

Mississippi State Department of Health (MSDH)

Notice of Funding Opportunity (NOFO)

Building Rural Health Infrastructure for Delivery, Growth, and Efficiency (BRIDGE) Innovative Pilot Program

I. Scope of Grant Project

Purpose

The Building Rural Health Infrastructure for Delivery, Growth, and Efficiency (BRIDGE) Initiative Pilot Program (Pilot Program) is designed to strengthen rural healthcare systems by expanding infrastructure and improving access to specialized services. The Pilot Program supports transformative, innovative, and collaborative projects that promote partnership and coordination across providers, improve health outcomes for high-need rural populations, and enable the State to evaluate scalable solutions to persistent rural health challenges. By combining infrastructure with innovative programming, the Pilot Program helps create a more resilient, efficient, and sustainable rural health care system aligned with long-term transformation goals.

The State of Mississippi, through the Mississippi State Department of Health (MSDH), invites Eligible Providers are Mississippi-based entities and those that primarily serve rural residents and are either licensed healthcare providers or nonprofit organizations engaged in public health or healthcare service delivery, support, or care coordination to apply for funding to develop and implement innovative pilot programs designed to address identified rural health needs, expand access to healthcare and supportive services, and improve health outcomes for rural Mississippians. Eligible entities include: rural hospitals and Critical Access Hospitals (CAHs); post-acute providers (nursing, home health, LTAC, rehabilitation, hospice); outpatient clinics, including Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs), and community health centers; behavioral health providers; emergency medical services (EMS) agencies and other emergency response partners; nonprofit community-based organizations involved in healthcare access, care delivery, public health, or care coordination; providers serving children, families, and vulnerable populations; and organizations furnishing specialty services or care coordination support to rural populations in Mississippi. The Pilot Program is part of the State's Rural Health Transformation Plan (the Plan) and is funded under the Cooperative Agreement with the Federal Rural Health Transformation Program (RHT Program).

Note: Mississippi classifies "rural" as counties with fewer than 50,000 residents, fewer than 500 people per square mile, or municipalities with populations under 15,000. Consistent with Centers for Medicare & Medicaid Services (CMS) guidance, organizations do not need to be physically located in a rural area to be eligible for participation in this initiative. Applicants must demonstrate how proposed activities will provide meaningful benefit to rural communities and rural residents in Mississippi.

Program Goal

The program provides funding to support transformative, innovative approaches in rural communities that strengthen health and well-being through cross-sector collaboration. These community-centered approaches are intended to improve outcomes, address social determinants of health, and build sustainable systems of care by advancing integrated service networks, school-based health, behavioral health partnerships, maternal and child health supports, nutrition-focused initiatives, workforce wellness, and other locally driven solutions.

Possible uses of funding could include:

- Integrated rural health collaborative networks
- School-based health ecosystems that expand access to physical and behavioral healthcare
- Employer-healthcare partnerships that improve workforce wellness
- Regional behavioral health collaboratives
- Food-as-medicine initiatives connecting healthcare providers, local farmers, and food banks
- Maternal and child health partnerships that expand prenatal and family support services
- Rural health innovation labs that foster community-driven solutions
- Programs addressing social determinants of health and barriers to healthcare access
- Innovative models that bring preventive, specialty, or chronic disease services into underserved rural communities

Program Objectives

All grant projects funded under this Notice of Funding Opportunity (NOFO) must align with at least one (1) of the program objectives listed below:

1. Expand access to healthcare and supportive services for rural residents through innovative service delivery models and community-based partnerships.
2. Strengthen cross-sector collaboration among healthcare providers, public health agencies, educational institutions, employers, social service organizations, community-based organizations, and other local stakeholders to address community health needs.
3. Increase access to preventive, behavioral, maternal, and chronic disease care through integrated, community-centered approaches that reduce barriers to service utilization.
4. Address social determinants of health by implementing collaborative strategies that improve food security, economic stability, access to care, education, and other factors influencing health outcomes.

