MISSISSIPPI RURAL HEALTH TRANSFORMATION

# MS RHTP PUBLIC QUESTION AND ANSWER PERIOD

*OPENED JUNE 11, 2026 – CLOSED JUNE 22, 2026*

| Questions | Answers |
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| Do you anticipate how quickly an approved application will be reimbursed? As with most providers, we would have to access a bank loan or LOC to be able to do so. | Please refer to FAQ 1.2. |
| Would these investments be considered consistent with the program's objectives related to innovative technologies, strengthening core infrastructure, preserving access to specialized services, and improving operational sustainability in rural Mississippi? | Please refer to FAQ 1.3. |
| Provider FTE and program launch support - Does RHT Program funding support the use of funds to cover provider or staff Full-Time Equivalent (FTE) costs (e.g., salaries/fringe) to launch and operate new or expanded care programs—such as the proposed virtual specialty services, virtual nursing, eConsult service line, Hospital-at-Home, or chronic disease management initiatives—with the goal of transitioning these programs to sustainable value-based payment (VBP) or alternative payment models (APMs) over time? | Please refer to FAQ 1.5 |
| Are mobile and in home care models eligible? | Please refer to FAQ 1.5 |
| Are telehealth equipment and related technology eligible expenses? | Please refer to FAQ 1.5 |
| Does point of care diagnostic equipment qualifies? | Please refer to FAQ 1.5 |
| Are retinal imaging equipment considered an eligible expense | Please refer to FAQ 1.5 |
| Are any staffing related expenses allowable or if the funding is strictly capital based? | Please refer to FAQ 1.5 |
| Our station group serves a massive rural population in North Mississippi. Will there be any funds allocated for marketing/advertising internally, or will those efforts be outsourced to 'ad agencies' who will then contact the various media outlets? | Please refer to FAQ 1.5 |
| Can funding cover ongoing subscription or licensing costs, or only one-time purchases? | Please refer to FAQ 1.5 |
| Whether the following project components may be allowable expenses: Workforce support (medical assistant and patient navigation activities) | Please refer to FAQ 1.5 |
| Whether the following project components may be allowable expenses: Telehealth infrastructure and care coordination technology | Please refer to FAQ 1.5 |
| Whether the following project components may be allowable expenses: Patient outreach and engagement activities | Please refer to FAQ 1.5 |
| Whether the following project components may be allowable expenses: Data tracking and outcomes measurement | Please refer to FAQ 1.5 |
| Whether the following project components may be allowable expenses: Professional liability (malpractice) insurance | Please refer to FAQ 1.5 |
| Whether the following project components may be allowable expenses: Physician collaboration/clinical oversight costs | Please refer to FAQ 1.5 |

*Updated June 2026*

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| Whether the following project components may be allowable expenses: Facility expansion or clinic space necessary to increase access to care | Please refer to FAQ 1.5 |
| Can funds from RCGC be used to build additional exam rooms in a leased facility? We are a community health center. | Please refer to FAQ 1.5. |
| Under the grant assuming all the other requirements are met, is it allowable for a doctor's office (endocrinologist) to hire an additional physician or Nurse practitioner dedicated solely to serving rural patients? The grant would be used to subsidize their salary but would not include extra "provider payments". Billing would be done normally through insurance. I guess the question is what is the definition of "provider payments"? | Please refer to FAQ 1.5 |
| Allowable under the Recruitment Incentives category | Please refer to FAQ 1.5 |
| If the clinical equipment itself is not allowable, are the associated technology components, cybersecurity protections, connectivity infrastructure, interoperability requirements, implementation services, and training costs allowable? | Please refer to FAQ 1.5 |
| If these costs are not allowable as primary project expenses, would they be permissible as part of a phased or integrated project supporting a statewide specialty service and the only ventilator program in Mississippi? | Please refer to FAQ 1.5 |
| Under the BRIDGE opportunity, are vehicles used for patient transportation considered an allowable expense? | Please refer to FAQ 1.5 |
| Does the prohibition on “investment vehicles that generate profit” exclude these types of vehicles? Even if they themselves do not generate profit? | Please refer to FAQ 1.5. |
| Does the BRIDGE opportunity permit renovation or expansion of existing facilities to create a transitional living spaces. If new construction is prohibited, are additions to existing buildings allowable? | Please refer to FAQ 1.5 |
| Where is the line between allowable minor renovation and prohibited major renovation or construction for fitting out existing space? | Please refer to FAQ 1.5 |
| Are room modifications required to install imaging equipment — for example lead shielding, dedicated electrical, or structural support for a mammography or X-ray unit — treated as allowable equipment-installation costs, or as prohibited capital improvements? | Please refer to FAQ 1.5 |
| Does converting existing finished space to clinical use raise any construction-prohibition concern if no square footage is added? | Please refer to FAQ 1.5 |
| Is any specific certification or state recognition required to qualify, such as CCBHC certification or a particular license, or is providing the services enough? | Please refer to FAQ 1.5 |
| Can this initiative be used expand funding to a subcontractor with a transportation vendor or expand dollars for Uber Health services? | Please refer to FAQ 1.5 |
| Under which funding opportunity will an EHR be covered? There is a specific clause that says it is not covered under the RCGC NOFO. | Please refer to FAQ 1.5 |
| If a facility is in negotiations with FEMA related to opening a weather destroyed facility, can the facility still apply for relevant cap ex funding | Please refer to FAQ 1.5 |
| Or will the facility be denied because they are facility currently deemed temporary? | New construction is not a permissible expense under the RHTP. If you are interested in applying for renovation funding under the RCGC grant please see the NOFO for more information regarding eligible expenses. Please note, duplication of benefits is not permitted. Please also refer to FAQ 1.5. |
| What if the renovations the facility is seeking would make it safer for staff and patients—and keep access to care intact? | New construction is not a permissible expense under the RHTP. If you are interested in applying for renovation funding under the RCGC grant please see the NOFO for more information regarding eligible expenses. Please note, duplication of benefits is not permitted. Please also refer to FAQ 1.5. |



