MISSISSIPPI RURAL HEALTH TRANSFORMATION

INNOVATIVE PILOT PROGRAM PUBLIC QUESTION AND ANSWER PERIOD

OPENED OCTOBER 7, 2026 – CLOSED OCTOBER 21, 2026

Questions	Innovative Pilot Program FAQ Reference and Response
Can an eligible Mississippi BRIDGE applicant contract with a third-party healthcare analytics/evaluation organization to support program design, population identification, data analysis, outcome measurement, and program evaluation, where the underlying project is a qualifying rural care-delivery pilot and the analytics/evaluation services are ancillary to the primary intervention?	FAQ 2.1; 2.16; 2.25; 2.43
Are salaries and fringe benefits for Foundation-employed, nonclinical care navigators allowable when duties include community outreach, coverage assistance, appointment scheduling, warm referrals to behavioral-health and case-management providers, connection to supportive resources, and referral follow-up?	FAQ 2.2; 2.23; 2.27
Please clarify how these project personnel costs should be distinguished from prohibited provider payments and identify any applicable conditions or documentation requirements.	FAQ 2.2; 2.23; 2.27
Would a Mississippi-based for-profit entity (such as an LLC) with a history of serving children, families, and vulnerable populations be considered an eligible applicant type?	FAQ 2.4; 2.27; 2.16; 2.25
Can for profit companies providing care coordination and remote patient monitoring services apply for this grant?	FAQ 2.4; 2.27; 2.16; 2.25
I am inquiring about the BRIDGE program. What is the timeframe for application submission? Is it the same application that is entitled AccelerateMS Mississippi Rural Health Transformation Program Workforce Expansion Initiative?	FAQ 1.2; 1.3; 1.4; 3.1
Could you clarify the Innovative Pilot Program's restriction on "telehealth"? (Pg 1 of the NOFO). Does this mean all services under the pilots must be delivered in person, or is simply saying that costs cannot fund telehealth software/infrastructure? For example, could a behavioral health provider that works with schools expand services via telehealth under this program?	FAQ 2.1; 2.20; 2.43
May Pilot funds cover reasonable rent for space used to implement the approved program? Are directly attributable utilities, insurance, and maintenance eligible? What requirements apply to shared-use space, lease duration, and continued operation after the award period?	FAQ 2.3
May funds cover minor alterations necessary to establish the hub, such as exam-room partitions, patient-access improvements, handwashing facilities, or limited electrical, plumbing, and HVAC modifications? How does the program distinguish allowable minor renovations from prohibited construction or major renovation?	FAQ 2.48
Could necessary non-IT items—such as examination tables, waiting-room seating, storage cabinets, and specialty-specific clinical equipment—be included? Would eligibility differ between new equipment and replacement equipment, and what prior approvals would apply?	FAQ 2.3
What landlord consent, lease provisions, continued-use commitments, or other documentation would be required before grant funds could improve a building we do not own?	FAQ 3.1; 2.21
May the award support new staff dedicated to referral intake, scheduling, appointment preparation, transportation coordination, and tracking completed specialty referrals? How should we distinguish eligible implementation staff costs from prohibited provider payments and administrative costs subject to the 5% limit?	FAQ 2.27; 2.23; 2.9; 2.2
With clinical services financed separately, may the pilot support development of shared referral protocols, partner workflows, and program-specific training? Are any specialist participation expenses, such as travel, excluded under the provider payment restriction?	FAQ 2.24; 2.3
Would eligible renovations be classified under Category J? Does this pilot impose a renovation or capital-spending limit at the subrecipient level, and would rent, furniture, or clinical equipment count toward that limit?	FAQ 2.48
What approvals must we obtain before executing a lease, contracting for alterations, purchasing equipment, or incurring costs?	FAQ 3.1
Please also clarify the July 31, 2027, deadline: must all goods and services be received, work completed, and expenses paid by that date, and what is the final reimbursement submission deadline?	FAQ 3.1

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Could a collaborative that adds documented appointment capacity, additional specialties, participation by other rural providers, and new patient-access support qualify as an expansion? What evidence would best demonstrate that the proposal complements existing services without duplicating or supplanting current funding?	FAQ 1.2; 2.23; 2.27; 2.33; 2.30
