



**State of Vermont Agency of Human Services**  
280 State Drive | Waterbury, VT 05676

**Rural Health Transformation Program**  
**Subrecipient Grant to Create a Centralized Tool to Guide Interfacility Transfers**

**Subrecipient activity #3**

**RHT\_AHSCO\_0010\_FY26**

**Questions and Answers:**

1. The NOFO references **Appendix A – Budget Template.xlsx** as an attachment. The attachment link on the Vermont Business Registry returns an **HTTP 404 ("Not Found")** error when accessed using Microsoft Edge (as recommended in the NOFO) and other browsers.

Could the State please provide a corrected Appendix A Budget Template or issue an updated attachment?

We have fixed this issue; here is a link to the [RHTP Appendix A: Grant Budget Template](#)

2. The NOFO describes statewide interfacility transfer coordination and capacity management solution while also emphasizing the expansion of existing care coordination capabilities and interoperability across healthcare organizations.

Would the State consider a solution that extends existing care coordination capabilities beyond interfacility transfers to support additional statewide care coordination workflows? Provided that all required interfacility transfer objectives are fully addressed?

i.e. post-discharge coordination, EMS/Mobile Integrated Healthcare workflows, behavioral health coordination, telehealth coordination, and community-based care

Applicants should develop proposals that best allow them to meet the service requirements in accordance with the requirements of the funding source for this NOFO.

3. Could the State clarify the expected implementation scope under this award?

Specifically, is the expectation to complete statewide production deployment during the grant period, or does the State anticipate a phased implementation beginning with feasibility assessment, planning, and pilot deployment followed by broader implementation?

The State anticipates a phased implementation beginning with feasibility assessment, planning, and pilot deployment followed by broader implementation

4. The NOFO refers to the successful applicant as a "subrecipient" and references subrecipient reporting and compliance requirements. However, the scope of work consists of defined professional consulting and planning services with specified deliverables. Please confirm whether a for-profit vendor of professional services may be engaged as a contractor/vendor providing services funded under the award, rather than as a federal subrecipient, as those terms are distinguished under 2 CFR 200.331.

If so, please confirm that the contractor would not be subject to subrecipient-specific requirements under 2 CFR Part 200, notwithstanding any contract administration, reporting, or other requirements that Vermont may impose on contractors.

The awardee will be considered a subrecipient and will be subject to the terms outlined in the NOFO

5. Can AHS clarify the expected budget for this RFP?

Award amounts will be issued in the best interest of the State.

6. Is there an incumbent organization currently operating or coordinating statewide interfacility transfer services? If so, who is the incumbent?

No

7. Are there existing statewide transfer coordination technologies or platforms currently in use that applicants are expected to leverage?

At present, there is no required statewide transfer coordination technology or platform that applicants must leverage. However, applicants should recognize that this initiative is intended to align with and support Vermont's broader statewide health information technology strategy, including the Statewide Electronic Medical Record (EMR) NOFO.

8. Will proposals that recommend enhancing an existing commercial platform be viewed more favorably than proposals that recommend developing new capabilities?

Applicants should develop proposals that best allow them to meet the service requirements in accordance with the requirements of the funding source for this NOFO.

9. Will interviews, oral presentations, demonstrations, or finalist discussions be conducted as part of the evaluation process?

Interviews, oral presentations, demonstrations, or finalist discussions are not part of the evaluation process for this NOFO. Applications will be evaluated based solely on the materials submitted in response to the NOFO and in accordance with the evaluation criteria identified therein.

10. Can the State provide any additional information regarding how ties in scoring will be resolved?

The NOFO does not establish a separate tie-breaking methodology. If two or more applications receive the same final score, the State may consider additional factors consistent with the NOFO, applicable procurement requirements, and the best interests of the State when making a final award determination.

11. Under the Qualifications criterion, what constitutes "statewide healthcare planning initiatives"? Would multi-state implementations satisfy this requirement?

"Statewide healthcare planning initiatives" refers to projects involving the planning, design, implementation, or coordination of healthcare initiatives that span an entire state or are intended to support statewide healthcare delivery, coordination, or system transformation.

Experience leading or supporting comparable multi-state implementations may be considered responsive to this criterion if the applicant clearly demonstrates how that experience is relevant to the scope, complexity, and objectives of this NOFO. Applicants should describe the applicability of their experience in their application.

