Foundations for Healthy Communities
Rural Health Transformation Program
Critical Access Hospital (CAH) and Acute Care Hospital
October 29, 2026 Information Session Transcript

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1
00:00:15,860 --> 00:00:17,420
I'm going to go ahead and get started.

2
00:00:18,010 --> 00:00:28,010
Thank you all for joining us for the information session on the RFA that the Go North Foundations for Healthy Communities has posted on our website.

3
00:00:28,650 --> 00:00:32,250
And I will show you where that's located in case you have not been there or seen it.

4
00:00:32,810 --> 00:00:34,130
This is an informational session.

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00:00:34,130 --> 00:00:37,130
We're going to go through the RFA in detail.

6
00:00:37,130 --> 00:00:39,450
We'll have an opportunity for questions.

7
00:00:40,770 --> 00:00:42,290
this meeting is recorded.

8
00:00:42,690 --> 00:00:55,010
We will also post this on our website hopefully early next week along with some of the questions or all of the questions, at least most of the questions that we are getting today that we have got.

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00:00:55,010 --> 00:00:57,810
We'll make sure to have an FAQ posted as well.

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00:00:58,130 --> 00:01:01,890
Our intent is to get through as many questions as we can, but if not,

11
00:01:02,440 --> 00:01:08,280
we will make sure to work to get those into the FAQ that we post early next week.

12
00:01:08,520 --> 00:01:17,760
I know there is a quick turnaround time in terms of when the application opens, this call, the FAQ, and when the application closes.

13
00:01:17,760 --> 00:01:22,920
So we will do our best to get those questions out on our website.

14
00:01:23,800 --> 00:01:26,800
So as a quick introduction, my name is Travis Boucher.

15
00:01:26,800 --> 00:01:29,160
I'm the Vice President of Rural Health

16
00:01:29,990 --> 00:01:32,390
here at the Foundation for Healthy Communities.

17
00:01:32,950 --> 00:01:36,550
I have the foundation team is all on the call.

18
00:01:36,870 --> 00:01:42,110
They're going to just do a little raise of hands so you can see the team here.

19
00:01:42,110 --> 00:01:45,190
We got a great team that is getting built to support rural health.

20
00:01:46,070 --> 00:01:49,110
Also, the foundation itself is supporting this project.

21
00:01:49,670 --> 00:01:51,910
And so three of us today, we're going to present

22
00:01:52,970 --> 00:02:04,170

I have been here now for about four months, but I'm not new to the foundation, not new to healthcare, and also not new to what this organization does and what New Hampshire does.

23
00:02:04,570 --> 00:02:15,450
So I feel like we're getting hitting the ground running and collaborating and working with Go North as an implementation partner, the foundation being that implementation partner and working on executing

24
00:02:16,370 --> 00:02:19,010
the plan and I'll talk a little bit about Go North in the hubs.

25
00:02:19,410 --> 00:02:22,210
Before we jump into that, Chris introduce herself.

26
00:02:22,450 --> 00:02:23,650
She'll present in Beth.

27
00:02:23,730 --> 00:02:24,530
I mean, yeah, Beth.

28
00:02:25,890 --> 00:02:26,530
Thanks, Travis.

29
00:02:26,930 --> 00:02:27,490
Lynsey.

30
00:02:27,730 --> 00:02:28,170
Lynsey

31
00:02:29,070 --> 00:02:29,710
Thanks, Travis.

32
00:02:29,710 --> 00:02:41,550
My name is Chris Symolon and I'm the Senior Director for the Rural Health Transformation Team and I am basically the lead project management for this initiative and support the overall strategy.

33
00:02:41,710 --> 00:02:50,350
I've been with the Foundation for Healthy Communities for four years and previously my role was a director for the covid vaccine project.

34

00:02:52,030 --> 00:02:52,430
Lynsey?

35
00:02:53,340 --> 00:02:54,500
Hi all, I'm Lynsey Huppe

36
00:02:54,500 --> 00:02:57,660
I'm a project director here at the Foundation for Healthy Communities.

37
00:02:57,660 --> 00:03:00,060
I've been with the team for about 3 months now.

38
00:03:00,380 --> 00:03:07,420
Prior to my role here where I help oversee the subrecipients and help them with their projects, I was in public health implementation science.

39
00:03:07,420 --> 00:03:08,540
It's lovely to meet you all.

40
00:03:09,660 --> 00:03:13,580
Okay, so if you have any questions as we present, please use the chat or the Q&A.

41
00:03:13,580 --> 00:03:14,540
The Q&A is

42
00:03:15,050 --> 00:03:15,650
turned on.

43
00:03:15,650 --> 00:03:16,890
The chat is also on.

44
00:03:17,370 --> 00:03:25,530
So feel free as I go through this and all of us go through this to send us some information and we'll answer these at the end of the session.

45
00:03:25,850 --> 00:03:30,930
I suspect we'll go for about maybe 30 minutes and talking through the application, maybe a little bit more.

46
00:03:30,930 --> 00:03:33,810
And so our hope is to have a lot of time for questions.

47
00:03:33,810 --> 00:03:38,010
And depending on the level of questions, we'll either get done early or we'll end at 12.

48
00:03:38,890 --> 00:03:42,170
So I'm going to go ahead and share my screen.

49
00:03:48,710 --> 00:03:52,990
Okay, so right now what I'm sharing is the foundation's website.

50
00:03:53,270 --> 00:03:55,150
And so I just want to call this out.

51
00:03:55,790 --> 00:04:00,110
If you have any information, you can go to healthynh.org.

52
00:04:00,110 --> 00:04:04,590
Relative to the foundation stuff, I'm going to show you the Go North website as well.

53
00:04:05,130 --> 00:04:09,050
We have information here about what's our current funding opportunities.

54
00:04:09,050 --> 00:04:11,770
This is where I noted where you'll see the RFA.

55
00:04:11,770 --> 00:04:24,330
When the application portal opens, we'll send out through Go North a notification that the application is open and you can start taking those applications that you've been working for and copying and pasting them into the portal.

56
00:04:25,070 --> 00:04:27,710
The primary care, is an application.

57
00:04:27,710 --> 00:04:29,710
The first round has just closed.

58
00:04:29,710 --> 00:04:35,070
But again, this is a rolling application for our primary care and the information is here as well.

59
00:04:35,550 --> 00:04:39,150
And so again, I just want to do a plug for the Go North website.

60
00:04:39,270 --> 00:04:50,030
If you have not been to go north.newhampshire.gov, I encourage you to come here as a lot of details about the program overview, New Hampshire, the different hubs, which I will talk through.

61
00:04:50,270 --> 00:04:51,790
But most importantly, you can

62
00:04:52,730 --> 00:04:58,170
get on their listserv so that when information is coming out, it comes out from Go North first.

63
00:04:58,170 --> 00:05:02,810
You will always hear from Go North first in terms of new RFAs, new opportunities.

64
00:05:03,210 --> 00:05:07,450
And so I really encourage you if you have not done so to sign up for the Go North listserv.

65
00:05:09,290 --> 00:05:13,130
Okay, with that said, I'm going to jump into the RFA.

66
00:05:13,610 --> 00:05:24,690
Any RFA, any request for proposals, any RFQ that you see coming from the Go North program in New Hampshire will look very much the same on the first couple pages.

67
00:05:24,690 --> 00:05:30,330
You'll see the Go North logo, the organization that is rolling out this RFA,

68
00:05:31,260 --> 00:05:43,740
The information about that we are required to include, and it's important to note that if you are selected as an awardee, you will learn about our communication requirements and what we need to include in any kind of communication.

69
00:05:43,740 --> 00:05:49,100

But we talk about how that this is a program supported by CMS, the total award amount,

70
00:05:49,510 --> 00:05:52,270
and it's funded through CMS and HHS.