For the rule that each "entity" may submit one application, capped at $2 million per entity, how is "entity" defined — legal name, DBA, EIN, SAM.gov UEI, or Medicaid/vendor number? Specifically, for affiliated facilities under one parent organization (e.g., a facility operating as a division of another licensed facility), would each be treated as a separate entity, or would they be aggregated with the parent for purposes of the cap?	FAQ 2.10
Can a Mississippi-based, for-profit LLC qualify as an eligible applicant under the BRIDGE Innovative Pilot Program if it provides nonclinical healthcare support, community health navigation, care coordination support, workforce development, or related services benefiting rural Mississippi residents?	FAQ 2.4
If we do not qualify as a primary applicant, may we participate as a subcontractor, subrecipient, implementation partner, or other funded partner under an eligible healthcare provider or nonprofit organization? If so, are there specific requirements or restrictions?	FAQ 2.16; 2.25; 2.1; 2.43
If a for-profit organization does qualify as a primary applicant, what documentation would be required to demonstrate that its proposed healthcare support or care coordination activities meet the program's eligibility requirements?	FAQ 2.49
Could we apply directly for the Innovative Pilot Program Grant or other funding opportunities, or would participation require a Mississippi-based partner?	FAQ 2.26
Can an organization whose primary function is healthcare transformation, education, technical assistance, and provider collaboration qualify as an eligible applicant, even if it does not directly deliver clinical services to patients?	FAQ 2.4
The NOFO states that out-of-state applicants must currently serve Mississippi rural clients and/or patients. Can rural healthcare organizations receiving education, technical assistance, consulting, or collaborative services qualify as clients for purposes of this requirement?	FAQ 2.4
Must an out-of-state applicant have an established relationship with rural Mississippi clients before submitting an application, or could an applicant qualify through documented commitments from Mississippi rural healthcare organizations that would participate in the proposed project?	FAQ 2.4; 2.15
If an out-of-state organization does not independently satisfy the existing-client requirement, could an eligible Mississippi-based organization serve as the lead applicant and contract with the out-of-state organization to provide collaborative management, workforce training, and implementation services?	FAQ 2.16
For projects that support healthcare delivery organizations rather than directly treating patients, would improvements in preventive care access, care coordination, chronic disease management, and related quality measures satisfy the requirement to demonstrate an impact on rural Mississippi patients?	FAQ 2.27
Would expenditures for provider readiness assessments, collaborative facilitation, technical assistance, role-based workforce education, LMS licensing, and outcome measurement be allowable when integrated into a broader rural healthcare transformation pilot?	FAQ 2.3; 2.23; 2.27; 2.1; 2.43
Would a newly established specialty medical practice that is developing a new rural healthcare delivery model be eligible to apply if its proposed project will establish services for rural Mississippi patients during the grant period, but the practice has not yet begun seeing patients in Mississippi?	FAQ 2.4; 2.13
May the pilot rent an existing mobile medical unit through an independent vendor?	FAQ 2.3; 2.50
Are fuel, insurance, maintenance, driver costs, and portable clinical equipment allowable?	FAQ 2.3
Are cellular BP kits, connectivity, RPM software, and monitoring personnel allowable within this integrated pilot?	FAQ 2.3
If a vehicle is purchased entirely with outside funds, may approved project-related operating expenses be charged to the award?	FAQ 2.3
The NOFO states that the program must already be in operation. Would our established Louisiana program meet this requirement if we are proposing to expand and implement it in Mississippi?	FAQ 2.26

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Does rent on grant funded equipment and space count as program income and require reporting?	FAQ 2.14
For a subrecipient that is a for-profit clinic: (1) Will insurance reimbursement for services performed using grant-funded equipment during the period of performance be treated as program income? (2) Will fees charged to visiting specialists for use of grant-funded equipment be treated as program income? (3) Rent for space renovated solely with applicant funds is not program income — please confirm. (4) Which program income method (deduction, addition, or cost share) will the subaward specify?	FAQ 2.14
Can a for-profit personal care services agency apply directly if it demonstrates that it serves rural Mississippi residents?	FAQ 2.4
Can a for-profit agency participate as a contracted vendor or project partner under an application led by an eligible hospital or healthcare organization?	FAQ 2.4