12. Is the expectation that the selected applicant performs only planning and Year 1 implementation, or will the organization also be expected to operate the statewide transfer coordination function in future option years?

The scope of this NOFO is limited to the activities described within the solicitation, including planning and implementation activities identified for the period of performance. Any future operational services or subsequent phases would be subject to future State determinations, funding availability, and any applicable procurement requirements.

13. Can the State clarify the expected boundary between the planning activities and the Year 1 implementation activities?

Planning activities are expected to include assessment, stakeholder engagement, governance, workflow design, technical architecture, implementation planning, and other foundational activities necessary to support successful deployment of the statewide interfacility transfer coordination solution.

Year 1 implementation activities are expected to include execution of the approved implementation plan, including solution configuration, integration, testing, pilot or phased deployment activities as appropriate, user training, and other implementation tasks identified in the applicant's proposed approach. Applicants should clearly describe how planning activities will inform and transition into implementation within the proposed project timeline.

14. What specific functionality is expected to be operational during the required Year 1 implementation with at least one independent hospital?

The State expects the Year 1 implementation to result in a functional deployment of the proposed statewide interfacility transfer coordination solution with a local tertiary hospital/network and at least one independent Critical Access or Rural Hospital. At a minimum, the implementation should demonstrate the core capabilities necessary to support interfacility transfer coordination as proposed by the applicant and consistent with the objectives of the NOFO.

15. Is successful implementation with one independent hospital considered the minimum acceptable outcome, or should applicants propose implementation with multiple organizations if feasible?

Applicants should develop proposals that best allow them to meet the service requirements in accordance with the requirements of the funding source for this NOFO.

16. Does the State anticipate issuing future procurements for statewide technology implementation following completion of this grant?

Any future activities will be subject to the availability of funding, including Rural Health Transformation Program (RHTP) funding, State priorities, and applicable procurement requirements.

17. How much flexibility do applicants have to recommend modifications to the envisioned statewide operating model if stakeholder engagement identifies a superior approach?

Applicants should develop proposals that best allow them to meet the service requirements in accordance with the requirements of the funding source for this NOFO.

18. What care coordination platform(s) currently support Vermont's transfer coordination activities?

There is no single statewide care coordination platform currently supporting interfacility transfer coordination across Vermont. Hospitals and health systems utilize a variety of technologies, workflows, and processes to manage transfer coordination based on their individual operational needs and technology environments.

Applicants are encouraged to conduct their own due diligence to understand the current landscape and identify the technologies, partnerships, and workflows most relevant to their proposed project.

19. Which organizations currently participate in existing care coordination infrastructure?

Participation in care coordination activities and supporting technologies varies across hospitals, health systems, provider organizations, and community partners.

20. Which organizations are specifically considered "independent organizations" for purposes of this project?

For purposes of this NOFO, "independent organizations" refers to Vermont hospitals that are not part of an integrated health system. Applicants should use the list of Vermont independent hospitals as the basis for identifying eligible independent hospital participants and should describe their proposed approach accordingly.

21. Can the State provide an inventory of:

- Acute care hospitals
- Critical access hospitals
- Specialty hospitals
- EMS agencies
- Transfer centers
- Post-acute providers
- Rural clinics
- Community organizations expected to participate

The State will not provide a comprehensive inventory of participating organizations as part of this NOFO. Applicants are expected to conduct their own due diligence to identify and engage the healthcare providers, organizations, and other stakeholders relevant to their proposed approach.

22. Are there existing governance bodies overseeing statewide care coordination that applicants should engage?

No. There are no existing statewide governance bodies specifically overseeing interfacility transfer coordination or statewide care coordination.



23. Has Vermont previously completed assessments or strategic plans regarding statewide transfer coordination that can be shared?

The State does not have publicly available statewide assessments or strategic plans specific to interfacility transfer coordination that can be shared for purposes of this NOFO. Applicants should rely on the information provided in the NOFO and conduct their own due diligence to inform their proposed approach.

24. Does the State have an anticipated stakeholder list or steering committee already identified?

The State has not identified a formal stakeholder list or steering committee for this project.

25. Approximately how many stakeholder meetings should applicants anticipate conducting?

Applicants should determine the number and format of stakeholder meetings necessary to support a comprehensive and inclusive planning process.