 

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| Also, in the same scenario with a facility deemed temporary, can the facility apply for funds for moveable major medical equipment which could be relocated to a new facility? | New construction is not a permissible expense under the RHTP. If you are interested in applying for renovation funding under the RCGC grant please see the NOFO for more information regarding eligible expenses. Please note, duplication of benefits is not permitted. Please also refer to FAQ 1.5. |
| Will the Rural Capital Gap Closure (RCGC) program cover the cost of relocating a modular building to another site? My ogranization recently closed a Clinic, which it fully owns, and would like to relocate to fill a gap in healthcare services. | Please refer to the RCGC NOFO on the program website for details regarding eligible expenditures under this program. Please also refer to FAQ 1.5. |
| What guidance does the state have to help rural hospitals like mine complete these grant fund applications if we lack experience in doing so? | Please refer to FAQ 1.7. |
| I can't find information on the TCE program on the site. Can you tell me where it would be located? | Program updates will be posted on the program website. If you would like to receive email notifications regarding programmatic updates please complete the contact form located on the program website. |
| When will the tech initiative RFP be released? | Program updates will be posted on the program website. You may also sign up to receive email notifications by completing the contact form on the website. |
| When will the BRIDGE grant and WEI grant NOFOs be released? | Please refer to FAQ 2.1. |
| Hi, when reviewing the NOFOs we noticed they contradict themselves, listing both July 13 and July 15 (at 12pm CT) on separate pages within the same documents. Could you please let us know what the correct deadline is? | Please refer to FAQ 2.1. |
| If employee salaries or wage information is requested as part of a grant proposal, will that information remain confidential and who all would see that information? Strategic Business and other privileged information being made public are a primary concern for several provider applicants. | Please refer to FAQ 2.2. |
| Please do not make my strategic questions, above, publicly available due to strategic business initiatives of a public hospital being confidential in nature (Mississippi Code Ann. § 25-61-9). | Please refer to FAQ 2.2. |
| Can applications be submitted across multiple rural counties or are you looking for county specific projects? | Please see FAQ 3.1 regarding eligible applicants. Additionally, the State has developed a tool applicants may use to search to determine if their project area falls within a defined rural area. A link to this mapping tool may be found on the Resources Page. |
| How can I find the rural areas in Hancock, Harrison and Pearl River county I consent to Mississippi RHT Program storing my submitted information. I understand that I may opt out or unsubscribe from this communication at any time. | Please see FAQ 3.1 regarding eligible applicants. Additionally, the State has developed a tool applicants may use to search to determine if their project area falls within a defined rural area. A link to this mapping tool may be found on the Resources Page. |
| I am a behavior health nurse practitioner. I am wanting to open a behavioral health clinic. Do I qualify to apply for funding? | Please refer to FAQ 3.1. |
| Whether independent NP-owned rural practices are eligible applicants under the current RHT funding opportunities. | Please refer to FAQ 3.1. |
| Whether a newly established rural practice implementing a women's preventive health and care coordination model would be considered a competitive applicant. | Please refer to FAQ 3.1. |
| Can you please provide the priority areas in the State for this grant? | Please see FAQ 3.1 regarding eligible applicants. Additionally, the State has developed a tool applicants may use to search to determine if their project area falls within a defined rural area. A link to this mapping tool may be found on the Resources Page. |
| Which counties in MS would qualify for this grant. | Please see FAQ 3.1 regarding eligible applicants. Additionally, the State has developed a tool applicants may use to search to determine if their project area falls within a defined rural area. A link to this mapping tool may be found on the Resources Page. |
| Just checking to make sure: Med Spas, Hormone Clinics, Eye Clinics, Dentist Offices, and chiropractor clinics all qualify for this grant | Please refer to FAQ 3.1. |



 