71
00:05:52,670 --> 00:05:57,790
I will note this $204 million is quite impressive for New Hampshire.

72
00:05:58,750 --> 00:06:05,230
Many of you have already heard me talk about this program through our information sessions, whether it's through a program guide or some other RFAs.

73
00:06:05,840 --> 00:06:20,400
But New Hampshire, we received really kudos to the state and HHS within the state and pulling together feedback from many of you and many other healthcare organizations in terms of transformational areas.

74
00:06:21,120 --> 00:06:24,720
And we received quite a bit of money for our state and our size.

75
00:06:25,600 --> 00:06:28,080
And really proud to say that New Hampshire

76
00:06:28,520 --> 00:06:35,560
is actually doing quite well when you compare us to other states and their ability to roll out these initiatives and roll out this funding.

77
00:06:35,960 --> 00:06:39,400
New Hampshire is right at the top of the list, which is quite exciting.

78
00:06:40,680 --> 00:06:43,040
The Go North Go North stands for something.

79
00:06:43,040 --> 00:06:48,600
It's the Governor's Office of Rural Office of New Opportunities and Rural Transformational Health.

80
00:06:49,240 --> 00:06:53,240
And this was established through executive order under Governor Kelly Ayotte.

81
00:06:53,710 --> 00:06:56,350
And Donna Lee is the director of this program.

82
00:06:57,070 --> 00:07:01,310
And so we have 5 initiatives that the program has initiated.

83
00:07:01,870 --> 00:07:07,390
There is population health, there's access, workforce, technology, financial sustainability.

84
00:07:07,990 --> 00:07:13,790
And you will notice, and when I talk through the different hubs, we each have different roles relative to these initiatives.

85
00:07:14,270 --> 00:07:14,750
But

86
00:07:15,710 --> 00:07:20,670
This RFA specifically really does hit a lot of these initiatives.

87
00:07:21,150 --> 00:07:26,350
Some RFAs that you'll see may focus on just workforce or just access.

88
00:07:26,910 --> 00:07:38,230
But I think this hospital RFA is really unique in which we're really tackling many of the initiatives within the Go North framework and ultimately what our five goals are.

89
00:07:38,230 --> 00:07:40,750
And I'll talk a little bit more about that as well.

90
00:07:41,470 --> 00:07:43,950
So we have the five hubs.

91
00:07:44,350 --> 00:07:52,510
Here we have the CDFA, which I won't talk too much of this, especially for those of you that were at the hospital association in the foundation annual meeting.

92
00:07:52,910 --> 00:07:59,710

We had talked a little bit about this, but just for those of you who have not heard any of this before, there's really 5 hubs that are driving this.

93
00:07:59,710 --> 00:08:06,990
The CDFA, which is primarily responsible for the facilities, the brick and mortar renovations.

94
00:08:07,560 --> 00:08:12,600
You have the University System of New Hampshire and the Community College System, primarily focusing on workforce.

95
00:08:13,240 --> 00:08:23,000
You have the New Hampshire Community Behavioral Health Association that is primarily working with the 10 mental health centers.

96
00:08:23,360 --> 00:08:38,760
And then you have the foundation and we're really, really looking at all the other healthcare organizations in the state, whether it's hospitals, whether it's EMS agency, whether it's community-based organization focusing on healthcare, primary care, specialty care, and so forth.

97
00:08:39,870 --> 00:08:45,990
And with that, we, as I noted above with the five initiatives, we're looking at all of these things, right?

98
00:08:45,990 --> 00:08:56,030
Working on technology in terms of, you know, what type of AI or what type of other technology around population health management is needed, looking at workforce in terms of recruitment and retention.

99
00:08:56,270 --> 00:08:59,230
I'm looking at access to care and so forth.

100
00:09:01,310 --> 00:09:06,990
Okay, so we are going to jump into the RFA now and go through each one of these sections.

101
00:09:07,770 --> 00:09:12,810
We'll jump back and forth on who's going to talk through them just so you don't have to hear my voice the entire time.

102
00:09:13,690 --> 00:09:15,850
And then we will jump into the questions.

103
00:09:16,090 --> 00:09:22,890
So I talked a little bit about who we are in the foundation, so I'm not going to spend some time.

104
00:09:23,370 --> 00:09:26,810
I'd like to think that everyone on this call is familiar with the foundation.

105
00:09:27,050 --> 00:09:36,730
I mean, we, I think, are perfect for this opportunity in terms of working with different organizations, building those connections, and advancing a healthcare system.

106
00:09:37,630 --> 00:09:42,110
transform the healthcare system and working with all of you partners to be able to do that.

107
00:09:42,990 --> 00:09:46,190
So I'll skip all that stuff and really get into what's important here.

108
00:09:46,590 --> 00:09:53,190
So as we look at the application eligibility, there's really key elements here that are important.

109
00:09:53,190 --> 00:09:57,470
So in order to be eligible for this RFA, you have to be a critical access hospital.

110
00:09:58,510 --> 00:10:02,990
You can be a licensed acute care hospital located in a rural area of New Hampshire.

111
00:10:03,300 --> 00:10:16,980
You can also be a New Hampshire licensed hospital, not located in a rural area, but you need to propose a project, and this is really important, that is directed at and predominantly impacting patients and living in rural New Hampshire.

112
00:10:17,220 --> 00:10:20,100
And in the application process, we ask.

113
00:10:20,560 --> 00:10:32,280

There's A handful of questions that help the scores when they're doing the screening of these applications to determine if you are predominantly impacting and supporting rural areas.

114
00:10:32,280 --> 00:10:39,140
And it will really be up to you as the applicant to articulate how your project is predominantly impacting rural areas.

115
00:10:39,220 --> 00:10:40,060
organizations.

116
00:10:40,220 --> 00:10:43,900
And this is important because your service area is one thing.

117
00:10:43,900 --> 00:10:49,980
You may be supporting a large service area, maybe half of it is rural, half of it is not rural.

118
00:10:50,460 --> 00:10:55,980
The project that you are proposing has to predominantly impact and support rural.

119
00:10:55,980 --> 00:11:01,900
So two different things, your service area versus your project and who they're predominantly serving.

120
00:11:01,900 --> 00:11:03,660
Now, if the service area is

121
00:11:04,560 --> 00:11:14,120
what the grant is primarily supporting and that is predominantly not rural, then that in terms of an eligibility screening, that would be looked at and determined.

122
00:11:15,240 --> 00:11:25,320
Okay, you also can be an organization partnering with an eligible applicant and we will talk a little bit about what partnering means and it is very specific.

123
00:11:26,230 --> 00:11:38,310
And we are I'm going to explain this because partnering is not, you know, a letter of support saying this is a great organization or we are hoping to partner with these organizations.

124
00:11:38,310 --> 00:11:41,270
So we have not reached out to them, not communicated with them.

125
00:11:41,670 --> 00:11:41,790
Right.

126
00:11:41,790 --> 00:11:43,510
That's not what partnership is.

127
00:11:44,310 --> 00:11:49,910
And as we talk about the readiness stages of organization and what aspect of this application they're applying to.

128
00:11:51,110 --> 00:11:56,630
We'll talk a little bit about what a project development is versus what a ready program is.

129
00:11:56,870 --> 00:12:05,710
And if you're an organization that is ready to implement a whole system, those partnerships, we are looking to be well established, well identified.

130
00:12:05,710 --> 00:12:07,830
And again, we'll talk a little bit more about that.

131
00:12:09,310 --> 00:12:13,750
In terms of ineligibility, you know, freestanding emergency departments are not eligible.

132
00:12:14,110 --> 00:12:20,710
When we talk about duplicate work, this is the same sort of dollar or expense

133
00:12:21,540 --> 00:12:23,700
being paid by two organizations.