26. Will AHS assist in convening healthcare organizations and executive leadership?

Yes.

27. Are letters of support expected from organizations beyond formal letters of commitment?

No. Letters of support from organizations beyond any required letters of commitment are not required under this Notice of Funding Opportunity (NOFO). However, applicants may include additional letters of support if they believe they strengthen their application and demonstrate stakeholder engagement and organizational commitment.

28. Will CMS representatives participate in governance or project oversight?

No, but the Agency is subject to all applicable federal reporting requirements associated with the Rural Health Transformation Program, including regular programmatic and financial reporting to CMS.

29. What level of patient and family engagement is expected during planning?

Applicants should develop proposals that best allow them to meet the service requirements in accordance with the requirements of the funding source for this NOFO.

30. Are Tribal organizations or neighboring state healthcare organizations expected participants?

Applicants should develop proposals that best allow them to meet the service requirements in accordance with the requirements of the funding source for this NOFO.

31. Does Vermont currently maintain a statewide Health Information Exchange that applicants should leverage?

Yes. Vermont currently maintains a statewide Health Information Exchange that applicants should consider leveraging, as appropriate, to inform the planning process and support data sharing and analysis consistent with the goals of the project.

32. Which interoperability standards are preferred?

- HL7
- FHIR
- Direct Messaging
- TEFCA
- Other?

Applicants should align their proposed interoperability approach with Vermont's Health Information Technology Plan and applicable national interoperability standards. The proposed approach should be compatible with Vermont's statewide Health Information Exchange and support future interoperability needs.

33. Which EHR vendors are currently deployed across Vermont hospitals?

Vermont hospitals utilize a variety of electronic health record (EHR) systems. Major health networks, as well as some independent hospitals, use Epic, while other hospitals utilize systems such as MEDENT, Oracle Health (Cerner), MEDITECH, and other EHR platforms.

34. Does the State envision a centralized technology platform or a federated architecture?

Applicants should develop proposals that best allow them to meet the service requirements in accordance with the requirements of the funding source for this NOFO.

35. Are applicants expected to evaluate commercial off-the-shelf transfer center platforms?

Applicants should develop proposals that best allow them to meet the service requirements in accordance with the requirements of the funding source for this NOFO.

36. Is real-time bed management considered part of this effort or limited to transfer coordination?

Applicants should develop proposals that best allow them to meet the service requirements in accordance with the requirements of the funding source for this NOFO.

37. Will GIS integration be expected?

Applicants should develop proposals that best allow them to meet the service requirements in accordance with the requirements of the funding source for this NOFO.

38. Are statewide identity management services already available?

Yes. The Vermont Health Information Exchange (VHIE) provides statewide identity management capabilities, including patient identity matching and record linkage to support the secure exchange of health information across participating organizations. While organizations may maintain their own local identity management systems, statewide identity services are already available through the VHIE infrastructure.

39. What cybersecurity framework should the future architecture align with?

Applicants should develop proposals that best allow them to meet the service requirements in accordance with the requirements of the funding source for this NOFO.

40. Will cloud-hosted solutions be acceptable?

Applicants should develop proposals that best allow them to meet the service requirements in accordance with the requirements of the funding source for this NOFO.

41. Are there State preferences regarding FedRAMP, StateRAMP, HITRUST, SOC 2, or other security certifications?

Applicants should develop proposals that best allow them to meet the service requirements in accordance with the requirements of the funding source for this NOFO.

42. Does Vermont currently maintain statewide EMS resource visibility?

No. Vermont does not currently maintain statewide EMS resource visibility.

43. Are EMS dispatch systems expected to integrate with the future solution?

Yes.

44. What transportation providers should be included?

The awardee will receive guidance from the State on how to engage with transportation providers through existing relationships, stakeholder structures, and established coordination processes.

45. Should applicants evaluate both emergency and non-emergency medical transportation?

Applicants should develop proposals that best allow them to meet the service requirements in accordance with the requirements of the funding source for this NOFO.

46. Does Vermont currently have transportation capacity metrics available?

No.

47. How should applicants address cross-state patient transport?

Applicants should develop proposals that best allow them to meet the service requirements in accordance with the requirements of the funding source for this NOFO.

48. Does AHS have preferred templates for:

- Governance Framework
- Sustainability Plan
- Implementation Roadmap
- Performance Framework

No.