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| Please kindly clarify that only Eligible Providers (defined as Mississippi -located hospitals, physician practices (including solo practitioners ), rural health clinics, federally qualified health centers, local health departments, Native American Sovereign Tribe healthcare facilities, certified community behavioral health clinics, substance use disorder facilities, dental care services, and licensed long -term care facilities located in rural areas or servicing rural populations ) are only qualified to bid on these opportunities. Can out of state Providers or entities bid on these opportunities. | Please refer to FAQ 3.1. |
| Do Chiropractor Clinics, Med Spas, Hormone Clinics and dentist offices qualify? | Please refer to FAQ 3.1. |
| I would like to know if intermediate care facilities (ICF/IIDs) for people with intellectual and developmental disabilities that are operated by the State's Department of Mental Health qualify as licensed long-term care facilities. | Please refer to FAQ 3.1. |
| Would it be possible to submit an application through a residential provider of supports and services for people with intellectual and developmental disabilities that operates in rural communities? | Please refer to FAQ 3.1. |
| Would it be possible to submit an application, as we've done in other states, through a Mississippi-based provider organization that works with provider agencies serving people with IDD throughout the state? | Please refer to FAQ 3.1. |
| I wanted to make sure I understand clearly that although our main office is NOT located in a rural area (currently located in Madison, MS) because of the sub-specialty ophthalmology services that we provide, patients come from all over the state of MS to see our providers that are not available in their local communities. This includes glaucoma, pediatrics, cornea, plastics and retina. We have some of the most important sub-specialist needed in eye care as there are very few located in the state. We also travel and provide care to patients in rural areas for cataract care in Forest, Vicksburg, Yazoo City and Philadelphia. These communities have limited or no providers for ophthalmology. I believe I read through the material that would classify our organization as one that should apply but I wanted to double check. | Please refer to FAQ 3.1. |
| Is Holly Springs and Marshall County an eligible location for funding? | Please refer to FAQ 3.1. |
| Program-specific eligibility criteria for each track | Please see FAQ 3.1 regarding eligible applicants. Additionally, the State has developed a tool applicants may use to search to determine if their project area falls within a defined rural area. A link to this mapping tool may be found on the Resources Page. |
| The application information notes specific criteria for Mississippi's classification of "rural" market. However, this criterion is not consistent with any of the federal government's definitions for "rural" provider. Can we expect there will be a change to Mississippi's criterion for "rural" market? | Please refer to FAQ 3.1. |
| As an association of health centers, if we are applying on behalf of multiple health centers does this restrict us to the cap or can we apply for the cap multiplied by the number of participating health centers? | Please refer to FAQ 3.1. |
| We are seeking to register in the RHTP portal at the correct entity level for the RHTP grant opportunities. Would you please help clarify whether we need to register separately for each facility, or if we need to register at the parent company level? We hold MAGIC IDs for each of our facilities and want to register appropriately for the RHTP portal. | Please refer to FAQ 3.1. |
| Timeline — is there an estimated schedule for when the Notices of Funding Opportunity (NOFOs) and applications will begin to roll out, and in what order across the initiatives? | Please refer to FAQ 3.1. |
| We are a private outpatient rehab center for physical and occupational therapy. We were wondering if we are eligible for any grant through this program. | Please refer to FAQ 3.1. |
| What type of documentation is needed for proof of rural population served? | Please refer to FAQ 3.2. |
| Can you please clarify the definitions of "rural encounters" and "unduplicated rural patients served" for purposes of this section? This will help us determine where to get the data. | Please refer to FAQ 3.2. |
| Documentation showing proof of rural population served | Please refer to FAQ 3.2. |
| How do ambulance companies apply for grant opportunities. I do not see where they are listed as eligible providers | Please refer to FAQ 3.3. |



 

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| When will EMS applications be available? | Please refer to FAQ 3.3. |
| After reviewing the NOFOs, it appears that the current funding opportunities are primarily intended for health care providers. As my organization is a research institute within a University, I was hoping to better understand whether universities or university-based research institutes are eligible to apply directly for any of the current programs. If not, are universities permitted to participate as partners, subcontractors, or sub-recipients in projects led by eligible providers? | Please refer to FAQ 3.5. |
| Organizational eligibility for-profit clinical entities | Please refer to FAQ 3.5. |
| We are interested in submitting a proposal under TAPS. In looking at the NOFO, Institutions of Higher Learning are not mentioned for eligibility. My organization provides telemental health services to rural communities, and we see this grant as an opportunity to partner with more communities and enhance our services. Are we eligible? | Please refer to FAQ 3.5. |
| We are a nonprofit entity, however, that is not one of the choices on the drop-down menu. Is there something else we should select? | Please refer to FAQ 3.5. |
| Does an outpatient behavioral health and substance use clinic operated by a public university count as an eligible provider, and if so, under which category in the definition (for example, substance use disorder facility or behavioral health provider)? | Please refer to FAQ 3.5. |
| Can my organization (a University) be the applicant and sub-recipient on behalf of the clinic, or does the clinic itself have to hold the registrations (UEI, FEIN, MAGIC vendor number)? | Please refer to FAQ 3.5. |
| For the workforce and pilot areas, which list educational institutions and training programs among the organizations who should pay attention, can the university apply directly even where it is not acting as a clinical provider? | Please refer to FAQ 3.5. |
| Do we need to be physically located there to apply for the RFP? | Please refer to FAQ 3.6. |
| Can technology vendors or health tech companies be named as partners in an application? | Please refer to FAQ 3.8. |
| My organization would like more clarification about how we should respond to questions that are geared toward individual organizations when we are working as a collaborative group to meet community needs. | Please refer to FAQ 3.8. |
| Are there other types of agencies that you would recommend partnering with if none of these are applicable to provide these tools and training that can improve health outcomes for people with intellectual disabilities in rural areas in Mississippi ? | The State cannot comment on specific organizations you may partner with for application submission. Please see FAQ 3.8 for information regarding partnerships. |
| Could you please clarify the program's policy regarding multiple applications from a single organization? | Please refer to FAQ 3.9. |
| Within a single grant category, may an organization submit multiple applications for separate projects, or should multiple projects be combined into a single application? | Please refer to FAQ 3.9. |
| May an organization submit applications under multiple Mississippi Rural Health Transformation Program grant categories (for example, both the Rural Capital Care Gap Closure Grant Program and the Rural Provider Technology Grant Program)? | Please refer to FAQ 3.9. |
| Simultaneous applications across multiple initiative tracks | Please refer to FAQ 3.9. |
| We are wondering if once we submit this application for the TCE program, would we have to resubmit another application if our initiative aligns with another funding opportunity for a separate program other than the TCE? | Please refer to FAQ 3.9. |
| Under a specific project, with multiple capital purchases, do we need to complete section 3 separately for each item we are trying to acquire or simply for the overall project? | Please refer to FAQ 3.9. |
| Within HTAM, are the sub-programs (tech grants, cybersecurity, EHR replacement, HIE) separate applications or components of one HTAM submission? | Please refer to FAQ 3.9. |