Program Outcomes

All grant projects funded under this NOFO should address at least one (1) of these program outcomes:

- Improved health outcomes
- Increased access to healthcare and supportive services
- Enhanced care coordination

- Reduced health disparities
- Improved behavioral or maternal health
- Increased local capacity to address community health needs through sustainable, cross-sector collaboration.

Projects that do not clearly align with at least one objective and do not present a credible plan for achieving measurable results will not be considered for funding.

Note: Telehealth, electronic health record, broadband infrastructure, new construction or major building expansion, lobbying, provider payments, demolition, and other non-allowable uses identified in the Request for Application may not be charged to this program. Funding for telehealth, cybersecurity, and electronic health records were offered under separate grant programs.

II. Eligibility and Funding

Any Eligible Provider may apply for Pilot Program funding; however, each applicant is limited to one (1) application and awards will be capped at \$2 million per entity. If awarded, applicants must possess or obtain a Unique Entity Identifier (UEI), Federal Employer Identification Number (FEIN), and MAGIC Vendor Number to participate in the program.

By accepting RHT Program funding from the State of Mississippi, any eligible provider will commit to supporting the Statewide Health Information Exchange (HIE) developed under the RHT Program.

The Pilot Program is designed for organizations working to collaboratively implement transformative and innovative programs advancing the health of rural populations in Mississippi. Funding is reserved for those entities with existing local, multi-sector partnerships and for those with clear plans to develop such partnerships.

Eligible Applicants Include:

- Rural hospitals and critical access hospitals
- Post-acute care providers (nursing, home health, LTAC, rehabilitation, hospice)
- Clinics (RHCs, FQHCs, community health centers)
- Behavioral health providers
- EMS and first responders (e.g., law enforcement, fire departments, local emergency management)
- Community-based organizations
- Providers serving children, families, and vulnerable populations
- Organizations focused on care coordination or specialty services

Funding Availability

Program Year	Application Opens	Application Deadline	Anticipated Award Announcement	Performance Period
Program Year 1	10/14/2026	11/16/2026	January 2027	Execution to July 31, 2027

All awards are subject to the State's receipt of funds under the RHT Program. The State anticipates that additional funding opportunities may be available in future RHT Program years; however, an Eligible Provider's receipt of funding in one Program Year does not guarantee funding in subsequent years.

The State will provide additional information regarding the structure and requirements of future-year Pilot Program funding at a later date. Pilot Program proposals should complement, but not duplicate other programs included in the State's Plan.

For Program Year 1, the State expects to announce awardees in January 2027. The performance period for Program Year 1 runs from the award through July 31, 2027, meaning all Program Year 1 funds must be spent or incurred by then. Applicants may consider this Year 1 funding as a planning or initiation funding period and should clearly describe how the project can operate independently or support future, sustainable expansion in subsequent funding years, should available funding become available.

Given the compressed window, the State will provide awardees with a strict deadline for final reimbursement submissions before the end of the Performance Period.

Awards are limited to one application per entity. Awards will be capped at \$2 million per entity. Activities proposed in the application must be completed within the Performance Period.

Awardee Classification

Selected applicants chosen to receive funding will be classified as 'subrecipients'. A subrecipient is an entity that receives a subaward from a pass-through entity (MSDH) to carry out part of a Federal program and is responsible for programmatic decision-making (not just providing goods/services) and compliance requirements applicable to its portion of the Federal award.

A subrecipient:

- Carries out part of the Federal program
- Uses judgment/discretion in delivering program activities
- Is accountable for program compliance for its portion of the award

Subrecipients are responsible for carrying out the approved work as planned and using grant funds only for allowable, well-documented program costs. They must maintain appropriate financial and

internal controls, keep accurate records, and submit complete and timely financial and progress reports to MSDH.

They are also required to retain records, comply with monitoring and audit requirements (including Single Audit requirements when applicable), and provide documentation for oversight. When procuring goods or services with grant funds, subrecipients must follow applicable federal procurement standards, including maintaining documentation to support purchasing decisions.