134
00:12:24,260 --> 00:12:33,220
We expect that an organization could be funding the work that they're doing from multiple organizations, but for different aspects of that project.

135
00:12:33,460 --> 00:12:42,100

A perfect example is that capital expenditures, and the capital expenditures here in terms of what we are talking about is brick and mortar construction.

136
00:12:43,050 --> 00:12:46,570
we do not fund, the foundation does not fund, renovations.

137
00:12:46,730 --> 00:12:48,010
The CDFA does.

138
00:12:48,210 --> 00:12:58,410
And so we would expect to see that maybe you're an organization that needs to renovate an area that you will use our funding for from the programmatic side.

139
00:12:58,770 --> 00:13:06,570
And so when I talk about duplicate expenses, I mean about, you know, we're not paying for the same exact expense by two different hubs, right?

140
00:13:06,570 --> 00:13:07,530
That's double billing.

141
00:13:07,610 --> 00:13:11,450
So that's what this means, just to clarify what this means.

142
00:13:12,040 --> 00:13:15,160
Also, clinical services that duplicate billing services.

143
00:13:15,160 --> 00:13:18,600
And this is really reimbursement what we're talking about here, right?

144
00:13:18,600 --> 00:13:27,360
So if you have a billable supply that you're billing for and getting reimbursement on, you cannot use funding to support that supply as well, right?

145
00:13:27,360 --> 00:13:28,280
That's double billing.

146
00:13:28,280 --> 00:13:33,560
The same dollar of the grant cannot be used for the same dollar that you're using to get reimbursed for.

147
00:13:34,080 --> 00:13:39,240
And then we talk about research projects, clinical trials, lobbying.

148
00:13:40,890 --> 00:13:42,250
and direct cash benefits.

149
00:13:43,210 --> 00:13:54,490
All right, definition of rural, at the end of the day, the eligibility I noted above directly relates to the definition of rural and eligibility, right?

150
00:13:54,490 --> 00:14:06,170
And so the definition of rural for all intensive purposes is the HRSA definition and there's an eligibility checker here and there's a map also that outlines the rural areas.

151
00:14:06,410 --> 00:14:10,770
And so as you look to identify and indicate who

152
00:14:10,970 --> 00:14:13,450
your project will primarily impact.

153
00:14:14,090 --> 00:14:19,850
That is the communities, the towns and the locations that we are talking about in terms of the definition of rural.

154
00:14:19,850 --> 00:14:22,890
All right, application limits.

155
00:14:24,410 --> 00:14:31,610
I will finish this application section 2 and then we're going to jump into section 3 and then someone other team member is going to tackle that.

156
00:14:32,090 --> 00:14:38,490
And so in terms of application limits, there's three phases which we will talk a little bit about next.

157
00:14:39,280 --> 00:14:48,400
The project development phase, there's no limit to the number of applications or projects that any of those eligible organizations can submit for.

158
00:14:48,680 --> 00:14:51,520
And again, we're going to talk about what a project development is.

159
00:14:52,240 --> 00:14:54,480
In terms of the preparatory investments,

160
00:14:54,970 --> 00:15:01,050
and program ready, these were limiting to one applicant as the lead applicant.

161
00:15:01,050 --> 00:15:02,170
There's no limit.

162
00:15:02,170 --> 00:15:05,530
You can be a partner with another organization, another hospital.

163
00:15:05,690 --> 00:15:14,570
You can be a partner and no limitation in terms of partnering with other organizations because we want to see that partnership.

164
00:15:14,570 --> 00:15:17,210
We want to see those regional approaches.

165
00:15:17,450 --> 00:15:22,650
Just in terms of this first initial cohort, we're just limiting it to one application.

166
00:15:23,050 --> 00:15:24,770
This is a rolling application

167
00:15:24,850 --> 00:15:30,650
And we're working, my hope is to expand and open this up in future funding periods.

168
00:15:30,650 --> 00:15:35,290
But for right now, it's just one applicant limited to one application for these two phases.

169
00:15:37,770 --> 00:15:40,890
All right, I'm going to go ahead and hand it on to the next person.

170

00:15:40,890 --> 00:15:42,330
And I think that is.

171
00:15:43,100 --> 00:15:44,380
It is.

172
00:15:44,980 --> 00:15:45,500
Excuse me.

173
00:15:45,500 --> 00:15:45,900
Thank you.

174
00:15:45,900 --> 00:15:50,540
So I'm going to talk about the grant period and the available award funding.

175
00:15:50,780 --> 00:15:54,140
We are currently in budget period one.

176
00:15:54,140 --> 00:16:00,060
This grant follows budget periods and we are currently in budget period one and funds

177
00:16:00,420 --> 00:16:07,700
from contract execution to September 30th, 2027 is when you have the time to spend these funds.

178
00:16:07,860 --> 00:16:16,260
It's really important that we move quickly and get these funds and these projects out and make that transformational change into the communities.

179
00:16:16,820 --> 00:16:18,900
We are asking that

180
00:16:19,310 --> 00:16:39,710
organizations also include a multi-year funding need so we can project future funding and make sure that we have that available for those projects that are needing more time for the sustainability and I will say that future funding we are not guaranteed

181
00:16:40,820 --> 00:16:43,140
We're basically doing it from budget period one.

182
00:16:43,140 --> 00:16:46,260
We are very optimistically hopeful that we will get the funds.

183
00:16:46,340 --> 00:16:50,900
We're just not aware of what the amount of funds we will receive each budget period.

184
00:16:51,300 --> 00:16:54,420
And we'll base those awards.

185
00:16:56,290 --> 00:16:59,650
based on what we get from Go North and CMS approvals.

186
00:16:59,890 --> 00:17:18,210
We're hoping that we get the same amount of funding, but more hope, if not more, because New Hampshire is doing quite well, and we're hoping that we will get more funding so we can definitely increase funding and basically fund more projects.

187
00:17:19,500 --> 00:17:28,740
And this is just kind of touching on what Thomas had just mentioned about the award structure that we are asking for one lead applicant and they will also be the fiscal agent.

188
00:17:29,420 --> 00:17:38,660
But again, you can include your partner organizations, but you need to stress that they must support the project scope, the role impact.

189
00:17:38,980 --> 00:17:48,420
And when you're filling out your application, you need to identify that partner's role, their scope of work, what their deliverables will be.

190
00:17:48,830 --> 00:17:50,750
and their proposed budgets.

191
00:17:51,710 --> 00:18:02,190
And just as a lead applicant, just be aware that you're responsible for that oversight, the performance monitoring, and the financial reporting and compliance of those partners.

192
00:18:03,150 --> 00:18:07,150
We'll touch base on those readiness stages that Travis had identified.

193
00:18:08,050 --> 00:18:11,290
What we're asking you is to identify your current level.

194
00:18:11,290 --> 00:18:21,490
We do understand that you might be in a project development and almost in another stage, but we're looking for your actual current level.

195
00:18:21,810 --> 00:18:30,610
The project development is when you have that concept, but you need more time to develop the project and the deliverables.

196
00:18:30,850 --> 00:18:37,890
So you might need the funding for needs assessments or the strengthening of your readiness could be

197
00:18:38,010 --> 00:18:43,090
operational or technological infrastructure and things like that.

198
00:18:43,250 --> 00:18:45,010
And there are samples on the page.

199
00:18:46,450 --> 00:18:54,530
You do have to remember that you have to have actionable deliverables that position your organization to implement and sustain.

200
00:18:54,530 --> 00:18:57,890
Sustainability is very important for this transformation.

201
00:18:58,970 --> 00:19:18,170
The preparatory investments are kind of considered the one-time investment to help you remove those barriers operationally or maybe close an infrastructure gap or establish critical organizational capacity again for that long-term transformation.