 

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| Can a single hospital submit to multiple initiatives (HTAM + BRIDGE + TAPS) in this round? | Please refer to FAQ 3.9. |
| Who will be reviewing the applications and deciding who receives the award(s)? | Please refer to FAQ 4.10. |
| We are looking to apply to the open BRIDGE program and have a few questions:  When is it due? | Please refer to FAQ 4.1. |
| Who is involved in making the final decision on grants in the first three NOFOs? | Please refer to FAQ 4.10. |
| Do they use the same applications or do they utilize different applications? | Please refer to FAQ 4.1. |
| What are we supposed to provide in the upload supporting documentation section of this excel. I cannot upload a file into an excel spreadsheet, Do you want us to upload them during the application process? | Please refer to FAQ 4.1. |
| Has the scoring rubric been made available? How do we access? | Please refer to FAQ 4.2. |
| What does the state weight most: patient reach, sustainability after the grant ends, specific chronic disease focus areas? | Please refer to FAQ 4.2. |
| Will the project-specific scoring rubric and evaluation criteria be shared on the RHTP webpage? | Please refer to FAQ 4.2. |
| Is the scoring rubric posted yet? I haven't been able to find it on the site. | Please refer to FAQ 4.2. |
| When a provider sub-recipient uses RHT funds to purchase goods or services — including technology, telehealth equipment, software, cybersecurity services, construction-related services, equipment, implementation support, or consulting — is the provider expected to follow its own written procurement procedures, provided those procedures comply with 2 CFR 200? | Please refer to FAQ 4.4. |
| Are provider/sub-recipient purchases subject to Mississippi ITS procurement requirements or other state procurement requirements, or are those requirements limited to purchases made directly by MSDH or the State? | Please refer to FAQ 4.4. |
| For provider sub-recipients, what minimum procurement documentation will be considered acceptable? For example, would a simplified process involving multiple quotes or short proposals, written evaluation criteria, a cost reasonableness review, conflict-of-interest disclosure, debarment check, and vendor selection memo satisfy the expected procurement documentation requirements under 2 CFR 200? | Please refer to FAQ 4.4. |
| If a provider identifies a preferred vendor in its application, must the provider still conduct a documented procurement process after award unless a valid sole-source or noncompetitive procurement justification applies? | Please refer to FAQ 4.4. |
| Will MSDH/RHT Office provide sample procurement templates, such as a quote request, evaluation matrix, cost reasonableness memo, vendor selection memo, or sole-source justification form? | Please refer to FAQ 4.4. |
| Can you use a GPO to negotiate a contract for a proposal or project on your behalf under federal procurement law? | Please refer to FAQ 4.4. |
| Is “procuring” used in the general sense here? Synonymous with obtaining? Or will sub-recipients be required to go through a competitive procurement process once they receive funds? If they can use the noncompetitive procurement methods in 2 CFR 200.320, is the grant falling under Subsection (c)(4) with state as recipient having already asked for noncompetitive procurement? Or does the sub-recipient have to request in writing to use noncompetitive procurement with CMS (the federal agency) or MSDH (the pass-through entity) signing off? | Please refer to FAQ 4.4. |
| How will the provisions under 2 CFR 200.321 requiring contracting with small businesses, women-owned businesses, minority businesses, etc., Apply? | Please refer to FAQ 4.4. |



 