All awards are subject to applicable federal and state laws, regulations, and guidance, including 2 CFR Part 200 and 2 CFR Part 300, the terms and conditions of the federal award (including CMS requirements for the RHT Program), state procurement rules, and the subaward agreement issued by MSDH, and any subsequent changes and/or updates to applicable state and federal law, regulations, and guidance. Applicants are responsible for ensuring that all activities, costs, procurement actions, contracts, and project management practices comply with these requirements.

Failure to comply with these requirements may result in disallowed costs or corrective action, including recoupment.

Funding Disbursement

Subrecipients will receive funds on a reimbursement basis. MSDH will execute and maintain the subrecipient agreements and the State will draw down funds from CMS for disbursement to subrecipients in accordance with the CMS award terms and applicable requirements (including 2 CFR Part 200). To support the drawdown, subrecipients must submit payment requests on an agreed-upon cadence using a prescribed request form, and each request must be based on documented incurrence of cost and expenditure for allowable program purposes (e.g., executed contracts with invoiced goods or services, purchase orders, payroll obligations and subsequent check or ACH) that are within the approved budget, scope of work, and period of performance. MSDH and the State will review requests for allowability and compliance with all applicable procurement requirements and, upon approval and drawdown from CMS, will work with the Mississippi Department of Finance and Administration (MS DFA) to disburse funds to the subrecipient. Subrecipients must maintain documentation supporting the obligations and expenditures and provide such records upon request.

Subrecipients may apply for advance funding if they are able to prove the reimbursement model would detrimentally impact their ability to succeed in the timely implementation and completion of their proposed capital project. A separate request form, detailing the evidence necessary for a subrecipient to receive funding in advance, can be provided to awarded subrecipients upon request. If approved, such advanced funding will be capped as a percentage of the subrecipient's total award.

Funding Restrictions

Pilot Program funds cannot be used for any purpose for which the CMS prohibits the use of RHT Program funds.

Funding restrictions include, but are not limited to:

- Total indirect and administrative costs may not exceed 5% of the award amount.
- Funds may not replace existing funding and must support new or expanded activities.
- Per employee, salaries charged to the award may not exceed the federal salary cap (\$225,700).
- Clinician salaries or wage support for clinicians subject to non-compete contractual limitations
- Funds may not support ongoing costs without a sustainability plan.
- Provider payments¹ are not an allowable use of funds under this award.
- Broadband infrastructure is not an allowable use of funds.
- New construction or major building expansion is not an allowable use of funds.
- Lobbying or advocacy activities are not an allowable use of funds.
- Investment vehicles or endowments that generate profit are not an allowable use of funds.
- Demolition of buildings is not an allowable use of funds.

Please refer to the National RHT Program [Notice of Funding Opportunity](#) released by CMS and CMS' [Frequently Asked Questions](#) regarding the RHT Program for detailed information regarding federal funding restrictions imposed by CMS on the RHT Program.

III. Reporting Requirements

The State will monitor a subrecipients' performance, including, but not limited to, through review of financial and programmatic reports and performance measures, under any Grant Agreement awarded as a result of this NOFO.

The State is required to submit detailed reports to CMS regarding activities and expenditures under the RHT Program. The State will require each subrecipient to submit quarterly progress reports and a final evaluation report to permit the State to fulfill its RHT Program requirements. Subrecipients may be required to respond to questions from or submit additional reporting to the State's RHT Program team as deemed necessary by the State.

Quarterly Progress Reports

- Expenditures to date, reported by approved budget category and performance period, with explanations for any material variances
- Progress against approved workplan milestones, including identification of delays, risks, or implementation challenges
- Preliminary performance or outcome metrics, as applicable, aligned with approved project objectives

Annual Evaluation and Final Reporting

¹ Please note that CMS' final definition of provider payments includes (1) payments to providers for performance in alternative payment models tied to outcomes, and (2) payments to providers for services that are not paid by insurers but support the strategic goals of the RHTP and tie to a specific initiative.