What project costs involving caregiver training, care coordination, staffing, and in-home support are allowable, given the restriction on provider payments?	FAQ 2.29; 2.23; 2.27; 2.2; 2.1
Are disposable blood-culture diversion devices allowable supply costs within a new hospital-led rural patient-safety pilot that includes collaborative education and measurable contamination-reduction outcomes?	FAQ 2.3
Who can apply? Specifically, can individual rural hospitals and clinics apply directly, or does an application need to come through a regional or state-level entity?	FAQ 2.4
Under the CMS use-of-funds categories, where would a chronic respiratory project with equipment or supply costs be expected to sit? My reading of 2 CFR 200.1 is that units under $10,000 each are supplies rather than capital, which would place them outside Category J and the 20% cap. I'd rather confirm that with you than assume it.	FAQ 3.5
Would a contracted mammography service arrangement, including equipment and operational services provided by an outside vendor, be considered an allowable contractual or vendor expense under this opportunity?	FAQ 2.3
How does MSDH distinguish allowable contracted services from the NOFO's restriction on provider payments when the project involves diagnostic or preventive healthcare services?	FAQ 2.29
Given that the first program-year performance period ends July 31, 2027, what costs may be obligated and expended during that period if the health center's proposed service model is designed to continue for three years? Can the application include a longer-term operating plan while requesting funding only for eligible costs within the first-year award period?	FAQ 2.30
Is a 501(c)(3) nonprofit community-based organization eligible to apply for this funding opportunity?	FAQ 2.4
Would our proposed initiative, emphasizing rural mental wellness, family stability, resource coordination, and access to supportive services, fall within the allowable program activities?	FAQ 1.2
Are there any additional eligibility requirements or restrictions that we should consider before preparing our application?	FAQ 2.49
Are formal partnerships with healthcare providers required at the time of application, or may those partnerships be established during program implementation?	FAQ 2.31
Specifically, we would like to know whether a for-profit counseling service may apply directly for this grant, or whether an eligible non-profit organization, school district, health care provider, or other qualifying partner must serve as the applicant.	FAQ 2.4
Would partnering with a public school, school district, non-profit organization, or eligible healthcare provider satisfy any applicable eligibility requirements?	FAQ 1.2
Would grant funds cover the costs of an LCSW providing counseling services, life coaching, program coordination, student assessments, and program evaluation, provided those expenses meet the grant guidelines?	FAQ 1.2

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Would a school-based behavioral health initiative qualify?	FAQ 1.2
What professional licensing, credentialing, liability insurance, and other documentation would we and our participating professionals need to provide?	FAQ 2.32
Must the LCSW be a direct employee of the applicant organization, or may counseling services be provided through a contractual arrangement?	FAQ 2.1
Would a small-scale pilot focused on improving emotional intelligence, decision-making, reducing repeated suspensions, and decreasing classroom disruptions be appropriate for this funding opportunity?	FAQ 1.2
What documents, registrations, financial records, partnership agreements, or other materials must we submit to determine eligibility and apply for this grant?	FAQ 2.49
Is a for-profit, privately owned medical group that serves rural Mississippi patients eligible to apply as the lead applicant, or must a nonprofit or public partner serve as lead?	FAQ 2.4
If an organization has several affiliated entities under common ownership, each with its own NPI or TIN, may each affiliate submit one application proposing a distinct project, or are affiliated entities treated as a single applicant?	FAQ 2.11
If an applicant has also applied under another RHT Program initiative (such as BRIDGE or WEI), how will the review panel evaluate duplication? Is a pilot that uses different staff, activities and budget lines acceptable?	FAQ 2.33
May grant funds be used for new program staff (for example, program coordinators, health educators and community health workers) employed by the applicant? Is the time of licensed clinicians who participate in program activities, such as screening events, allowable, or would it be considered a provider payment?	FAQ 2.23
For services delivered under the pilot that are also billable to insurers, how should the budget treat them? Should grant funds be limited to the non-billable components of the program?	FAQ 2.20
