

Rural Health Transformation Program
**Subrecipient Grant to Healthcare Providers to Purchase E-Consult
Technology**

Subrecipient activity #10

RHT_AHSCO_0006_FY26

Questions and Answers

1. Is there a vendor library where applicants can find information on available vendors to assist/be partners in this work?

No.

2. What is the total funding pool available under this Notice of Funding Opportunity, and is there a minimum or maximum award amount per grantee? How many awards does the Agency anticipate making?

The State will make awards based on the proposals received in consideration of available funding.

3. Can a non-provider entity (such as a health information exchange, accountable care organization, hospital system parent, or technology nonprofit) apply as a "provider consortium" if it is offering shared e-consult purchasing, leasing, or service to multiple Vermont primary care and specialist practices, or must the lead applicant itself be a clinical provider?

Provider consortiums represent or pursue the interests of their healthcare provider members.

4. For a multi-practice-site provider with both rural and urban ZIP code sites, is the 20 percent rural-patient threshold in Section 2.1.1 applied site-by-site or as a system-wide average?

The threshold is applied site-by-site.

5. Can two or more otherwise-eligible providers submit a joint application without forming a formal legal consortium (for example, via a memorandum of understanding), and if so, which entity must hold the Unique Entity Identifier and sign the grant agreement?

A single entity must be the lead applicant.

6. If a provider applies individually and is also named as a participating provider in a separate consortium application, will that result in disqualification of either application under Section 1.9(8) (non-duplication of subrecipient grant scope)?

Entities may be listed on multiple applications but can only be funded under a single award.

7. Does the Agency have a preferred or recommended e-consult platform, or a list of platforms that have already been validated as meeting the Section 2.2.1 interoperability and HIPAA requirements?

No.

8. Will the Agency consider applications proposing a single statewide platform shared across awardees?

Yes.

9. Are e-consult modules embedded within existing certified electronic health record systems (for example, Epic, athenahealth, OCHIN) considered eligible "e-consult technology" under Section 2.2.1, or must the platform be a standalone product?

Yes, provided it meets all eligibility/application requirements.

10. Are subscription and software-as-a-service license fees for the full 14-month performance period an allowable cost, or is funding limited to one-time purchase and implementation costs?

Yes, subscription and software-as-a-service license fees for the full 14-month performance period.

11. May grant funds cover recurring license costs in Years 2 through 5 if the grant is extended through option periods?

See section 1.3 award period.

12. Section 1.9(3) prohibits supplanting existing staff salaries, but Section 1.2 permits "startup program coordination costs that do not have an alternative funding source." Can applicants' budget for a new dedicated e-consult program coordinator position

hired specifically to support this initiative? Are clinician time costs allowable for initial training on the platform and for workflow design sessions?

Applicants should structure budgets that best allow them to implement the service requirements while conforming with the rules of eligibility. See section 1.9 funding restrictions.

13. Section 1.9(7) prohibits clinician salary support for facilities that subject clinicians to non-compete contractual limitations. Does this restriction apply only to the clinicians whose salaries are funded by the grant, or does the presence of any non-compete clause disqualify the entire facility from any award?

Facilities with clinician non-competes are not automatically disqualified from receiving an award. However, grant funds may not be used for clinician salary or wage support for clinicians who are subject to non-compete contractual limitations, consistent with the restrictions on specific uses of funds described in Section 1.9(7) of the NOFO.

14. Scoring Criterion 2 asks whether information generated during an e-consult encounter will be incorporated into the patient's longitudinal health record. Is the Agency's expectation that e-consult notes flow into the primary care electronic health record, the specialist electronic health record, both, or the Vermont Health Information Exchange?

Applicants should propose solutions that best meet the service requirements as outlined in this NOFO.

15. For Scoring Criterion 6 (Rurality), how should "unique patients" be defined and measured for a multi-site provider — by attribution panel, by visit count in the prior 12 months, or another method? What lookback period should applicants use?

Any unique individual served during calendar year 2025 as noted in the application questions.

