Rural Health Transformation Program

Subrecipient Grant for Shared Human Resources Information System (HRIS) for Healthcare Providers

Subrecipient activity #8

RHT_AHSCO_0005_FY26

Questions and Answers

1. Section 1.7 references the total Rural Health Transformation financial assistance award, but the NOFO does not state the funding available for this subrecipient activity (Activity #8). Will the Agency confirm the total funding allocated to this opportunity, the anticipated number of awards (i.e., whether a single statewide award or multiple awards are contemplated), and any minimum or maximum award amount per applicant?

   No.

2. Will the Agency apply the subrecipient-versus-contractor determination under 2 CFR 200.331 to applicant consortiums? Specifically, where an applicant primarily channels grant funds to commercial vendors providing goods or services in a competitive market, will the applicant be classified as a contractor — subject to full competitive-procurement requirements — rather than as a subrecipient?

   The State has completed a subrecipient vs. contractor form for this NOFO and the resulting agreement(s) between the State and applicant(s) will be subrecipient grants. Subrecipient(s) must follow their procurement procedures and be in compliance with Federal and State requirements.

3. Section 2.1 limits eligibility to “provider consortiums.” Will the Agency clarify (a) the minimum number of participating healthcare providers required to constitute an eligible consortium; (b) whether the consortium must be an existing legal entity at the time of application or may be formed for purposes of this opportunity; and (c) whether the lead applicant must itself be a Vermont located healthcare provider, or whether a non-provider organizing, technology, or management entity may apply on behalf of the consortium?
   a. Provider consortiums represent or pursue the interests of their healthcare provider members.
   b. See section 2.1 eligibility.
   c. See section 2.1 eligibility.

4. Section 1.9(9) states that rurality eligibility criteria will be determined in collaboration with AHS and are subject to CMS approval. Will the Agency identify the definition of “rural” that will apply, and confirm whether non-rural providers and the tertiary care hospitals referenced in Section 2.2.1 may participate in the shared HRIS and be counted toward the reporting metrics?

   The information available is captured in section 1.9 Funding Restrictions.

5. Section 1.2 states that provider participation in the shared HRIS is voluntary. Will the Agency confirm whether participating providers must be identified and committed at the time of application (e.g., through letters of commitment or memoranda of understanding), or whether providers may be enrolled during the implementation period?

   Applicants should present approaches that best allow them to deliver the services outlined in this NOFO.

6. Section 2.2.2 permits related hardware, system integration, and cybersecurity infrastructure, while Section 1.9(4) prohibits costs that materially increase the value or useful life of capital. Will the Agency clarify which categories of hardware and infrastructure (e.g., servers, network equipment,end-user devices) are allowable under Section 2.2.2, and how it distinguishes allowable supporting capabilities from non-allowable capital costs?

   See section 2.2.2 Supporting Capabilities (Non-Broadband) and section 1.9 Funding Restrictions Applicants may also review 2 CFR 200 and 2 CFR 300.

7. Section 1.9(3) prohibits supplanting existing funding of services such as staff salaries. Will the Agency confirm whether the salaries or wages of net-new personnel dedicated to HRIS planning, implementation, project management, and governance are allowable direct costs, and how it distinguishes such costs from non-allowable supplanting of existing HR staff?

   Subrecipients must submit budgets and proposals that demonstrate their ability to follow compliance requirements and adhere to funding restrictions.

8. Section 1.9(8) provides that grant scope and funding may not be duplicative of other RHT subrecipient grant opportunities. Will the Agency identify the other RHT subrecipient activities that may overlap with shared HRIS functions (e.g., shared EHR or workforce initiatives), so that applicants can structure scope to avoid duplication?

   Applicants should be familiar with the opportunities they have applied for and develop proposals that are in compliance with funding restrictions.

9. Section 1.3 requires that Year 1 funds be fully spent by September 30, 2027. Will the Agency confirm whether multi-year or prepaid software licensing or subscription costs (e.g., SaaS HRIS licensing) are allowable when the license term extends beyond September 30, 2027, and how subscription costs associated with the potential option periods should be treated in the Year 1 budget?

   See section 1.3 Award Period.