202
00:19:18,530 --> 00:19:21,130
And program ready is you are ready to go.

203
00:19:21,770 --> 00:19:23,130
You're fully designed.

204
00:19:23,130 --> 00:19:38,410

You have like a sustainable care plan and you've identified those partners and you've come up with your project plan and you've identified the goals and objectives and milestones and submitted a realistic budget.

205
00:19:40,090 --> 00:19:45,450
The applications are and will be reviewed in the contents of those program stages.

206
00:19:46,700 --> 00:19:59,100
And then we also like you to identify the focus area, and this will be your primary focus area, and it's access, it's technology, or financial sustainability.

207
00:19:59,740 --> 00:20:11,420
And we're asking that when you do choose a focus area, that you explain how your proposed activities and your project will strengthen healthcare delivery for the rural New Hampshire communities.

208
00:20:12,850 --> 00:20:17,330
were into the allowable and ineligible use of funds.

209
00:20:17,650 --> 00:20:28,050
Because this is federal funding, we are following two CFR Part 200 guidelines and they are very extensive to say the least.

210
00:20:28,530 --> 00:20:32,330
And they're just kind of give you some examples of what those costs might be.

211
00:20:32,330 --> 00:20:39,890
It could be personnel cost, outreach, engagement, data collection, quality improvement, trainings.

212
00:20:41,210 --> 00:20:43,810
I do want to emphasize equipment.

213
00:20:44,650 --> 00:20:48,770
It needs to be tangible and useful for more than a year.

214
00:20:49,250 --> 00:21:06,690
And this is the part that's really important is that the per unit acquisition cost that equals or exceeds, and here it is right here, highlighted the lesser the recipient's policy on capitalization threshold for financial statements.

215
00:21:06,850 --> 00:21:09,570
So we would just want to make sure that we're identifying

216
00:21:10,360 --> 00:21:20,200
what your organization's financial or capital threshold is and to identify it if it's less or more than the $10,000 equipment purchase.

217
00:21:20,440 --> 00:21:30,560
The budgets that we have given you for templates have definitely more detail on how to identify and basically track the equipment.

218
00:21:30,560 --> 00:21:34,920
We just need to make sure that we're aware of your equipment purchases.

219
00:21:35,800 --> 00:21:38,920
If you're not sure about that, the finance team will know.

220
00:21:39,340 --> 00:21:41,260
And so don't hesitate to reach out to them.

221
00:21:42,020 --> 00:21:49,980
And then as far as indirect and admin costs, the budgets are also broken into those separate categories.

222
00:21:50,380 --> 00:22:00,220
So we also have a template or a resource on our website and you need to identify all of the indirect and administrative costs in the budget.

223
00:22:00,540 --> 00:22:06,060
And that combined total cannot exceed 10% of the total funding requested.

224
00:22:06,300 --> 00:22:06,700
So

225
00:22:07,960 --> 00:22:13,160
this is a CMS rule that we need to abide by and follow very closely.

226
00:22:13,800 --> 00:22:15,640
Just a couple points on this one, Chris.

227

00:22:16,360 --> 00:22:23,240
So we just added a guide on our website just to help organizations go through this.

228
00:22:23,240 --> 00:22:29,720
If you have a federally approved indirect rate, we are required to abide by that typically.

229
00:22:29,880 --> 00:22:36,520
And we will ask for the letter because typically in the letter it outlines exactly how that rate is and what goes into the base of that rate.

230
00:22:37,200 --> 00:22:48,200
We also included a guide because if you do not have one, the default is the de minimis and there's a very specific way to calculate that indirect and admin cost associated with it.

231
00:22:48,200 --> 00:22:49,920
And so hopefully the guide is helpful.

232
00:22:49,920 --> 00:22:53,920
It is meant just as a resource to help you calculate and work through.

233
00:22:54,750 --> 00:22:57,550
when you're putting your budgets together, the indirect rate.

234
00:22:59,230 --> 00:23:01,710
We are just asking that you do the best you can do.

235
00:23:01,710 --> 00:23:03,070
We're happy to answer questions.

236
00:23:03,070 --> 00:23:20,310
At the end of the day, if you are selected, we will work with you on clarifying and finalizing your budget prior to the award contracting and the execution because we will need to do a very deep dive after score just to ensure and make sure that the costs are allowable.

237
00:23:20,310 --> 00:23:23,550
And we're going to go a little bit more detailed into the budgets.

238
00:23:23,590 --> 00:23:24,630

And that will be the time that

239
00:23:24,750 --> 00:23:26,030
we can work with you on that as well.

240
00:23:30,150 --> 00:23:30,350
Right.

241
00:23:30,350 --> 00:23:31,950
So now I believe it's my turn.

242
00:23:32,270 --> 00:23:37,430
And so I'm going to just start off by walking us through the key dates that are coming up for this RFA.

243
00:23:37,710 --> 00:23:40,750
So right now the RFA is posted on our website.

244
00:23:41,470 --> 00:23:43,950
It is the document that Travis is scrolling through.

245
00:23:44,190 --> 00:23:52,750
The portal in which you can upload your narrative and all the required documents should be live sometime next week.

246
00:23:53,130 --> 00:23:59,610
We're hoping to get it up as soon as possible so that way you all can start uploading your documents into that portal.

247
00:23:59,930 --> 00:24:06,970
Our initial application deadline for this priority cohort is November 12th at 5 P.m.

248
00:24:07,830 --> 00:24:14,550
We are going to hopefully announce awards for this initial cohort around mid-December.

249
00:24:14,790 --> 00:24:23,990
And this is a rolling application RFA, so we will be accepting applications on a rolling basis depending on the remaining funding availability.

250

00:24:24,230 --> 00:24:31,190
For those who apply during that rolling application phase, you'll be notified within 45 to 60 days of submission.

251
00:24:31,600 --> 00:24:33,920
And our information session is right now.

252
00:24:33,920 --> 00:24:35,640
You guys are all attending it.

253
00:24:36,320 --> 00:24:38,320
So thank you for joining us.

254
00:24:38,800 --> 00:24:46,160
In terms of how to apply, we have an outline of the questions that are going to be asked of you all with word counts.

255
00:24:46,400 --> 00:25:01,400
We do want to make a note that on our portal, some of the word counts specifically around sustainability and long-term value have increased because we do really want to know in great detail how you see this as being sustainable to really transform rural health care.

256
00:25:02,080 --> 00:25:09,280
And also as part of this, there are some required attachments such as your work plan of milestones and timeline and a project budget.

257
00:25:09,520 --> 00:25:18,080
The project budget, the template is on our website as well as the milestones, but for the budget you'll actually be copying and pasting numbers into our portal.

258
00:25:18,240 --> 00:25:22,240
We just want to give you that template for ease of creating that budget as you go along.

259
00:25:22,560 --> 00:25:27,760
We also are requiring letters of support or MOUs for any key partner organizations that you'll be working with.

260
00:25:28,820 --> 00:25:31,860
FHC is offering technical assistance.

261

00:25:32,100 --> 00:25:37,220
So there is the information on how to reach out if you have any questions around that.

262
00:25:37,620 --> 00:25:55,140
And if you are listening to our talk and you're unsure if you fall into that project development stage, we also would recommend visiting Go North's website to look at their planning grant if you need assistance and support in developing a project plan or idea.

263
00:25:57,100 --> 00:25:57,380
Thanks, Lynsey

264
00:25:58,140 --> 00:26:00,540
I'm going to touch on the evaluation process.

265
00:26:00,540 --> 00:26:06,180
So this is ultimately how we will score the applications.

266
00:26:06,500 --> 00:26:12,900
And I just wanted to highlight that transformational rural impact is the highest amount of points.