49. Approximately how detailed should the technology architecture be?

Applicants should develop proposals that best allow them to meet the service requirements in accordance with the requirements of the funding source for this NOFO.

50. Should applicants include estimated implementation costs beyond Year 1?

No.

51. Will the Final Report become public?

Yes.

52. Is the State expecting implementation-ready procurement documentation as part of the final deliverables?

See Section 2.2.3.

53. Has the State identified baseline measures for:

- Transfer times
- ED boarding
- Bed utilization
- EMS response impacts
- Capacity visibility

No

54. Are applicants expected to establish baseline metrics independently?

Applicants should develop proposals that best allow them to meet the service requirements in accordance with the requirements of the funding source for this NOFO.

55. Are there CMS reporting requirements that should be incorporated into the evaluation framework?

See Section 2.4 Reporting Requirements.

56. Are indirect costs allowable using the applicants federally negotiated rate?

Yes

57. Is travel reimbursable?

See Section 2.2 Services and Section 1.8 Funding Restrictions

58. Are software licensing costs allowable during the implementation period?

See Section 2.2 Services and Section 1.8 Funding Restrictions

59. Are subcontractor costs subject to any limitations?

Applicants need to adhere to all federal requirements outlined in [2 CFR Part 200](#) when developing their budgets

60. Can Year 1 funding be used for pilot software deployment?

See Section 2.2. and Section 1.8 Funding Restrictions

61. Are future option years expected to be funded at similar levels?

The State will make year by year assessments based on available funding.

62. Does AHS envision the statewide transfer coordination entity becoming self-funded?

See Sections 2.2.2. and 2.2.3

63. Should applicants evaluate subscription-based sustainability models?

Applicants should develop proposals that best allow them to meet the service requirements in accordance with the requirements of the funding source for this NOFO.

64. Is legislative action anticipated to support statewide governance?

No.

65. Are hospitals expected to contribute financially following the grant period?

See Sections 2.2.2. and 2.2.3

66. What assumptions should applicants make regarding long-term State financial support?

See Sections 2.2.2. and 2.2.3

67. Does the State envision creating a new statewide governing organization or leveraging an existing one?

Applicants should develop proposals that best allow them to meet the service requirements in accordance with the requirements of the funding source for this NOFO.

68. What level of authority should the governance model recommend?

Applicants should develop proposals that best allow them to meet the service requirements in accordance with the requirements of the funding source for this NOFO.

69. Will participation ultimately be voluntary or mandatory?

Voluntary

70. Should governance include voting representation from every participating hospital?

Applicants should develop proposals that best allow them to meet the service requirements in accordance with the requirements of the funding source for this NOFO.

71. Will the State retain ownership of any statewide technology procured under future implementation?

Refer to Attachment F

72. Are there anticipated contract negotiations beyond the standard Vermont Grant Agreement?

No

73. Are exceptions to the standard terms likely to be considered?

No

74. Will Work Product developed under the grant become State-owned intellectual property?

Refer to Attachment F

75. Will the State permit applicants to reuse generalized methodologies developed under this engagement?

Applicants should develop proposals that best allow them to meet the service requirements in accordance with the requirements of the funding source for this NOFO.

76. Are there any anticipated insurance requirements beyond the standard State grant provisions?

Please refer to the [Vermont State Insurance Specifications](#)

77. Does "existing infrastructure, staffing, and operational processes" need to be Vermont-based and already serving Vermonters, or does experience operating comparable statewide care coordination/capacity management platforms in other states qualify as meeting this requirement?

See Section 2.1. Eligibility.

78. Is a lead applicant permitted to team with a Vermont-based partner (e.g., a hospital system, OneCare Vermont, or VITL) to satisfy the eligibility requirement, or must the applicant independently meet this criterion on its own?

Yes, Vermont-based partnership will satisfy this requirement.

79. Is there an existing transfer center, coordination tool, or vendor currently supporting any part of this work today that the State expects the awardee to build on top of, integrate with, or replace?

Yes, see Sections 2.2.1 and 2.2.2.

80. Is the State open to a proven, already-deployed technology platform being configured and extended for Vermont's use, or is this NOFO strictly funding a planning/assessment engagement with technology selection deferred to a later phase?

Applicants should develop proposals that best allow them to meet the service requirements in accordance with the requirements of the funding source for this NOFO.