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| Can you give guidance on the status of the Budget Template? Is it loaded to the website? If not, when will it be? | Please refer to FAQ 4.5. |
| Which initiative(s) may be the best fit for our proposed program (BRIDGE, TAPS, WEI, or others). | Please refer to FAQ 3.1. |
| My organization plans to develop a Collaborative Care Model within its clinic system. Collaborative Care Model is a structure, team-based approach to treating mental health conditions within primary care settings. It's designed to bridge the gap between physical and mental healthcare by embedding psychiatric expertise into everyday medical care. This transforms mental health care from a referral-based system into a team-based, data driven, integrated service within primary care making treatment more accessible, efficient, and effective. Which funding initiative would be appropriate for this type of program? | Please refer to FAQ 4.6. |
| If you have multiple cap ex projects which rationally relate to the same underlying goal (like bringing the facility up to code—and all that entails), would you include all of those facets in one application, perhaps in different phases? | Please refer to FAQ 4.6. |
| Would each individual cap ex expenditure (fire alarm upgrades versus roof replacement, etc.) Be included in a separate application from the entity? | Please refer to FAQ 4.6. |
| Could a proposal be approved that exceeds the NOFO anticipated maximum grant amount? For example, if my small or medium sized rural hospital requests $8M in capital equipment needs. The RCGC NOFO includes language that anticipates awards only up to $3M each. | Please refer to FAQ 4.7. |
| Within the funding availability sections, an estimated number of proposals/ estimated funding award anticipated is provided. For RCGC, do our applications need to be limited to an “up to” amount? For RTG & TCE, do our applications need to fall within the average award range amount or is that an example | Please refer to FAQ 4.7. |
| Are the stated award ranges ($200,000-$400,000 and $100,000-$300,000) strict minimums? Would a project below the stated range be considered? | Please refer to FAQ 4.7. |
| How much EHR-replacement funding is available under HTAM statewide, and what's the per-applicant ceiling? | Please refer to FAQ 4.7. Additionally, please review the NOFOs on the program website for additional information regarding the funding available under the grant programs currently accepting applications through July 15, 2026. |
| Does the application require a sustainability plan, and is Medicare/Medicaid reimbursable (e.g., RPM billing codes) viewed favorably? | Please refer to FAQ 4.8. |
| SAM.gov / UEI registration and compliance requirements | Please refer to FAQ 5.13. |
| Are there specific service level agreements that applicants should anticipate? | Please refer to FAQ 5.13. |
| Do we need to submit the actual contractors quote for renovation/expansion of services with application? | Please refer to FAQ 5.14. |
| If a contract for a project or proposal has already been signed, is it ineligible? In other words, should providers wait to sign contracts until after they are notified of an award? | Please refer to FAQ 5.14. |
| On Policy and Procedures. Are you referring to our RHC manual? EOP? Our specific employee/clinic (in house) policy and procedures? | Please refer to FAQ 5.15. |
| Written policies and procedures. | Please refer to FAQ 5.15. |
| The NOFOs indicate that all funds must be obligated by October 30, 2026. Does this mean that a PO must be issued by this date OR that contracts must be executed by this date? | The first budget period is through October 30, 2026. All first-year funds must be obligated by this date and spent by the end of federal Fiscal Year 2027. All awardees are advised to expend all funds by July 31, 2027. |



 

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| On provider advanced funding; what does it mean that the advanced funding will be capped as a percentage of the total award amount? What is the percentage? Most, if not all, rural hospitals could not fund even $100k for a piece of equipment. They will need the entire grant proceeds advanced to them in order to spend it. Furthermore, $100k is only 3% of $3M and for all of my rural hospitals this amount would be prohibitive to spend while waiting for reimbursement. This could prove to be a significant barrier to spending the money by the deadline. | Please refer to FAQ 5.4. |
| Matching contribution requirements and allowable sources | Please refer to FAQ 5.4. |
| Matching funds are not required for the first three NOFOs, correct? Will they be required for future grants/procurements? | Please refer to FAQ 5.4. |
| At some of the public meetings, a modified reimbursement schedule was discussed as a method to help ease concerns about entities not having enough cash to float their proposal before reimbursement. Can you describe this process in writing? | Please refer to FAQ 5.4. |
| As the grants are being administered by MSDH, will the grants be subject to the same rules regarding payment and reimbursement that currently govern MSDH grantees? In other words, will grantees only be able to draw down funds after they have paid out-of-pocket, or will they be able to draw down funds based on quotes or invoices they receive? | Please refer to FAQ 5.4. |
| I heard on the video on your website that the provider must pay for any of the items approved in the grant and be reimbursed at a later time? Is that correct? | Please refer to FAQ 5.4. |
| Do we pay upfront and get reimbursed if approved? | Please refer to FAQ 5.4. |
| For BRIDGE capital equipment, are milestone-based or advance payments available given the reimbursement-based default and our CAH cash position? | Please refer to FAQ 5.4. |
| My organization is a digital infrastructure that layers on top of existing programs to increase engagement, access, and measurable outcomes—redefining how behavioral health support is delivered at scale. By combining peer-to-peer networks, real-time engagement, and data-driven insights, it creates a new category of continuous care infrastructure that expands capacity, increases lifetime value per user, and enables population-level impact across healthcare systems. We are based in AZ and wanted to know if we can apply as an out of state vendor for TAPS. | Please refer to FAQ 5.6. |
| The program guidance states that administrative costs may not exceed 5% of the total award. Could you please clarify whether an organization's federally negotiated indirect cost rate (NICRA) is included in the 5% administrative cost limitation, or whether indirect costs may be budgeted separately from administrative costs? | Please refer to FAQ 5.7. |
| If we are eligible, do we use our contracted F&A rate or is there a limit? | Please refer to FAQ 5.7. |
| Will the funding reimburse provider salary expense? | Please refer to FAQ 5.9. |
| The federal executive salary cap listed in some of the information online is $225,700. As of January 2026, the salary cap appears to be $228,000. Which is correct? | Please refer to FAQ 5.9. |
| The NOFO, the portal field label, and the Application Guide all reference July 31, 2027 as the date by which funds must be expended. However, the instructions tab of the Application Chart Template states September 30, 2027. Could you please confirm which date is correct? | Please refer to FAQs 4.7 and 5.2. |
| Are renovations to an existing facility allowable when they are limited to adapting existing space for technology-enabled specialty services rather than constituting new construction or major building expansion? | Please refer to FAQ 1.5 |
| "As background to the question, we are a Mississippi based company that partners with physicians to provide remote physiological monitoring to their patients along with other chronic care management services (all services are white labeled for providers). Most of our providers are in rural areas and include both RHCs and FQHCs. As we employ nurse practitioners, nurses, medical assistants, and a dietitian, we could provide these services directly to patients but we have chosen not to compete with local providers but rather to enhance their practices.<br>We are planning to assist our partner providers in applying for grants but we also see some opportunity for our company to apply for a grant opportunity that would help us provide meaningful benefit to the patients to our partners' patients.<br>When reading the grant eligibility requirements, the list doesn't appear to accommodate us specifically. Based on my description above, would we be eligible to apply as our own entity or would we need to apply in partnership with one of our partner providers?" | Please refer to FAQs 3.1 and 3.8. |