To support the State's required annual CMS progress report due August 30 of each year, subrecipients will be required to submit:

- A cumulative evaluation report summarizing activities, expenditures, and progress toward intended outcomes for the reporting year
- Updated outcome and performance data, including both quantitative measures and qualitative findings
- An assessment of implementation challenges, lessons learned, and implications for sustainability

Subrecipients shall provide all applicable reports in the format specified in an accurate, complete, and timely manner and shall maintain appropriate supporting backup documentation. Failure to meet submission deadlines for required reports or other requested information may result in the State, in its sole discretion, placing the Grantee on financial hold without first requiring a corrective action plan, in addition to pursuing any other corrective or remedial actions under the Grant Agreement.

IV. Application Information

Application Instructions

- Applications must be submitted through the online portal. Required attachments must be uploaded as PDF files and Microsoft Excel budget template. Please ensure all required documentation is included at the time of submission.
- **Submission Deadline: 5PM CT on November 16, 2026.**

Application Review

- Each application received by the deadline will be reviewed for completeness and responsiveness. Incomplete or unresponsive submissions will not be moved to the merit review phase.
- For the merit review phase, a review panel will employ grant-specific criteria and scoring, considering program objectives and readiness factors, as explained below under Application Criteria. As noted above, the review panel also will consider how to best distribute Pilot Program funds to ensure statewide impact and to avoid duplication with other plan programs. Based on the merit review, the review panel will make the Pilot Program award decisions.

Application Criteria

Section	Description	Points
Project description	Overview of the proposed project	45
Needs and intended outcomes	Identify at least one quantifiable need or problem that is being addressed. What are at least two intended outcomes to be achieved by this project? How is the intended program innovative and transformative in addressing the local needs	15

	and meeting the intended outcomes? What partners are, or will be, engaged in the project?	
How does the investment address the needs and intended outcomes?	What investments are to be made, and how will they relate to the needs and outcomes identified above?	10
Communities and populations impacted	Describe the rural population that will benefit and what indicators will the project rely upon to demonstrate impact? Validation of rural population will be required.	15
Challenges, risks, and barriers	Identify and describe at least two challenges, obstacles, or risks that may affect achievement of the intended outcomes.	5
Project Implementation	How will the project be carried out, including timeline, key activities, readiness to execute, and a sustainability plan outlining how activities and outcomes will be sustained beyond the grant period?	30
Implementation workplan and timeline	Can the project provide a detailed workplan with tasks, milestone steps, procurement considerations, approvals, and anticipated dates?	15
Project management and readiness	Does the project have a designated owner for major areas of project management? Are the roles of partner organizations clearly defined?	8
Sustainability	How are major points of sustainability addressed? Does the project have a designated sustainability owner, with planned community buy-in ensured?	7
Budget	Are proposed costs allowable, reasonable, non-duplicative, and clearly aligned to project scope and activities? Is the budget complete, compliant, and properly obligated?	15
Evaluation	What key performance metrics will be used to measure success and how will you track and report results to MSDH?	10
Total		100

V. Questions

Applicant Questions and Requests for Clarification

- Questions about this Grant Application, including requests for clarification or additional information, must be made in writing and submitted via email to info@mississippirhtp.com no later than **5:00 PM CT on Wednesday, October 21**.

The recording of the Pilot Program NOFO webinar is available on the [state website](#).

Potential applicants should not communicate in any other manner with State officials or State agents regarding the Pilot Program. Any attempts by a potential applicant – either directly or

indirectly - to influence or otherwise impact the outcome of the Pilot Program application process will disqualify such potential applicant from any Pilot Program award.

VI. FAQs

We encourage applicants to review the State's [RHT Program FAQs](#) before submitting your application. The FAQs provide further guidance and clarification on program requirements, eligibility, application expectations, and other common questions. As we continue to receive stakeholder questions and feedback, MS RHTP will publish updated FAQs.