81. How does this initiative relate to VITL's existing health information exchange infrastructure? Is integration with VITL expected or required, and would VITL be considered a required partner or a competing/alternative option?

Applicants should develop proposals that best allow them to meet the service requirements in accordance with the requirements of the funding source for this NOFO.

82. The NOFO indicates that Year 1 implementation only needs to reach one independent-organization hospital. Could you clarify what "implementation" means at that stage – specifically, whether this refers to a live production connection or a validated pilot design that is ready for scale-up?

Implementation refers to a live production connection

83. For the EMS/transportation component, is there an existing statewide EMS data system or dispatch platform that this solution needs to interoperate with?

Not at this time

84. Who currently convenes hospitals, EMS agencies, and community partners around transfer and capacity issues in Vermont today, if anyone? Is there an existing advisory body the awardee would be expected to work through, or would the awardee need to stand one up independently?

The awardee is expected to work with the State regarding current transfer and capacity issues, applicants should develop proposals that best allow them to meet the service requirements in accordance with the requirements of the funding source for this NOFO.

85. Given the NOFO's emphasis on including independent, rural, and unaffiliated organizations, does the State have a list of organizations currently outside existing coordination networks that it considers a priority for engagement?

No

86. Is there a target or expected range for the Year 1 award size, even directionally? The NOFO references the Budget Workbook but does not indicate a ceiling.

The NOFO does not establish a target or maximum Year 1 award amount. Applicants should develop and submit a budget that reflects the competitive cost necessary to successfully deliver the proposed activities and meet all requirements outlined in the NOFO.

87. Regarding intellectual property: Attachment F assigns all Work Product to the State and requires a perpetual, royalty-free license for any pre-existing IP incorporated into deliverables. Can an applicant clarify in its proposal that its core software platform constitutes Licensed Intellectual Property (rather than Work Product), such that ownership remains with the vendor while the State receives a usage license?

Refer to Attachment F, applicants should develop proposals that best allow them to meet the service requirements in accordance with the requirements of the funding source for this NOFO.

88. Can the State confirm that eligibility under Section 2.1 is not limited to hospitals or hospital systems, and that other health care organizations — including licensed non-hospital providers and clinical services organizations — are eligible to apply as the prime applicant?

Refer back to Section 2.1 Eligibility

89. May the infrastructure, staffing, and operational capabilities required under Section 2.1 be demonstrated through the combined capabilities of a proposed team — that is, a prime applicant together with named subcontractors and partner organizations — or must the prime applicant independently satisfy all elements of Section 2.1?

A Vermont-based partnership will satisfy this requirement

90. Can the State confirm that for-profit entities are eligible applicants under this NOFO, provided they meet the requirements of Section 2.1?

Awards can be granted to for-profit entities, but all eligibility requirements must be met, please refer to Section 2.1 Eligibility

91. Will demonstrated experience designing, staffing, or operating transfer centers, capacity management operations, or clinical coordination centers outside of Vermont — whether held by the applicant or by its proposed subcontractors — be credited to the applicant team under Scoring Criterion 1 (Qualifications/Experience)?

Yes

92. Can the State confirm the total funding anticipated to be available under this NOFO for Year 1, and whether the State anticipates making a single award or multiple awards?

Funding amounts will be made in the best interest of the State. This is a single award.

93. Regarding the four one-year option periods (Section 1.3): how will scope and funding levels for option years be determined, and may option-year scope expand beyond feasibility and planning into operational implementation and statewide scale-up activities identified in the Year 1 Final Report, or does the State intend to procure operational phases separately?

Funding level is contingent upon future federal awards and will be informed by the implementation of year one funds.

94. Section 2.2.1 references establishing the requirements for an entity to “assume statewide responsibility for administering, operating, and coordinating use of” the shared platform. Does the State intend for the Year 1 awardee to be eligible to serve in that statewide administering and operating role during option years, or will that role be subject to a separate future procurement?

The State intends for the Year 1 awardee to be eligible to serve in that role during future option years

95. If the State exercises the option periods described in Section 1.3, will those options be exercised with the Year 1 awardee without further competition, or does the State anticipate conducting a new competitive procurement for implementation and statewide scale-up phases?

The State will award funding in the best interest of the state.