*Updated June 2026*

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| If a project application supports A BRIDGE Application that has a telehealth portion that completes the project, should we submit under both the BRIDGE and the TAPS that portion with budget that pertains to each, or only under BRIDE since it meets this design just includes telehealth as part of the project. | The Mississippi RHTP cannot advise an applicant which initiative they should apply for or assist in the writing of an application. We encourage applicants to evaluate the initiatives and review the NOFOs and current open applications to determine which may be the best fit for their organization. |
| Is there a per-project cap? | Please refer to FAQ 4.7. |
| Grant management support for resource-constrained organizations - How does the State expect small, resource-constrained sub-recipients — such as rural hospitals, FQHCs, and community providers — to successfully manage the administrative, compliance, reporting, and implementation requirements of a large RHT Program award? Will other organizations be able to help them with this effort? | Interested applicants may submit questions to the program information email address: info@MississippiRHTP.com. Additionally, we encourage all interested applicants to review the posted NOFOs, scoring rubrics, and applications available on the website for the open grant programs. All awardees will receive technical assistance training and support during the program lifecycle. |
| State payer (e.g., Medicaid) partnership and resources - Will state payers, particularly Medicaid, have dedicated resources, staff, or structured mechanisms to partner on value-based care initiatives funded through the RHT Program? | Eligible applicants who are awarded funding under any of the active applications will receive payments in accordance with program guidelines as outlined in FAQ 5.4. These initial programs should not involve Medicaid payments, and will be paid via the State's MAGIC payment system directly to sub-recipients for eligible expenses incurred in the program(s). |
| How is the state is defining "care gaps"? | A Care Gap is the discrepancy or delay between evidence-based clinical guidelines—such as recommended preventive screenings or chronic disease management—and the healthcare services a patient actually receives. |
| In today's webinar, it was mentioned that funding requests in the HTAM (Rural Technology Grant Program) would require submitting a copy of the contract with the EHR vendor. Can you explain why a copy of our EHR contract is required? If our EHR vendor is unwilling to comply with us providing a copy of the agreement, is there an alternative document that can be provided by our vendor that would suffice? | Please see updated NOFOs. |
| Can you see the application before June 15, and is there a section specifically for describing the multi-year vision? | All applications currently open may be found under the resource tab on the program website. |
| Could I receive a copy of the presentation used at the meeting held in Tupelo, on Tuesday of this week? | A copy of the presentation and additional informational resources may be located by visiting the MS RHTP website: https://MississippiRHTP.com/resources/ |
| Please send information on CRIS, TAPS, Bridge opportunities | Please visit the MS RHTP website to learn more about each of Mississippi's Rural Health Transformation Program Initiatives opportunities: https://MississippiRHTP.com/ |
| If our organization type is not eligible for the current funding opportunities, are there anticipated future funding opportunities under the Rural Health Transformation Program that may be more applicable to research, evaluation, data analytics, technical assistance, or performance measurement activities? | Information regarding future funding opportunities will be posted on the program website. Please continue to regularly check the website for updates. You may also elect to receive email notifications by filling out the contact form located on the program website. |
| Are selected eligible providers under the RHT funding opportunities being treated as sub-recipients for purposes of 2 CFR 200? | All applicants awarded funding under the programs currently open for applications will be treated as sub-recipients under 2 CFR 200. |
| Can you provide any details about the non-compete prohibition? | Per CMS: As stated in the discussion of unallowable costs included in the NOFO, RHT Program funds may not be used for clinician salaries or wage support for facilities that subject clinicians to non-compete contractual limitations. Funds may go towards clinician salaries and wage support if the clinician is not subject to a non-compete agreement and the salary/wage support is being funded as part of an approved initiative. |
| Is there a federal definition for this "non-compete" prohibition | Per CMS: As stated in the discussion of unallowable costs included in the NOFO, RHT Program funds may not be used for clinician salaries or wage support for facilities that subject clinicians to non-compete contractual limitations. Funds may go towards clinician salaries and wage support if the clinician is not subject to a non-compete agreement and the salary/wage support is being funded as part of an approved initiative. |
| The Application Deadline is listed as 07/13. The deadline for submitting questions and requests for clarifications is listed as 07/22 11.59 pm CT. Please kindly clarify if the questions submitting date is correct. | Please visit the MS RHTP website to learn more about key dates regarding the application process for all available opportunities: https://MississippiRHTP.com/ |