10. Will the Agency cap the share of grant funds usable for administrative, management, overhead, and indirect costs, as distinct from direct investment in the HRIS platform and direct benefit to participating Vermont providers? Where an applicant consortium pays management or service fees to an affiliated, member-owned, or contracted management entity, are those fees allowable, and what controls will the Agency apply to prevent grant funds from accruing as retained surplus or margin to such an entity or its commercial vendor partners?

    Subrecipients must submit budgets and proposals that demonstrate their ability to follow compliance requirements and adhere to funding restrictions. Subrecipients should familiarize themselves with 2 CFR 300 and 2 CFR 200. For information on Internal Controls see 2 CFR 200.303.

11. Appendix C (Grant Award Detail) references an indirect rate that may be an approved rate or 10% de minimis, and Section 4.6.4 requires a NICRA only "if applicable." Will the Agency confirm that applicants without a federally negotiated indirect cost rate may apply the 10% de minimis rate, and indicate how indirect costs should be presented in the Appendix A Budget Workbook?

    Subrecipient(s) that do not have a current Federal negotiated indirect cost 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.

12. Under the Qualifications/Experience criterion (25 points), will the Agency confirm whether the qualifications, experience, and past performance of consortium member organizations and proposed or contracted vendors will be considered, or whether evaluation is limited to the experience of the lead applicant entity — particularly where the consortium is newly formed for this opportunity?

    Applicants should submit proposals that best demonstrate their ability to deliver the service.

13. After RHT funding ends, what ongoing subscription, membership, or service fees will participating providers be expected to pay to the consortium or its managing entity to continue using the HRIS?

    Applicants should present solutions to this as part of their Sustainability Plan. See section 2.2.1.

14. In connection with the Sustainability Plan criterion, will the Agency review these post-grant fee structures as a condition of award, and require disclosure of projected per-provider costs?

    The State will review applications including criterion 3 Sustainability Plan.

15. Section 2.4 requires reporting of Metric 2, the number of unique patients served by providers using the shared HRIS. Because an HRIS supports workforce functions and does not directly interact with patients, will the Agency clarify the methodology it expects for attributing patient counts (e.g.,whether patient counts are derived from the total patient panels of participating providers during the reporting period)?

    Patient counts must be derived from the total patient panels of participating providers during the reporting period.

16. Sections 4.6 and 5.2 reference a linked Microsoft Form online application and the Appendix A Budget Workbook. Will the Agency (a) provide the link or location for the online application form and the Budget Workbook; (b) confirm whether any page, word, or character limits apply to the narrative portions of the application; and (c) identify where applicants may obtain the Standard Contract Form and its attachments referenced in Section 4.5 in order to note any exceptions?

    a. The Budget Workbook is attached as Appendix A on the bid registry. The application link can be found in section 5.2 Application Submission Instructions.
    b. Follow the link to the application.
    c. Section 4.5 is in reference to Attachments C, E, F, and G (if applicable). Application must propose exceptions as part of their submission but the State is not obligated to accept any exceptions to terms and conditions.

17. Can you perhaps answer for me how many employees will be on the system in total? I see that it will be mandatory and I can clearly understand the scope of the modules but there does not seem to be any data about how many user, FEIN's,

and locations. The data points behind the scope would be very helpful for all the motions to complete your response.

Applicants should submit proposals that best demonstrate their ability to deliver the service. Healthcare provider participation in the shared HRIS will be voluntary.

18. Will payroll be handled in the new system or through a third-party provider?

    Applicants should submit proposals that best demonstrate their ability to deliver the service.

19. If payroll will handled in the new system, how many employees will be paid through payroll?

    Applicants should submit proposals that best demonstrate their ability to deliver the service.

20. How many total workers will be supported through the new system?

    Applicants should submit proposals that best demonstrate their ability to deliver the service.

21. Do you anticipate providing unique system configurations for each Healthcare provider, or will you use a standardized configuration template that each provider will adopt?

    Applicants should submit proposals that best demonstrate their ability to deliver the service.

22. So as to provide the most thorough response, we would kindly request a two-week extension on the submittal deadline.

    No.

23. Can you please define “practice site”?

    The physical location of a healthcare provider.

24. Are organizations required to have an office in Vermont in order to submit a proposal?

    See section 2.1 Eligibility.