96. If the State intends to competitively procure the implementation or statewide operations phase separately, will the Year 1 awardee be eligible to compete for that subsequent award, or would performance of the feasibility, design, and planning work under this grant create an organizational conflict of interest precluding the awardee from participating in follow-on procurements?

The State will award funding in the best interest of the state.

97. When during the Year 1 period does the State anticipate deciding whether to exercise the first option year?

No option year date is confirmed at this time.

98. Can the State clarify the definition of “independent organization hospital” for purposes of the Year 1 demonstration? For example, does this mean a hospital unaffiliated with a multi-hospital health system, and would a critical access hospital qualify?

See section 2.2.1 and Q20.

99. Must the Year 1 demonstration site be identified in the application, or may site selection occur post-award through a documented selection process conducted with the State?

The demonstration site does not need to be identified in the application.

100. Are the letters of commitment referenced in Section 4.6.5 expected from proposed subcontractors, from the proposed demonstration site, or both, and will applications that name a demonstration site with a letter of commitment be evaluated more favorably?

See scoring criteria 3

101. Will the State assist in identifying and securing the participation of the independent organization hospital, or is the applicant solely responsible for establishing that partnership?

Applicants are responsible for establishing partnerships

102. For the Year 1 demonstration, does “implementation” require live operational use of the capacity management platform at the independent entity, or does establishing validated requirements, workflows, and readiness for go-live constitute responsive Year 1 implementation?

See Section 2.2.1

103. Section 1.2 references extending “existing care coordination system capabilities.” Can the State clarify whether this refers to capabilities existing anywhere within Vermont’s health care system, regardless of which organization currently operates them, to capabilities of the applicant, or both? Is the awardee expected to assess and potentially build upon coordination infrastructure operated by organizations other than the applicant?

Section 2.2.1 states the assessment “must encompass all Vermont health care organizations and providers that participate in patient transfer, placement, referral, or capacity management activities, regardless of organizational affiliation, network participation, ownership structure, geographic location, or health system membership

104. Are out-of-state referring and receiving facilities that serve Vermont border communities (for example, facilities in New Hampshire and New York) within scope of capacity visibility and transfer coordination assessment?

Yes

105. Should the proposed solution address behavioral health patient placement and coordination in addition to medical/surgical interfacility transfers, consistent with the Oregon Behavioral Health Coordination Center model referenced in Vermont’s RHT Program application, or is behavioral health placement out of scope for this NOFO?

Applicants should develop proposals that best enable them to meet the service requirements in accordance with the requirements of the funding source for this NOFO. Proposed solutions may include coordination for individuals with any condition who require inpatient placement capacity and interfacility transfer, including behavioral health patients when inpatient placement and transfer coordination are needed. Applicants should clearly describe the scope of services proposed and how their approach meets the objectives and requirements of the NOFO.

106. Does the State envision the “least-call” coordination function described in Section 2.2.2.C as including a staffed coordination service at statewide maturity, or solely a self-service digital platform? Is the design of staffing models for a coordinated service function within the scope of Year 1 planning deliverables?

Applicants should develop proposals that best allow them to meet the service requirements in accordance with the requirements of the funding source for this NOFO.

107. To what extent should the statewide operating model and technology strategy address integration and interoperability with other RHT-funded initiatives — for example, the statewide closed-loop referral system, remote patient monitoring investments, and e-Consult infrastructure — to avoid creating duplicative coordination infrastructure across RHT investments?

Applicants should develop proposals that best allow them to meet the service requirements in accordance with the requirements of the funding source for this NOFO.

108. Has the State pre-selected, licensed, or committed to any specific capacity management or transfer coordination platform, or does the State expect the awardee to evaluate and recommend technology options as part of the feasibility assessment?

See Section 2.2.1

109. At statewide operational maturity, who does the State envision holding the license or subscription to the shared real-time digital platform — the State, the awardee, a governance entity, or participating organizations individually?

Applicants should develop proposals that best allow them to meet the service requirements in accordance with the requirements of the funding source for this NOFO.

110. Will the State facilitate awardee access to relevant statewide data sources for feasibility assessment purposes — for example, health information exchange ADT feeds, EMS/CAD data, and hospital census or bed availability data — and will AHS support execution of the necessary data sharing agreements with data stewards?

