Critical Access & Acute Care Hospital RFA-Information Session Q&A

November 2, 2026

This document compiles questions and answers from the Critical Access & Acute Care Hospital RFA information session on October 29, as well as questions submitted via email to GO-NORTH-FHC@healthynh.org.

Eligibility & Geographic Designation

Q: Which rural designation map should applicants use to verify eligibility?
A: FHC follows the HRSA (Health Resources and Services Administration) definition of rurality. Applicants should use the HRSA Rural Health Grants Eligibility Analyzer, available online at the HRSA website. You can enter your address to confirm whether your location qualifies. This is the definitive tool FHC uses for rural geographic eligibility. Rural Health Grants Eligibility Analyzer

Your proposal may also qualify as Rural through Path B: CMS Rural Facility Designation: These include proposals for healthcare facilities defined as a "Rural Health Facility" under the CMS Rural Health Transformation Program as authorized by the One Big Beautiful Bill Act (Section 71401 of Public Law 119-21) such as RHCs and FQHCs are also eligible.

Process & Logistics

Q: What if we've never received a federal grant before and don't know what a UEI is?
A: Organizations that have not previously received federal funding need to register with SAM.gov and obtain a Unique Entity Identifier (UEI). This process can take a couple of weeks, so please start now - do not wait until the application deadline. If you or your team are unfamiliar with SAM.gov or UEI registration, reach out to FHC at GO-NORTH-FHC@healthynh.org and we will help guide you through the process.

Q: Who do we contact with questions during the application period?
A: Email GO-NORTH-FHC@healthynh.org for both general program questions and one-on-one technical assistance requests. All questions submitted via email will be incorporated into this Q&A document.

Q: What is the new word count for the sustainability & long-term value document?
A: Several areas have increased word count limits:
1. Transformational Impact — Project rationale (**800 words**) and how the proposal addresses each CAH & Acute Care Hospital Focus Area (**2,000 words**)
2. Project Plan & Milestones — implementation approach and organizational capacity (2,000 words)
3. Projected Impact on Rural Communities, Including the Estimated Number of Rural Patients Served (**800 words**)
4. Partnerships & Collaboration (500 words)
5. Ambition of Measurable Outcomes, including specific dollar projections where cost savings are expected (800 words)
6. Sustainability & Long-Term Value (**800 words)**
7. Budget Alignment (**600 words**)

Q: Is this grant funding required to comply with the BABA Act?
A: The Build America, Buy America (BABA) Act relates to infrastructure projects, which FHC is not supporting. Therefore, this does not apply to FHC RFAs.

Q: What happens if FHC determines that our project is at a different readiness phase than the one we applied under?
A: FHC reviews each application against the readiness phase criteria. If the narrative, work plan, milestones, and budget suggest the project is better suited to a different phase - for example, an application submitted under Project Development that demonstrates the partnerships, detail, and readiness of a Program Ready project- FHC will contact the applicant during the review period to discuss. At that point, the applicant may (1) revise the application to align with the recommended phase, (2) accept an award under the recommended phase with award terms -funding level, budget period expectations, and milestones, adjusted accordingly, or (3) maintain the original classification if, after discussion, FHC and the applicant agree it is appropriate.

Q: We're not sure which readiness phase best describes our project. How should we decide?
A: Apply under the phase that reflects where your project is today, not where you hope it will be after the award. If the model is designed, partnerships are established, and implementation can begin in Budget Period 1, your project is likely Program Ready. If planning, assessment, or partnership development work must be completed before implementation, Project Development is likely the appropriate phase. If you remain unsure, contact GO-NORTH-FHC@healthynh.org before submitting - FHC would rather have that conversation before the application than after.

Q: If a project is submitted and not selected, could the applicant submit the same or similar project under the forthcoming hospital RFA or a different RFA that aligns?
A: If a project is submitted and not selected, the applicant can submit the same or similar project under the forthcoming RFA that aligns better.

Q: How many applications can an organization submit?
A: There is no limit on the number of applications or projects an eligible applicant may submit for Project Development as the lead applicant. An eligible applicant is limited to one application in the Preparatory Investments ***or*** Program Ready categories 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.