267
00:26:12,900 --> 00:26:14,100
It's 30 points.

268
00:26:14,450 --> 00:26:23,610
And so as you look at how we'll be scoring this in the weight, looking at that impact in terms of transformation, it's going to be weighted heavier.

269
00:26:23,650 --> 00:26:26,490
This is a little bit of a change on some of our prior RFAs.

270
00:26:26,490 --> 00:26:31,610
If you have submitted any applications, these points in these weights are slightly adjusted.

271
00:26:32,090 --> 00:26:37,690
Sustainability is also a really important aspect of this program.

272
00:26:38,090 --> 00:26:42,330

And you have heard this, I believe, from the Go North team and presentations

273
00:26:42,840 --> 00:26:50,520
These two top categories are really important overall to rural health and this transformational impact overall.

274
00:26:50,760 --> 00:26:53,720
But of course, right, we still need meaningful outcomes.

275
00:26:53,720 --> 00:26:58,440
We still need to look at long term impact and strength of the project overall.

276
00:26:58,840 --> 00:27:10,360
You could argue some of these are related, but these are the key elements in terms of what the scores will be looking at as they review your application and they review your

277
00:27:12,490 --> 00:27:13,010
what you put.

278
00:27:21,460 --> 00:27:21,820
OK.

279
00:27:24,700 --> 00:27:35,500
If you are selected for this funding, FHC is going to be asking you for additional documentation that we need because it's federal funding.

280
00:27:36,020 --> 00:27:41,820
We'll be asking for your federal, your financial disclosures, an IRS form, an audit.

281
00:27:42,470 --> 00:27:48,390
your certificate of voting authority and certificate of insurance with the foundation listed.

282
00:27:49,670 --> 00:27:56,070
All federal awardees need a UEI number and that's issued by sam.gov.

283
00:27:56,630 --> 00:28:05,590
It's very easy to, it just takes some time, but it's easy to obtain and we'll need that before we issue the funding.

284
00:28:06,790 --> 00:28:07,430
And then

285
00:28:08,170 --> 00:28:30,730
our your staff you'll have a project director assigned to you and they will help you finalize the budget and your work plan and another team member will also help you with your agreement as well so you'll be introduced to many team members throughout this process if you're awarded the funds we do have

286
00:28:31,510 --> 00:28:35,510
reporting requirements that we need to ensure that are done.

287
00:28:35,990 --> 00:28:47,390
Besides the usual like monthly invoicing and documentation that we'll need for your reimbursement, we're also asking for quarterly reporting and also an annual report.

288
00:28:47,390 --> 00:28:49,350
And these reports we

289
00:28:51,000 --> 00:28:59,560
will generate more of like a global report to give to Go North and for them to include that with their report to CMS.

290
00:28:59,560 --> 00:29:06,760
So we're trying to get all the data that we need that will roll into Go North's data as well as CMS reporting.

291
00:29:09,000 --> 00:29:18,280
Okay, and just to close the loop on this, I'm going to hit on #7 and then Lindsay's just going to talk a little bit more about the addendum that we have to help support project ideas.

292
00:29:18,760 --> 00:29:20,280
But before, just want to talk about

293
00:29:21,140 --> 00:29:23,420
Really a key thing, it's retroactive reimbursement.

294
00:29:23,420 --> 00:29:25,060
We get a lot of questions about this.

295
00:29:25,700 --> 00:29:30,820
And I will say in order to, we have more guidelines as in the addendums.

296
00:29:31,220 --> 00:29:42,220
But ultimately, retroactive reimbursement can be allowable, but it has to meet very specific key elements, mainly just to be transparent.

297
00:29:42,220 --> 00:29:43,140
And the intent

298
00:29:43,400 --> 00:29:47,800
was for rural health transformation and the project that you're developing.

299
00:29:48,280 --> 00:29:50,720
It cannot supplant other funds.

300
00:29:50,720 --> 00:30:00,040
And supplanting means like if you had a budget already established and you're expensing expenses per that budget and now, oh, I can do retroactive reimbursement, that is not allowed.

301
00:30:00,200 --> 00:30:01,240
That is supplanting.

302
00:30:01,240 --> 00:30:07,560
You already had a plan, you already had a funding source, but you're going to supplant that with federal funds

303
00:30:08,310 --> 00:30:10,270
So that is what supplanting means.

304
00:30:10,270 --> 00:30:12,190
And so there's more guidelines.

305
00:30:12,190 --> 00:30:14,710
I just wanted to point you all to this in the addendum.

306
00:30:15,030 --> 00:30:22,670
We speak a little bit more in detail about this for you all in case this is something that has come up and so forth.

307
00:30:23,270 --> 00:30:24,310
Again, contact you.

308
00:30:24,310 --> 00:30:27,590
Please don't hesitate to e-mail us with questions that you have.

309
00:30:27,990 --> 00:30:31,830
We are asking that we get all the questions 10 calendar days before.

310
00:30:32,200 --> 00:30:33,960
We can't guarantee a response.

311
00:30:34,200 --> 00:30:38,680
Obviously, we will try to get back to you as quickly and as fast as we can.

312
00:30:39,720 --> 00:30:46,520
But some of these questions do require research and getting additional information as well.

313
00:30:46,520 --> 00:30:50,120
So we just want to get those ahead of time so we can do that work.

314
00:30:51,960 --> 00:30:52,440
Right.

315
00:30:54,880 --> 00:31:00,200
And like Travis mentioned, we do have an appendix that is listed on our website.

316
00:31:01,400 --> 00:31:13,560
In this appendix, you are able to see the descriptions of the focus areas more in depth with different examples of different activities that we are looking for, as well as example metrics.

317
00:31:14,270 --> 00:31:20,510
And this is outlined for access technology and our financial sustainability.

318
00:31:20,910 --> 00:31:26,150

And at the end of this document, we also have example projects by readiness stage.

319
00:31:26,150 --> 00:31:33,470
These examples are, for example, only they're not creating any additional eligibility requirements or preferences.

320
00:31:33,470 --> 00:31:35,070
This is just for your knowledge.

321
00:31:35,470 --> 00:31:45,550
And we break down these example projects and how they align with the different areas and why it fits into that specific readiness frame.

322
00:31:47,830 --> 00:31:50,590
And I just want to re-emphasize these examples.

323
00:31:51,550 --> 00:31:54,830
We really put some time into this to show how

324
00:31:55,450 --> 00:32:04,970
what the different phases look like and what information you may have at the time and hopefully to help guide you where ultimately you think you best fit.

325
00:32:04,970 --> 00:32:09,890
And the reason why this is important is because we are going to fund these, I mean, score these separately.

326
00:32:09,890 --> 00:32:14,130
We're going to score planning grants as a cohort.

327
00:32:14,770 --> 00:32:19,970
We're going to score the preparatory investments as a separate and also score the project ready.

328
00:32:20,760 --> 00:32:39,040
Program ready stage and our intent is that we aren't going to fund like we purposely are not going to fund just program ready organizations because we recognize in rural in terms of rural organizations people at different readiness stages and so our intent here is to be equitable in terms of how.

329

00:32:39,240 --> 00:32:50,200
we are looking at these different proposals and we want to grow some of these really good ideas that are still in development and not just put everything into program ready organizations.

330
00:32:50,600 --> 00:32:54,520
But we do plan to fund all three of these as we move forward.

331
00:32:56,950 --> 00:33:00,710
Okay, just one last plug again on the websites.

332
00:33:00,950 --> 00:33:08,110
You can see the indirect rate guide, you can look at the appendices, you can just look at the direct healthcare funding and so forth.

333
00:33:08,110 --> 00:33:10,150
So please take a look at those.

334
00:33:10,390 --> 00:33:18,790
And with that, I'm going to stop sharing my screen and we will see what is in the questions that have come up.