 

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| In some of the NOFO documents, the table says deadline is on 7/13/2026 while another place in the document says the submission deadline is 12 pm CT on 7/15/2026. I just wanted to have some clarification as to when the actual submission deadline is. | The application window for the three programs currently accepting submissions all close on July 15, 2026 at 12:00 p.m. CST |
| I am trying to apply for the grants today. The most recent information I received was that the grants could be applied to on June 15, 2026. I cannot find a place to apply for these grants. Can someone direct me where to apply for the grants? | Yes. Please access the MS RHTP website to complete the available application(s): https://MississippiRHTP.com/funding/ |
| The total amount available for RCGC, RTG, and TCE programs for PY1 is $91.2M. Will there be additional PY1 opportunities within these programs since there is $205M available for PY1? | Additionally funding opportunities for YEAR 1 spends will be posted on the program website in the near future. Please continue to check the website for details and updates. You may also sign up to receive notifications by email by filling out the contact form on the program website. |
| Application submission procedures and portal access | A step by step guide to application submission may be found under the resource tab on the program website. |
| The WEI guidance references a minimum five-year service commitment associated with workforce incentives. Can the State clarify whether the five-year commitment applies ONLY to individuals receiving recruitment and retention incentives (e.g. signing bonuses, relocation assistance, retention payments) or if it applies more broadly to all workforce positions supported through WEI funding | More information regarding funding opportunities under the WEI initiative will be posted in the near future on the program website. Please check the website for updates and details. You may also sign up to receive email notifications by filling out the contact form on the program website. |
| For positions funded through the Workforce Expansion Initiative, what are the State's expectations regarding sustainability after grant funding ends? | More information regarding funding opportunities under the WEI initiative will be posted in the near future on the program website. Please check the website for updates and details. You may also sign up to receive email notifications by filling out the contact form on the program website. |
| Will the commitment be tied to a contracted obligation between the provider and the employing organization? | More information regarding funding opportunities under the WEI initiative will be posted in the near future on the program website. Please check the website for updates and details. You may also sign up to receive email notifications by filling out the contact form on the program website. |
| Does the State view workforce pipeline development programs (e.g. residency programs, academic partnerships, clinical training pathways) as an alternative strategy for demonstrating long-term workforce sustainability and retention | More information regarding funding opportunities under the WEI initiative will be posted in the near future on the program website. Please check the website for updates and details. You may also sign up to receive email notifications by filling out the contact form on the program website. |
| Is it possible to start an application and save the input data so we can come back later and resume the application from where left off? | Yes. Applicants may save draft applications and return to them to update and submit their application(s) prior to the submission deadline. |
| Also, is there a way to share an application access so various staff can input information/documents? Example, is there a way to let an IT director input all their information and then have accounting upload all the financial documents? | At this time an application is connected to a single account created by the applicant. |
| Are proposals with matching funds more favorably received than those without? | The three grant programs currently accepting applications do not have matching requirements. |
| Will providers be required to disclose their EHR contracts in order to apply for any of these funds? Information disseminated by BDO originally indicated they would be required to disclose such contracts, but the MS RHTP Project Director texted one of our members and said that was no longer a requirement. | Future grant applications may request additional documentation as deemed necessary. |
| The open NOFOs require providers to provide that they will “support” a new health information exchange developed under the RHTP. What does “support” mean? What if a provider is already connected to a health information exchange? | The HTAM initiative will support the development of a connected, statewide health information exchange (HIE). While still in the planning stages, the goal of the statewide HIE is to develop a comprehensive statewide HIE network, allowing for bi-directional sharing of information to facilitate care coordination, transfers, and site of care selection. With a goal to have comprehensive participation, future funding may be tied to participation in the HIE. |
| What is the actual timing of project completion, particularly under the cap ex funding? July 2027? | Year 1 projects should include a sustainability plan as outlined and requested in the applications currently open on the program website. Year 1 funding must be expended no later than July 31, 2027. |
| Need to discuss development of entity for Delta Region in Grant submission with CAH, Acute, REH and FQHC in Mississippi Delta. | If you have a specific question regarding eligibility we encourage you to consult the NOFOs, program FAQs, and applications available on the program website. |