Are modest equipment and supply purchases directly tied to program activities (for example, point-of-care testing supplies or screening devices) allowable, and is there a per-item threshold or prior approval requirement?	FAQ 2.3, 2.41, and 3.5
Contractual and vendor services are allowed. Are contracts with entities affiliated with the applicant permitted, and if so, what documentation or procurement standards will be required?	FAQ 2.1 and 3.1
Are employers participating in a pilot (including cost-sharing or in-kind contributions) required to be named in the application or documented with letters of commitment, and do such contributions count toward the sustainability criterion?	FAQ 3.2 and 2.31
The amended NOFO allows telehealth costs that are a component of a larger innovative pilot. Is there guidance on how much of the budget may be telehealth-related before a project is considered an add-on to an existing practice?	FAQ 2.22
Is there an anticipated schedule for payment request review and reimbursement, and what is the expected process and timing for an advance funding request?	FAQ 3.3
I believe under the pilot program, vehicles are prohibited items. Would you please provide further clarification on what constitutes a vehicle? Would a 33ft+ mobile clinic constitute a vehicle in this instance and therefore prohibited? Or is it allowable?	FAQ 2.50
The “vehicle” would function as a mobile care delivery site rather than being used for personal or patient transportation. Would this purchase be an unallowable expense under the new vehicle restriction, or could it be considered an allowable component of a new or expanded healthcare initiative?	FAQ 2.50
Could you please confirm whether an established out-of-state healthcare organization seeking to open a new rural Mississippi clinic is eligible to apply, or whether the requirement to currently serve rural Mississippi patients is mandatory without exception? We would also appreciate clarification on whether any alternative applicant structure or partnership arrangement would satisfy the eligibility requirements.	FAQ 2.26; 2.25
Our nonprofit organization works in partnership with a Mississippi-located hospital. We are located outside MS, but have both banking and mail service in MS. We use the address at the hospital as all of our referrals come through the practice. Are we eligible to apply?	FAQ 2.26; 2.25

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Would the purchase of a dependable, pre-owned towing vehicle dedicated to this grant-funded initiative qualify?	FAQ 2.28; 2.3; 2.21
If vehicle acquisition is permitted, what purchasing restrictions, documentation, ownership requirements, and approval procedures apply?	FAQ 3.1
If vehicle acquisition is prohibited, would contracted towing or vehicle rental qualify as an allowable alternative?	FAQ 2.28
Are food ingredients, meal preparation expenses, and necessary food-service equipment allowable under the proposed rural nutrition initiative?	FAQ 2.3
Is a for-profit LLC eligible to apply directly if it meets the program's rural service requirements?	FAQ 2.4
What is the maximum funding amount allowed?	FAQ 2.18
What is the maximum Facilities and Administrative (F&A) rate allowed?	FAQ 2.18
What is the maximum number of years permitted for the grant?	FAQ 2.18
Would grant funding be allowable for the salaries and benefits of newly hired therapists who would help establish and implement this pilot program, including providing direct clinical services?	FAQ 2.31
Additionally, if the hospital bills Medicare, Medicaid, or commercial insurance for services provided by these therapists, would their salaries remain eligible grant expenditures, provided there is no duplication of reimbursement?	FAQ 2.9
Could you please confirm whether an established out-of-state healthcare organization seeking to open a new rural Mississippi clinic is eligible to apply, or whether the requirement to currently serve rural Mississippi patients is mandatory without exception?	FAQ 2.26
We would also appreciate clarification on whether any alternative applicant structure or partnership arrangement would satisfy the eligibility requirements.	FAQ 2.25
Does the BRIDGE Innovative Pilot Program require existing rural Mississippi operations, or can an out-of-state provider qualify? Would establishing a Mississippi entity or local partnership meet eligibility requirements?	FAQ 2.26; 2.25
We do not currently serve Mississippi patients but would like to add a branch. Does the BRIDGE Innovative Pilot Program require existing rural Mississippi operations, or can an out-of-state provider qualify? Would establishing a Mississippi entity or local partnership meet eligibility requirements?	FAQ 2.26 and 2.25
Is a physician-owned practice operating a mobile clinic with intentions to expand services to underserved communities eligible to apply?	FAQ 2.50
May funding support medical equipment and supplies used to deliver care at mobile clinic locations and school districts?	FAQ 2.3; 2.41; 3.5