Allowable Costs & Equipment

Q: If providing a billable service but not currently billing due to capacity, can we propose paying for the staff during the time when we are moving toward a billing capacity?
A: It is unallowable to replace payment for clinical services that could be reimbursed by insurance or payments that duplicate billable services and/or attempt to change payment amounts of existing fee schedules. Any funding for healthcare services must include justification for why they are not already reimbursable, how the payment will fill a gap in care coverage, and/or how they transform the current care delivery model. (pg. 19 RFA)

A recommended approach would be paying for staff time to build the infrastructure (IT, EHR infrastructure, workflows, staff training etc.) to get them ready to submit for payer reimbursement but not funding for that billable service itself.

Q: For the provider-payment/direct care services guidance: If we're launching a new service that we expect to become reimbursable eventually, but we currently have no way to bill for it (for example, payer enrollment, credentialing, or contracting isn't in place yet and could take months or years), can the cost of delivering that service during the ramp-up period be included in the budget as a non-reimbursable cost?

A: Not being able to bill for a service doesn't necessarily make it non-reimbursable. The test is whether the service is reimbursable in general, not whether your organization is set up to bill for it today.

What we can fund: Building payer enrollment, as part of the new program you're establishing; Credentialing and contracting work needed to build the program

What we can't fund: The provider component, meaning the provider's time delivering the service, if the service is already reimbursable or could be once you're able to bill it. For a new program, such a Mobile Integrated Health, that may be a covered service in the future, FHC will off-set the program revenue against the grant

Q: For the cost requirement, we capitalize projects >$50K. If it is a "capital project" with individual items less than our individual capital purchase requirement of 5-10K are those acceptable or do we need to ensure each item exceeds the individual capital purchase requirement?
A: Each item does not need to exceed your threshold for the project as a whole to qualify. What matters is how your organization's capitalization policy treats each piece of equipment. CMS requires that any assets purchased with grant funds be tracked, accounted for appropriately, and disposed of correctly. The federal threshold is generally $10,000, but if your capitalization policy sets a lower threshold (for example, $5,000 and a useful life of more than a set number of years), your policy determines which items are treated as capital.

Budget & Financial

Q: When an organization submits a multi-year plan, should they state the first year of funding for "funding amount" or the BP1-5 for "funding amount"?
A: For the funding amount requested in the application, organizations should state the total amount requested for Budget Period 1 only. The application should not list the combined funding amount for Budget Periods 1–5 as the requested amount.

The budget template includes separate tabs for Budget Periods 2–5 to allow applicants to provide multi-year budget planning. Applicants should complete those additional budget periods as applicable, but the funding amount requested in the RFA should reflect Budget Period 1 only.

Partnerships & Collaboration

Q: Is partnership with non-NH entities or individuals allowed?
A: No, partner organizations must be in NH. However, a vendor, consultant or contractor may be located outside of NH.

Partnership is defined by FHC as two or more organizations sharing financial, operational, and clinical responsibility for a funded initiative- with each partner contributing defined resources, delivering a defined scope of work, and accountable for defined outcomes.

A vendor/contractor/consultant agreement is defined by FHC as a formal agreement in which an external entity or individual provides specified goods, service, expertise or deliverables in exchange for payment.

Q: Do you anticipate any learning collaboratives (or alternative connection-oriented strategies) to develop any value-based payment models or community connected care coordination strategies that are funded under this award?

A: Yes. FHC is working with GO-NORTH and organizations who applied to be technical assistance providers to create a comprehensive approach to this support.

Q: If you are proposing program development within your institution prior to expanding into a larger regional setting, do you need to have letters of support from groups within your institution (i.e. internal departments), or can you wait until funding year 2 or 3 to secure letters of support from regional partners?

A: You don't need formal commitments at the Program Development stage, but you should show where you are in the process. Please review the examples we provided, which explain what readiness looks like for different types of projects. Program Development applications are scored separately from Program Ready applications, and the expectations differ.

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