No

111. Regarding Attachment F, Section 10 (Intangible Assets): can the State clarify how pre-existing platforms, software, tools, and methodologies that an applicant brings to the engagement will be treated as Licensed Intellectual Property rather than State-owned Work Product, where such assets were created prior to and independent of this Agreement?

See Attachment F

112. Can the State confirm that costs for transfer coordination, patient navigation, and capacity management staffing supporting the Year 1 demonstration are considered allowable coordination and administrative costs rather than clinical services under Section 1.8, and that software subscription, licensing, and configuration costs associated with the Year 1 demonstration are allowable direct costs?

All costs must be in line with [2 CFR Part 200](#)

113. Are costs to support participation by partner organizations in planning activities — for example, stipends or reimbursement for hospital and EMS staff time in workgroups and design sessions — allowable direct costs?

Refer to section 1.8 Allowable Costs

114. Regarding the sustainability plan deliverable (Section 2.2.3.G): may the sustainability model assume ongoing revenue sources such as participant subscription fees, payer contributions, and reimbursable care coordination services billed by participating providers under existing fee schedules, provided that grant funds themselves are not used to pay for reimbursable services?

Applicants should develop proposals that best allow them to meet the service requirements in accordance with the requirements of the funding source for this NOFO.

115. May an applicant or its proposed subcontractors also apply for or participate in other RHT subrecipient grant opportunities, provided the scopes of work are not duplicative, and how will AHS assess the non-duplication requirement in Section 1.8 across concurrent RHT awards?

Yes, the Agency has the control of subrecipient oversight and ensuring non-duplication of funding for services

116. Is there a current published version of the Statewide EMS Strategy referenced in Section 2.2.3.C that applicants should align with, and will the State make the strategy's leads available to the awardee during the planning process?

There is not a current published version at this time, the State will provide oversight to the awardee

117. Should the transportation capacity model (Section 2.2.3.C) address dedicated interfacility transport capacity and funding mechanisms as distinct from 911 emergency response resources, and are recommendations for reimbursement or regulatory changes within the scope of that deliverable?

Applicants should develop proposals that best allow them to meet the service requirements in accordance with the requirements of the funding source for this NOFO.

118. Does the State have a preferred governance structure for the statewide model — for example, an existing advisory body versus a newly established independent governance entity — or is governance design fully within the awardee's scope? Would a recommendation to establish a new independent governance organization be considered responsive?

Applicants should develop proposals that best allow them to meet the service requirements in accordance with the requirements of the funding source for this NOFO.

119. What role does the State envision for AHS, the Department of Health/Office of EMS, the Green Mountain Care Board, and the Department of Vermont Health Access during the planning process — for example, steering committee participation, deliverable approval, or data provision?

The State will oversee grant performance through the review and approval of required deliverables. Applicants should propose an appropriate governance and stakeholder engagement approach for their project. See Section 2.2. and Section 3.

120. The NOFO specifies quarterly reports beginning October 30, 2026, but does not specify due dates for the Interim Report and Final Report. Can the State confirm when each is due within the 11-month period, and how long the State's review and acceptance process is expected to take for each deliverable?

All reporting requirements will be designated within the grant agreement

121. What are the State's expectations regarding the scale of stakeholder engagement in Year 1 — for example, a minimum number of listening sessions, regional convenings, or one-on-one engagements with hospitals, EMS agencies and districts, and community organizations?

See scoring criteria 3

122. Will AHS facilitate stakeholder participation — for example, by issuing joint communications, convening kickoff sessions, or encouraging hospitals and EMS agencies to engage with the awardee — or is securing stakeholder participation solely the awardee's responsibility? Is participation by hospitals and EMS agencies in the assessment voluntary?

Applicants should develop proposals that best allow them to meet the service requirements in accordance with the requirements of the funding source for this NOFO.

123. Will the State make available to the awardee relevant existing materials and prior work product — for example, the State's research on the Oregon Capacity Center model, current-state assessments of Vermont transfer patterns and emergency department boarding, the Statewide EMS Strategy, and related RHT planning materials — at the start of the engagement?

The State is committed to providing appropriate levels of oversight to the awardee

124. What are the payment terms for this grant — is payment made on a cost-reimbursement basis tied to the quarterly financial reports, and is any advance or start-up payment available at the September 1, 2026 commencement given the immediate mobilization required?

See Section 2.4.4 Financial Reports and Requests for Payment