Does the mobile clinic's lease-to-own arrangement affect eligibility?	FAQ 2.50; 2.21
We have existing relationships with hospitals and health systems currently where we provide outpatient teleneurology, as an example, but if a hospital or health system chooses to add emergent telestroke services with us, would that be eligible for this program?	FAQ 1.2
If we have an existing relationship with a health system to provide emergent telestroke services at 2 out of 4 of their locations, and they wanted to add the other 2 locations to receive emergent telestroke services with us, would that be eligible for this program?	FAQ 1.2

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Can a Mississippi LLC providing nonclinical postpartum recovery and care-coordination services apply directly?	FAQ 2.4
Must an eligible healthcare organization serve as the lead applicant?	FAQ 2.4
Would partnerships with an existing Rural Health Transformation awardee strengthen or be required for eligibility?	FAQ 2.34
When are the formal notice, application window, and applicant guidance expected to be released?	FAQ 1.4
Are residential postpartum recovery, maternal care navigation, telehealth support, and related rural access activities expected to be allowable?	FAQ 1.2
Will clinical decision-support software, such as AI triage for stroke, be an allowable cost for applicants?	FAQ 2.35
The October 9 amendment removed the "licensed healthcare providers or nonprofit organizations" language and lists "organizations focused on care coordination or specialty services" and "other entities." Please confirm that a for-profit care coordination organization that is not licensed by MSDH is an eligible applicant. Prequalifying Question 1 still begins "Are you an Mississippi-located eligible provider applicant"; should an eligible applicant located outside Mississippi that currently serves rural Mississippians answer "Yes"?	FAQ 2.4
What documentation satisfies the requirement to demonstrate current service and to report rural encounters and unduplicated rural patients? For a care coordination organization that reaches rural Mississippians through contracted community pharmacies and other partner sites under existing agreements, may encounters delivered through those partners count, and is a report from the applicant's care coordination or referral system an acceptable baseline source?	FAQ 2.12; 2.31
Would payment under a competitively procured services contract to community pharmacies or clinics for defined non-clinical services (for example, social needs screening, referral handoff and appointment reminders) that are not billed to any insurer be treated as a provider payment under footnote 1 of the NOFO, or as allowable contractual services?	FAQ 2.17
Application Prequalifying Question 2 lists "other technology solutions" as not chargeable, while the BRIDGE initiative page and the State's Project Narrative list care coordination tools and technology as a pilot use. Is a subscription to care coordination and closed-loop referral software, used only for the pilot during the period of performance, an allowable cost?	FAQ 2.35; 2.21
Given that vendors must not be selected before award, may an application name an existing partner organization expected to provide contractual services, and use that partner's pricing to support the budget estimate, with procurement completed after award? Which noncompetitive bases apply to for-profit and nonprofit subrecipients: the two listed in Appendix I or the four described in the Awardee FAQ?	FAQ 2.31. All awardees will be required to follow 2 CFR 200 requirements regarding procurement including required outreach and competitive procurement methods where applicable. BDO GS will train all awardees on the procurement standards applicable for this program following award announcements. For this reason, vendors may not be selected prior to award selection. You may include, however, in your proposed budget estimates regarding the proposed cost to complete the project as proposed.
May a for-profit subrecipient include a fee or profit, or must its own costs be charged at documented cost (2 CFR 200.400(g))? Does the 5% cap on indirect and administrative costs apply to the full award amount including contractual costs, and does it include a contractor's own overhead?	FAQ 2.14; 2.51
Are purchased per-trip transportation services for pilot participants (not vehicle purchases, and not trips covered by Medicaid non-emergency transportation) an allowable cost?	FAQ 2.36
How many awards does MSDH expect to make, may the panel award less than the amount requested, and may applicants upload letters of support or a service-area map? When will the October 6 webinar recording and the answers to these questions be posted?	FAQ 2.7. Please see the NOFO regarding funding available at this time and caps on award amounts. Applicants may apply for less than the $2M cap. Please visit: Funding - Mississippi RHT Program.