335
00:33:19,350 --> 00:33:20,950
Yep, we have a few questions.

336
00:33:21,670 --> 00:33:31,110
One of them is, are you saying that we are required by CMS to justify and explain our indirect rate, even though CFR does not require that?

337
00:33:34,790 --> 00:33:46,230
CFR has pretty specific guidelines on how to calculate a modified total direct cost base, and it is our responsibility

338
00:33:46,890 --> 00:33:53,729
to ensure that is being calculated correctly in terms of what those costs are eligible and not eligible.

339
00:33:53,729 --> 00:33:57,370
So we will be audited to make sure that we do that.

340
00:33:57,769 --> 00:34:07,130
If you have a federal agreed rate, that letter typically identifies very specific criteria of what's included and not included.

341
00:34:07,130 --> 00:34:16,249
So we will be asking that for that letter so that we can understand as we validate and make sure that is being applied correctly.

342
00:34:19,090 --> 00:34:31,689
Okay, the next one, for the cost requirement, we capitalize projects greater than 50K if it's a capital project with individual items less than our individual capital purchase requirement.

343
00:34:32,209 --> 00:34:34,090
Hold on one second, it just got cut off.

344
00:34:36,090 --> 00:34:38,170
Everyone's using the Q&A and the chat.

345
00:34:38,650 --> 00:34:39,210
Hold on.

346
00:34:40,890 --> 00:34:42,210
Okay, hold on one second.

347
00:34:46,520 --> 00:34:49,960
excuse me, individual capital purchase requirement of 5 to 10K.

348
00:34:49,960 --> 00:34:56,360
Are those acceptable or do we need to ensure each item exceeds the individual capital purchase requirement?

349
00:34:56,680 --> 00:34:58,440
And I'd be happy to read that again.

350
00:34:59,560 --> 00:35:00,760
I think I understand that, Chris.

351
00:35:01,000 --> 00:35:12,360
I mean, ultimately, CMS requires that any assets that are purchased through the grant need to be tracked and

352
00:35:13,230 --> 00:35:18,430
because they need to be accounted for appropriately and disposed of correctly.

353
00:35:18,750 --> 00:35:32,670
And so the reason it gets a little finicky is because it's either $10,000 or less if your capitalization policy determines that a piece of equipment is capitalized at a lower rate.

354
00:35:32,670 --> 00:35:37,790
Some organizations have a threshold of $5,000 in a useful life of more than X.

355
00:35:38,190 --> 00:35:38,990
And so

356
00:35:40,220 --> 00:35:41,260
That's the nuance.

357
00:35:41,260 --> 00:35:46,860
But ultimately in our budget, we will ask for you to list all of your capital items.

358
00:35:47,180 --> 00:35:59,420
And that is merely meant so that we can be prepared and preparing the contract and the award to have that as an addendum because we are required to list all of those moving forward.

359
00:35:59,820 --> 00:36:05,500
The good news is that typically you have to get CMS approval for capital for these equipment purchases.

360
00:36:06,020 --> 00:36:13,700
We have been told that CMS does not need to see them and review all of them, which is good because now that's just an extra layer of time that was on this project.

361
00:36:13,940 --> 00:36:18,020
But we still need to per federal rules, track them and identify them.

362
00:36:18,620 --> 00:36:25,620
And we will work with those organizations that are unfamiliar with the type of tracking that needs to be done and we can help them put in some processes.

363
00:36:27,700 --> 00:36:41,220

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

364
00:36:42,500 --> 00:36:43,780
Can you say it one more time, Chris?

365
00:36:44,530 --> 00:37:02,090
Do you anticipate any learning collaboratives or alternative connection orientation strategies to develop any value-based payment models or community-connected care coordinating strategies for this funding?

366
00:37:02,500 --> 00:37:17,300
So we originally were thinking about putting the value-based care component into this RFA, but we decided to take it out because we are going to be doing a more comprehensive approach and support for value-based care to support hospitals.

367
00:37:18,100 --> 00:37:20,100
And that's going to look in different ways.

368
00:37:20,100 --> 00:37:30,020
One is working to provide some technical assistance for hospitals and organizations and preparing for or building up their value-based care and what's happening.

369
00:37:30,340 --> 00:37:32,380
A lot of the projects that you actually

370
00:37:32,500 --> 00:37:36,660
see in this RFA support value-based care in terms of population health.

371
00:37:37,700 --> 00:37:52,820
But also go north is also, you know, David, Chuni is in charge of financial sustainability and there is some work being done to look at our Medicaid program and how do we transition that more to a value-based program.

372
00:37:53,380 --> 00:38:01,700
And so there'll be some work done in collaboration with the hospital association and the hospitals in terms of value-based care, looking at this program.

373

00:38:02,620 --> 00:38:04,780
and much work to be done.

374
00:38:05,180 --> 00:38:10,940
This is really just the beginning phases of this discussion, but I believe the answer to that question is yes.

375
00:38:12,780 --> 00:38:13,420
Excellent.

376
00:38:14,140 --> 00:38:20,380
Is this grant funding required to comply to the BABA Act, BABA?

377
00:38:21,900 --> 00:38:31,340
My understanding, BABA relates to infrastructure projects and so as the foundation,

378
00:38:32,190 --> 00:38:34,870
support, we aren't doing any infrastructure as I noted.

379
00:38:34,870 --> 00:38:38,910
And so from my understanding of the regs, this doesn't apply to us.

380
00:38:40,190 --> 00:38:43,070
And so that's a question we can relate to go north.

381
00:38:43,070 --> 00:38:45,150
I think the CDFA would be more involved in that.

382
00:38:45,630 --> 00:38:50,910
But I had heard it is not, but I don't want to commit to that because that's not my area of expertise.

383
00:38:52,230 --> 00:38:56,670
Okay, the next question, who will be scoring the proposals?

384
00:38:58,930 --> 00:39:07,330
We are identifying subject matter experts that are aware of or involved in areas of these applications.

385
00:39:07,970 --> 00:39:14,450

We are working to make sure that they are not sort of adding any bias or involved in any organization.

386
00:39:14,450 --> 00:39:18,210
So we're doing a lot of work to identify individuals.

387
00:39:18,290 --> 00:39:26,050
Our hope is to have multiple people with different specialties supporting the scoring of these applications.

388
00:39:26,420 --> 00:39:52,980
The foundation was going to be involved, just to be transparent, the foundation was going to be involved in the scoring, but we are actually working more into a facilitating role and making sure that we are more the body that is providing oversight and making sure that we're following the federal rules, making sure that this is scored in a compliant way and making sure that we're really paying attention to the federal requirements in terms of what is necessary for them.

389
00:39:53,420 --> 00:39:55,300
And ultimately, just so the group knows,

390
00:39:55,950 --> 00:40:03,310
we submit these to Go North and we do not have the authority to actually approve these awards.

391
00:40:03,310 --> 00:40:12,510
Go North approves them and then we can work with the subrecipients of those awardees and then execute the contracts, issue the award letters and so forth.

392
00:40:13,630 --> 00:40:13,990
Thank you.

393
00:40:14,910 --> 00:40:19,550
One of the questions is what is the new word count for the sustainability and long-term value document?

394
00:40:19,790 --> 00:40:22,750
And I believe we've increased it to 800 words.

395
00:40:24,620 --> 00:40:28,300
And the other question is, when will the portal be open?

396
00:40:28,620 --> 00:40:30,380
It looks like it's already live.

397
00:40:31,100 --> 00:40:35,620
I will say with the caveat that yes, the link is on our website.

398
00:40:35,620 --> 00:40:37,580
We just posted it, but we're waiting.

399
00:40:37,660 --> 00:40:43,420
We have to have Go North announce it before we can publicly announce that the application is live.