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| As an association of health centers, if we are applying on behalf of multiple health centers does this restrict us to the cap or can we apply for the cap multiplied by the number of participating health centers? | Per the revised NOFOs for the three programs currently open there are no caps on the amounts that an applicant may request in their application. |
| If Year 2 NOFOs will be released in October of this year, will there be an expectation that the project year for Year 2 funding will run concurrently to the project year for Year 1 funding | Year 1 projects should include a sustainability plan as outlined and requested in the applications currently open on the program website. Year 1 funding must be expended no later than July 31, 2027. |
| If you are writing for Year 2 of the project and you were awarded in one of the first three NOFOs, are those expected to be written in the Year 2 NOFO in October? | Year 2 funding opportunities will be posted at a later date and in accordance with CMS requirements. |
| Details — are there additional materials, eligibility specifics, or application requirements available now that we should be reviewing? | Please visit the MS RHTP website to view the available NOFOs and additional informational resources for more information: https://MississippiRHTP.com/resources/ |
| Engagement — are there upcoming informational sessions or webinars, or a primary point of contact for prospective applicants? | Please visit the MS RHTP for more information regarding any upcoming community outreach events and additional program-related information: https://MississippiRHTP.com/events/ Additionally, please feel free to email us at Info@MississippiRHTP.com for additional information. |
| Notifications — please add me to any informational email lists or distribution lists so we receive program updates and NOFO announcements as they are released. | Please visit the MS RHTP for more information regarding any upcoming community outreach events and additional program-related information: https://MississippiRHTP.com/events/ Additionally, please feel free to email us at Info@MississippiRHTP.com for additional information. |
| Can you please clarify the funding amounts listed in the RTG NOFO. The amounts listed for General Technology 7 5 – 1 00 awardees $200,000 - $ 400,000 awards and Cybersecurity 6 0 – 1 00 awardees $ 100,000 - $ 300,000 awards. Are those two distinct different awards? Or a total application with a combined total of up to $700,000 grant with $400,000 toward general Technology and $300,000 specified for Cybersecurity? | Please see updated NOFOs. |
| Can you please clarify the distinction between the “applicant primary contact” and the “authorized grant/contract representative”? We want to ensure we are entering the appropriate parties for each role. Specifically, should the authorized grant/contract representative be a corporate officer or someone with formal authority to bind the organization, or may this role be assigned to an operational/program leader authorized to manage the application and grant process on behalf of the entity? | Primary contact should be the person you would like contacted should there be questions or a need to request additional information regarding your application submission. An authorized representative would be the person who has the authority to enter into a legally binding agreement on behalf of the applicant. |
| Would our organization be eligible to use grant funds at the owned property, provided that it will serve as the future healthcare delivery site for our rural population as long as it falls within the grant timeline? | Please consult the NOFO for a list of eligible and ineligible uses for these funds. |
| Can HIE's or QHINs apply as a sub-participant in the HTAM initiative? | If you have a specific question regarding eligibility we encourage you to consult the NOFOs, program FAQs, and applications available on the program website. |
| Is there a BDO email address we can submit questions to? | Please feel free to contact us with all questions or inquires at Info@MississippiRHTP.com |
| The open NOFOs require providers to provide that they will “support” a new health information exchange developed under the RHTP. What does “support” mean? What if a provider is already connected to a health information exchange? Will a provider be denied a grant if they select “no” on the related drop down question in the current application(s)? | The HTAM initiative will support the development of a connected, statewide health information exchange (HIE). While still in the planning stages, the goal of the statewide HIE is to develop a comprehensive statewide HIE network, allowing for bi-directional sharing of information to facilitate care coordination, transfers, and site of care selection. With a goal to have comprehensive participation, future funding may be tied to participation in the HIE. |
| What is the actual timing of project completion, particularly under the cap ex funding? July 2027? | Year 1 projects should include a sustainability plan as outlined and requested in the applications currently open on the program website. Year 1 funding must be expended no later than July 31, 2027. |
| Is the T.A.P.S. (Telehealth Adoption and Provider Support) grant opportunity the same as TCE (the Mississippi Telehealth HUD Connectivity, Equipment, and Education) Grant Program? | TCE falls under the TAPS initiative. It is one grant program currently available and accepting applications for funding under this initiative. |
| For the RTG application under 2A.2, it asks for "the data source and method used" but there is no field for that on the Application Chart Template spreadsheet. Does this information need to be provided and if so, where does it go | Please indicate in this column the source of your data. You may also upload documentation with your application prior to submitting it for review. |
| Our understanding was that this 20% limit applied to the Mississippi Rural Healthcare Transformation Fund as a whole, not individual programs such as the RCGC. Can you please clarify? | Per CMS guidance, the 20% cap refers to the maximum share of a state’s total RHTP allocation that can be used for capital and infrastructure investments. |

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| What is being looked for in the application under the measure table tab for collection frequency. | Performance metrics are a key component of the RHTP. Thus, applicants are required to submit information in the application that identifies the performance metric(s) that they will commit to tracking as part of their proposed project(s) including, but not limited to, the metric(s) to be tracked, the frequency at which the metric will be tracked, the data source for that metric(s), the excepted change to that metric from the measured baseline, and the owner of this data. |
| Does the clinician non-compete restriction apply when the non-compete is held by a contracted physician group or the physician's prior employer, rather than imposed by the applicant facility? | Per CMS: As stated in the discussion of unallowable costs included in the NOFO, RHT Program funds may not be used for clinician salaries or wage support for facilities that subject clinicians to non-compete contractual limitations. Funds may go towards clinician salaries and wage support if the clinician is not subject to a non-compete agreement and the salary/wage support is being funded as part of an approved initiative. |
| Are quotes to be uploaded into the portal with the grant applications? | A step by step guide to application submission may be found under the resource tab on the program website. |
| Can I have the name and email contact for the person in charge of funding in the state of Mississippi. Thank you. We would like to find a way to help support Adult Day Services in the state with training and support. | You may contact the program by submitting your questions directly to the program email address info@MississippiRHTP.com. |
| We are a dental office and could really benefit from this grant. I do not understand all the paperwork involved to apply. Can someone call or email me. I have most everything except the policies and procedures. Also needing help with which grant applies to which purchases we need to update the practice. | We encourage you to consult the step by step guide for each open application as a helpful tool for assisting you with application submission. With respect to required SOPs please refer to FAQ 5.15. |

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