For an applicant organized outside Mississippi, is registration with the Mississippi Secretary of State required before award execution, and what is the typical lead time to obtain a MAGIC vendor number and enroll in PAYMODE?	FAQ 2.37

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What does the commitment to support the Statewide Health Information Exchange require of an applicant that does not operate an electronic health record?	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. All applicants are required to support this effort by the State.
Are patient-facing digital care-coordination tools and associated software licensing, implementation, training, and evaluation costs allowable when incorporated into a larger innovative pilot?	FAQ 2.35
May an eligible Mississippi applicant include an external technology partner in its proposed project budget, subject to applicable procurement requirements?	FAQ 2.4
Are there specific limitations on patient-held longitudinal health information tools that operate alongside, rather than replace or integrate directly with, an EHR?	FAQ 2.38; 2.35
Will clinical decision-support software, such as AI triage for stroke, be an allowable cost for applicants? Will the October care-gap opportunity allow clinical decision-support software as an eligible cost, and may vendors attend applicant sessions?	FAQ 2.35
May a new site qualify using my original practice's rural-service history? What financial records must an applicant without a completed fiscal year submit? If this structure is ineligible, what applicant or affiliated-entity arrangements are permitted while preserving the new site as a separate business?	FAQ 2.6; 2.11
How do provider-payment restrictions and salary rules apply to an hourly NP coverage guarantee, including off-day patient care, and incremental collaborating-physician coverage? Please identify required rate approvals, documentation, non-compete restrictions, and related-party requirements.	FAQ 2.39
For each service below, please confirm eligibility and whether it counts toward the combined 5% administrative/indirect cap, regardless of whether charged directly or indirectly: temporary startup coordination of space setup, procurement, and deliveries; grant bookkeeping and accounting-system setup; and my project-specific, nonclinical workflow development and staff training.	FAQ 2.4; 2.51
How should patient-support/front-desk duties, credentialing, outsourced claims billing, and lease legal review be classified? May documented original site payroll costs for a defined new site enrollment assignment be reimbursed under a disclosed intercompany agreement?	FAQ 2.23; 2.27
May funds cover rent and NNN charges, cleaning, furniture, mobile diagnostic equipment, minor privacy modifications, and initial clinical supplies? How must patient collections be treated, including as program income, and how should clinical costs be separated from insurance-reimbursed services?	FAQ 2.3; 2.41
Do the technology exclusions cover ordinary laptops, desk phones, recurring telephone/internet service, and standard office or accounting software, in addition to EHR and cybersecurity? Please identify any exceptions available under this pilot.	FAQ 2.3; 2.20; 2.35; 2.1; 2.43
Can the address remain pending with a documented site-selection plan? Please clarify the required sequence of procurement approval, contract signing, and spending; the treatment of an existing original site clinician contractor; and where to obtain the current budget and measures templates.	FAQ 2.49, 3.1, and 3.6. The Budget Template and Chart Templates (which include the measures) can be found in the Application, which is posted to the MS RHTP website. Please visit: Funding - Mississippi RHT Program.