400
00:40:44,460 --> 00:40:46,780
So it's all about timing.

401
00:40:47,360 --> 00:40:48,200
unfortunately.

402
00:40:48,760 --> 00:40:50,440
We just went too fast, Chris.

403
00:40:50,920 --> 00:40:53,960
Well, you know, I just I wanted to get it up there as soon as possible.

404
00:40:54,440 --> 00:40:54,880
That's good.

405
00:40:56,520 --> 00:41:00,040
But you know, if you happen to see it on the website, then oops.

406
00:41:02,080 --> 00:41:03,880
This is the right stakeholder group, at least.

407
00:41:04,040 --> 00:41:04,600
Exactly.

408
00:41:04,760 --> 00:41:05,080
OK.

409

00:41:05,160 --> 00:41:13,400
So the next question is, can you talk about whether health monitoring with assistive technology and smart home technology may fit in here?

410
00:41:13,640 --> 00:41:17,200
The RFP seems to be primarily about infrastructure and

411
00:41:17,320 --> 00:41:24,040
systems for the staff rather than on assistive technology for independent community living or smart home integration.

412
00:41:24,400 --> 00:41:26,600
I'm not going to go into that level of detail, Chris, for this.

413
00:41:26,600 --> 00:41:27,640
Okay, perfect.

414
00:41:28,440 --> 00:41:30,920
We can do that.

415
00:41:31,600 --> 00:41:32,600
And let's see, we got...

416
00:41:32,640 --> 00:41:36,280
Well, there's a question here I'll tackle because I think this is a question that we've been getting.

417
00:41:37,710 --> 00:41:45,870
For the provider payments, direct care services guidance, if we're launching a new service that will expect to become reimbursable, we currently have no way to bill for it.

418
00:41:45,870 --> 00:41:50,590
Example, payer enrollment, credentialing, contracting is in place yet and could take months or years.

419
00:41:50,590 --> 00:41:56,390
Can the cost of delivering that service during the ramp up period be included in the budget as a non-reimbursable cost?

420
00:41:57,070 --> 00:41:58,590
So couple things here.

421
00:41:58,910 --> 00:42:04,270
The examples to me are unique because

422
00:42:05,990 --> 00:42:09,270
Just because you can't bill for it doesn't mean it's not reimbursable.

423
00:42:09,590 --> 00:42:22,390
And so if there is a service that is not reimbursable, a great example is mobile integrated health as a service that's being provided that the payers and Medicaid, there are models being developed to help reimburse that.

424
00:42:22,710 --> 00:42:26,150
And so eventually that is gonna be a reimbursable services.

425
00:42:26,310 --> 00:42:35,870
And so we do wanna see those and we will support the building of those programs, but as they become reimbursable, it'll be considered program revenue.

426
00:42:36,070 --> 00:42:41,030
as the federal rules define what program revenue is to offset that grant.

427
00:42:41,510 --> 00:42:44,870
So that's an example where something is not reimbursable today.

428
00:42:46,470 --> 00:42:54,550
Just because, and I'll be a little direct online, I apologize, just because you don't have the payer enrollment set up or the credentialing or the contracting in place,

429
00:42:54,970 --> 00:42:58,730
to bill for it, that is still considered a reimbursable service.

430
00:42:59,050 --> 00:43:03,770
Now, this is specific to though the provider providing the service.

431
00:43:04,090 --> 00:43:11,530
We can fund and help support the building of a payer enrollment because that's part of this new.

432
00:43:11,880 --> 00:43:21,240

program that you're establishing, we can support the areas around the credentialing and contracting to help you build that program.

433
00:43:21,400 --> 00:43:26,840
We just can't pay for if it's already a reimbursable service or can be reimbursable if you're able to bill for it.

434
00:43:27,080 --> 00:43:31,400
We can't bill for the provider component and the provider time for delivering that service.

435
00:43:31,440 --> 00:43:32,520
So hopefully that was helpful.

436
00:43:33,920 --> 00:43:35,960
OK, let me just switch back.

437
00:43:40,000 --> 00:43:49,080
Okay, this one is in regards to the RFA being centered around access technology and sustainability.

438
00:43:50,040 --> 00:44:01,560
Is there a significant opportunity here for programs that support clinicians at multiple critical access and rural acute care hospitals throughout the state ensuring ongoing access?

439
00:44:01,720 --> 00:44:04,760
So specifically talking about peer support programs.

440
00:44:05,810 --> 00:44:11,250
that allow rural hospitals to continue and retain clinicians and thereby provide access to people in the state.

441
00:44:13,330 --> 00:44:25,250
I will just, I'll respond to this by indicating that our RFA outlines kind of what we're scoring, the transformational nature of it, the sustainability of it, the impact to rural communities.

442
00:44:25,490 --> 00:44:32,930
And so also program regional aspects of this is something that we're looking for in partnerships.

443
00:44:33,440 --> 00:44:40,720

Also, right, aligning with the budget and making sure that the budget aligns to what's being requested and the size and impact of this project.

444
00:44:41,480 --> 00:44:43,480
And so at the end of the day, that's what we're scoring.

445
00:44:43,480 --> 00:44:49,520
I can't speak to the specific programs, but at the end of the day, yes, we're looking for collaboration.

446
00:44:49,920 --> 00:44:51,520
Yes, we're looking for partnerships.

447
00:44:52,760 --> 00:45:01,600
And those programs or those ideas that relate to those, we've outlined some examples in our addendum and we've also articulated in the RFA kind of what we're looking for.

448
00:45:03,520 --> 00:45:05,360
And I think we have one hand up.

449
00:45:05,360 --> 00:45:06,800
Give me one second to.

450
00:45:07,520 --> 00:45:08,560
This is Richard.

451
00:45:14,560 --> 00:45:14,800
Rich.

452
00:45:15,120 --> 00:45:16,880
Rich is not allowed to ask any questions.

453
00:45:16,920 --> 00:45:17,280
He's not.

454
00:45:17,280 --> 00:45:17,920
OK, he's not allowed.

455
00:45:17,960 --> 00:45:20,720
Do you not mind to unmute his mic?

456
00:45:21,680 --> 00:45:22,320
Yeah, he can.

457
00:45:22,400 --> 00:45:22,880
We'll get you.

458
00:45:23,440 --> 00:45:24,160
Can we unmute it?

459
00:45:25,080 --> 00:45:25,760
Allow Mike.

460
00:45:25,760 --> 00:45:26,400
Let's see.

461
00:45:27,000 --> 00:45:27,280
OK.

462
00:45:27,440 --> 00:45:27,680
All right.

463
00:45:27,680 --> 00:45:28,080
There you go.

464
00:45:28,080 --> 00:45:28,400
Richard.

465
00:45:28,400 --> 00:45:28,960
You're live.

466
00:45:30,130 --> 00:45:30,610
All right.

467
00:45:30,650 --> 00:45:31,570
Thanks, Travis.

468
00:45:31,810 --> 00:45:35,650
I appreciate you guys going over this today.

469
00:45:35,650 --> 00:45:37,810

I have two questions.

470
00:45:39,170 --> 00:45:42,730
The first is about the 10% in the indirect rate.

471
00:45:43,970 --> 00:45:53,930
I'm not 100% how that's calculated, but I do know when I look at overhead as it goes through my cost report, it's a lot more than 10%.

472
00:45:53,970 --> 00:45:57,410
So could we use that as a justification?

473
00:45:57,570 --> 00:45:58,450
And then

474
00:45:58,920 --> 00:46:02,520
Just take the maximum 10%.

475
00:46:02,520 --> 00:46:15,600
No, unfortunately, no, but you can only because the modified total direct calculation excludes things like equipment and equipment can be a large.

476
00:46:15,600 --> 00:46:17,120
Depreciation and those things.