16. Section 1.3 states that the subrecipient grant is contingent on funding and approval from the Centers for Medicare & Medicaid Services. What is the current status of CMS approval, and what risk should applicants assume regarding potential delay of the August 1, 2026 anticipated start date?

August 1, 2026 is the anticipated start date for these subrecipient grant agreements. The State is in consistent communication with CMS.

17. The NOFO directs applicants to submit narrative responses via a linked Microsoft Form (Section 5.2.1). Will the Agency post the form questions in advance so that applicants can prepare offline? Is there a page limit or word count limit per narrative response, and will applicants receive a confirmation upon submission?

The application is live and available via a link on page 9 section 4.6.1 of this NOFO. There are character limits noted in the application questions.

18. Will the Appendix A Budget Workbook be released as an editable Excel file with formulas, or as a static template?

Applicants should download the excel file and work with excel to allow for editing.

19. Are applicants permitted to add line items beyond those provided in the Budget Workbook?

Additional rows may be added within a category, but you cannot create new categories.

20. For applicants without a federally Negotiated Indirect Cost Rate Agreement, is indirect cost capped at the 10 percent de minimis rate, or may a higher rate be negotiated?

Subrecipients that do not have a current Federal Negotiated indirect costs rate (including provisional rate) may elect to charge a de minimis rate of up to 15 percent of modified total direct costs (MTDC). See 2 CFR 200.414 Indirect Costs for additional information.

21. Is there a time of day that an application is due by or is it assumed by Midnight on June 10, 2026?

11:59:59pm on June 10, 2026.

22. Is there a maximum funding limit to this grant or components to the grant as a portion of it is variable based on utilization and current EMR/Infrastructure setup for each participant?

The State will make awards based on the proposals received in consideration of available funding.

23. Is it the responsibility of the awarded organization to enlist UVM and Dartmouth Health Networks to participate in the eConsult platform or program? How will AHS assist in this collaborative effort to ensure maximum success and expected metrics?

Applicants may choose to engage with partners for this opportunity and applicants are responsible for coordinating with partners on their own behalf.

24. It seems that closed-loop referrals would be a critical component to an effective eConsult implementation. How are closed-loop referral existing technical challenges factored into this grant proposal and evaluation?

The State recognizes the need for a statewide close-loop referral platform and has defined an RHTP activity to support it; a Notice of Funding Opportunity is to be published soon.

25. 2.2.1 "Use of this e-consult technology must comply with applicable State of Vermont statutes."

a. Based on this statement, does the solution need to be interoperable with the Vermont HIE?

See section 2.2.1 Econsult technology and 2.2.2 supporting capabilities.

b. Does the Agency have a preferred or recommended e-consult platform, or a list of platforms?

No.

26. Are legal costs directly related to the purchase or lease of technology along with technical assistance agreements considered an allowable cost?

See 2 CFR 200 Subpart E – Cost Principles, 2 CFR Part 300 and NOFO section 1.9 Funding Restrictions.

27. We plan to use a regional accounting firm to handle all grant accounting, reporting, and compliance services directly related to the grant since we lack this expertise and resources within our organizations, would this be considered an allowable cost in year 1? And over the 5-year grant periods?

Yes, within the requirements/compliance pieces of this NOFO for year 1. See section 1.3 award period for details about future years.

28. We anticipate the need for ongoing technical support to effectively operationalize the systems capabilities, would these services be considered allowable in years 2-5?

See section 1.3 Award Period.

29. If we have ongoing subscription and software license fees, are there any limitation to these costs being allowed in years 2-5 for existing participating organizations?

See section 1.3 award period for details about future years.

30. For grant funding in years 2-5, grant funds cover recurring costs in Years 2 through 5 for existing organizations, new participating organizations, or both?

See section 1.3 award period for details about future years.

31. Are equivalent staff and clinician costs directly related to training an allowable cost?

See section 2.2.3 Technical Assistance and Training as well as 1.9 Funding Restrictions and 2.3 Compliance Requirements.