHC.

7. ADDITIONAL INFORMATION

7.1. Retroactive Reimbursement of Pre-Award Costs

Subrecipient award agreements executed by FHC may include a provision allowing retroactive reimbursement of eligible costs incurred on or after March 16, 2026 but prior to the date the subaward agreement is fully executed, provided all of the following are met: 1) the cost was incurred on or after March 16, 2026; 2) the cost is directly related to the awarded project; 3) the reimbursement supplements rather than replaces (supplants) non-federal or other federal funding; and 4) the cost meets all applicable requirements under 2 CFR Part 200, including equipment pre-approval requirements. Incurring costs prior to execution of a subaward agreement is done at the applicant's sole risk and does not guarantee funding.

7.2. Contact Information

Questions regarding this RFA and your application can be sent to: GO-NORTH-FHC@healthynh.org.

All questions must be submitted no later than 10 calendar days before the application submission deadline; FHC cannot guarantee a response to questions received after this deadline.

7.3. Resources

Additional reference materials are provided in the appendices, including detailed Focus Area examples by readiness stage.