477
00:46:17,320 --> 00:46:19,080
Yeah, they can be a large component.

478
00:46:19,080 --> 00:46:28,800
However, you know, if you have a cost allocation method and those are administrative costs, you know, the indirect rate is just applied to

479
00:46:28,880 --> 00:46:31,240
to your modified indirect cost.

480
00:46:31,400 --> 00:46:34,600
Then we add administrative cost on top of that.

481
00:46:34,600 --> 00:46:40,600
And so presumably I could see it getting to 10% based on the calculation.

482

00:46:40,600 --> 00:46:45,480
And take a look at the, if you haven't, the guide that we have, because it walks you through it.

483
00:46:45,480 --> 00:46:51,080
First it applies the modified indirect rate, which is 15% to the eligible expenses.

484
00:46:51,390 --> 00:47:02,150
And then you calculate what your administrative costs are and those get added together to come up with what your total indirect and administrative costs are allowed.

485
00:47:03,190 --> 00:47:09,590
And so you are allowed administrative costs up to 10% is what we noticed.

486
00:47:10,440 --> 00:47:17,080
typically that 15% indirect when you actually do the math, it ends up being much lower because of equipment and the things that are excluded.

487
00:47:17,320 --> 00:47:24,040
But then on top of that, you have to add your administrative expenses like your overhead and so forth that gets added to that.

488
00:47:24,040 --> 00:47:33,560
And so that calculation is going to be based on your allocation and what you come up with as long as you're not duplicating expenses and that you can reasonably associate it with the project and the program that you're doing.

489
00:47:34,560 --> 00:47:35,800
Okay, thank you, Travis.

490
00:47:35,800 --> 00:47:37,960
And then I do have one other question.

491
00:47:37,960 --> 00:47:39,160
So Han.

492
00:47:39,650 --> 00:47:46,930
This RTF and I just want some clarification because we were thinking about doing multiple things.

493

00:47:47,250 --> 00:47:52,450
I can only submit one as the lead.

494
00:47:52,890 --> 00:47:53,970
Is that correct?

495
00:47:54,370 --> 00:47:54,770
Correct.

496
00:47:54,770 --> 00:48:03,810
For the program ready initiatives, if you want to do another one that's a project development application, you can do as many of those as possible.

497
00:48:03,810 --> 00:48:07,410
So for example, Rich, say you are ready, you have

498
00:48:07,890 --> 00:48:12,290
a plan, you have your partners, exactly what you want to do, and you're ready.

499
00:48:12,290 --> 00:48:13,650
You have the budget well understood.

500
00:48:13,650 --> 00:48:14,770
You're ready to roll it out.

501
00:48:14,770 --> 00:48:15,970
That's a project ready.

502
00:48:16,530 --> 00:48:17,610
That's one application.

503
00:48:17,610 --> 00:48:18,730
That's what you're limited to.

504
00:48:18,730 --> 00:48:24,290
Say you're thinking of projects that you want to develop more, but you don't have all the details associated with it.

505
00:48:24,290 --> 00:48:33,970

So you can send an application for funding to help you prep and prepare yourselves and put a better, more comprehensive project together for potential future year fundings.

506
00:48:34,730 --> 00:48:37,170
And that's just really just to allow

507
00:48:37,670 --> 00:48:46,790
equity amongst all the hospitals so that we're looking at all the ideas coming in, but also getting some really exciting ideas as well.

508
00:48:46,830 --> 00:48:49,430
Yeah, no, that sounds, that's fair.

509
00:48:49,510 --> 00:48:50,110
Thank you.

510
00:48:51,670 --> 00:49:04,310
Now, just to add to that though, like a parent organization can still be the lead and you can be a partner of that parent organization as well, or multiple critical access hospitals want to come together and collaborate on something.

511
00:49:05,150 --> 00:49:05,430
Great.

512
00:49:05,950 --> 00:49:09,470
So can there be multiple leads if that's the case?

513
00:49:10,350 --> 00:49:12,350
You can reach out to me if that is the case.

514
00:49:12,350 --> 00:49:16,430
Yeah, I'll reach out to you because something came up.

515
00:49:16,750 --> 00:49:17,670
So thank you.

516
00:49:17,670 --> 00:49:24,070
OK, I'm looking at that might be the end of the questions.

517
00:49:24,070 --> 00:49:25,790

Let me just check both of them.

518
00:49:32,750 --> 00:49:33,630
Hold on one second.

519
00:49:33,630 --> 00:49:35,230
Let me just read this one here.

520
00:49:37,570 --> 00:49:49,410
Okay, 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.

521
00:49:49,410 --> 00:49:50,530
internal departments?

522
00:49:50,690 --> 00:49:56,290
Or can you wait until funding year two or three to secure letters of support from regional departments?

523
00:49:56,290 --> 00:49:57,330
So this is a good question.

524
00:49:57,330 --> 00:50:01,810
And take a look at our examples that we provided also, right?

525
00:50:02,760 --> 00:50:13,160
We don't expect in a program development application, and this is what we mean by we'll be scoring these separately, like program development, but we do wanna hear about who are you thinking about partnering?

526
00:50:13,800 --> 00:50:16,520
What does that partnership that you're thinking about looks like?

527
00:50:16,520 --> 00:50:19,160
Where are you in that readiness stage with that partners?

528
00:50:19,160 --> 00:50:30,360
Maybe you have had conversations and there is a letter of support that says, yeah, we have talked, we're not sure yet what we're gonna do and what this looks like, but we are interested in working together.

529

00:50:30,880 --> 00:50:32,400
There's no formal, right?

530
00:50:32,400 --> 00:50:36,280
That's a planning that makes sense for planning development grant.

531
00:50:37,960 --> 00:50:44,000
However, if you're at a program ready stage, obviously that would look a lot different than we would expect a lot more concrete.

532
00:50:44,000 --> 00:50:47,640
And so, yeah, take a look at those examples.

533
00:50:48,200 --> 00:50:53,880
We talk a little bit about what the readiness looks like as it relates to different projects and speak a little bit to this.

534
00:50:59,300 --> 00:51:00,460
Just checking your questions again.

535
00:51:00,460 --> 00:51:01,380
Great questions, everyone.

536
00:51:01,380 --> 00:51:02,020
These are good.

537
00:51:03,410 --> 00:51:04,690
I think that's all we have.

538
00:51:06,450 --> 00:51:06,770
All right.

539
00:51:06,770 --> 00:51:07,890
Well, thank you all again.

540
00:51:07,890 --> 00:51:11,650
We will make sure that we have our FAQ out there.

541
00:51:11,650 --> 00:51:20,050
For those of you as a recap, we'll also have this session recorded in case you or anyone on your team want to take a look at it.

542
00:51:20,450 --> 00:51:21,770
We thank you all for your time.

543
00:51:21,770 --> 00:51:28,370
We're really excited to see what comes in for these applications and see the transformational nature of what comes in.

544
00:51:29,310 --> 00:51:57,510
And just to add to this, collaboration point that was made earlier, one of the things that the foundation will do once we have projects throughout the state, whether they're in project development, readiness, ready to go, we are going to be working to take these programs and really do learning collaboratives and show other organizations and hopefully teach other organizations how things are going or how one organization tackled this and how they were able to be successful.

545
00:51:57,510 --> 00:51:58,950
And so that's a big role

546
00:51:59,030 --> 00:52:16,750
the foundation as we work through these five years is to take these programs and these and what's happening in these transformational things and creating a learning environment for them so that other people can learn from the success and maybe the not so successful things and why wasn't it successful and what could have been done differently.

547
00:52:16,750 --> 00:52:18,190
So again, thank you.

548
00:52:18,190 --> 00:52:20,750
We look forward to seeing your applications.