May this clinical pilot receive a controlled advance, and under what conditions? Please confirm reimbursement timing; required financial/progress reports and supporting records; whether a bookkeeper may prepare these with owner review or CPA involvement is required; and final spending, payment, and submission deadlines if award execution occurs later than anticipated.	FAQ 3.3
Would an established healthcare business transitioning into a telehealth-based practice, currently in the startup phase, qualify for funding?	FAQ 2.40
I have an active APRN license, collaborative agreement, NPI, EHR, and telehealth platform. I have also secured credentialing with Mississippi Medicaid and UnitedHealthcare, with Blue Cross Blue Shield credentialing pending. At this time, I have not yet secured malpractice insurance coverage or established an active patient panel. However, my intended service population is residents of the rural Mississippi Delta. Would my current operational status disqualify me from applying for the Innovation Pilot Program?	FAQ 2.13
Would diagnostic equipment purchases, including replacement or upgraded imaging equipment, be considered eligible expenses under the Innovative Pilot Program if they support a broader initiative focused on chronic disease prevention, early detection, and expanded access to rural healthcare services?	FAQ 2.41

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Does the program distinguish between replacing outdated or nonfunctional equipment and purchasing equipment to establish new services?	FAQ 2.41
Is a privately owned, for-profit nurse aide training organization eligible to apply directly for the Innovative Pilot Program Grant?	FAQ 2.4; 2.27
If a for-profit training organization is not eligible to apply directly, may it participate as a contracted training provider or project partner with an eligible rural healthcare organization, nonprofit, or educational institution?	FAQ 2.1; 2.16;2.25; 2.43
May grant funds support CNA instruction, clinical training, textbooks, uniforms, certification examination fees, background screenings, and other required training expenses?	FAQ 2.1; 2.3; 2.23; 2.27
Can grant-funded healthcare workforce initiatives include high-school students ages 17–18 who are preparing to enter healthcare occupations?	FAQ 1.2
May the program support unemployed, underemployed, or low-income adult learners seeking entry-level healthcare certification?	FAQ 1.2
Although our institute is located in Central Mississippi, would a proposed project qualify if the training primarily benefits residents of eligible rural Mississippi communities and supports rural healthcare employers?	FAQ 2.4; 2.12; 2.27
Would a project that combines CNA education, clinical partnerships, employment placement assistance, and recruitment into rural healthcare facilities be considered an eligible innovative healthcare initiative?	FAQ 2.27; 2.23; 2.25; 2.1
We are also exploring the establishment of a separate nonprofit healthcare workforce foundation. Would a newly established nonprofit organization be eligible to apply or participate in a partnership, and are there minimum operating-history requirements?	FAQ 2.6
Can a for-profit company apply directly to run a pilot using its own software?	FAQ 2.4; 2.35
What evidence of current service to rural Mississippi communities must the company provide, separate from my work as a practicing physician?	FAQ 2.12
Could funding cover software adaptation, implementation, staff training and independent evaluation? Would payment be reimbursement only, or could this type of pilot receive an advance?	FAQ 2.35; 3.1
Can grant funds compensate a physician-owner for time specifically dedicated to administrative and program-management responsibilities for the funded initiative, such as coordinating with partners, supervising program staff, overseeing implementation, tracking outcomes, and completing required grant reporting?	FAQ 2.8, 2.9, 2.24; 2.51
Can grant funds pay salaries or contracted costs for athletic trainers, rehabilitation/physical therapy staff, program coordinators, and other staff needed to implement and operate the pilot?	FAQ 2.1; 2.2
For a new program hiring staff specifically to implement the grant, how are payroll expenses handled? Does the organization need to pay payroll first and then request reimbursement, or can approved program salaries be funded in advance? Additionally, can advance funding be requested for significant upfront equipment purchases, and if so, what portion of the award may be advanced?	FAQ 2.23; 2.51; 3.1; 3.3
Is a nurse-practitioner-led, for-profit outpatient clinic an eligible applicant under the "Clinics" / "outpatient clinics" category?	FAQ 2.4
The NOFO reserves funding for entities with existing local, multi-sector partnerships or clear plans to develop them. Are letters of support sufficient at the application stage, or are signed MOUs expected? Is there a preferred upload location in the portal for partner letters?	FAQ 2.7
The NOFO says awardees must possess or obtain a UEI, FEIN, and MAGIC Vendor Number "if awarded." Can we apply with a UEI registration pending, and is there a deadline after award by which the UEI and MAGIC number must be active?	FAQ 2.49; 2.37
The application references a Microsoft Excel budget template. Is the template available inside the application portal, or can it be provided separately?	The Budget Template is available within the Application Portal. The Application can be found here: Funding - Mississippi RHT Program.

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Are salaries for newly hired non-clinician care coordination staff (e.g., care coordinator, community health worker) allowable under the Pilot Program, provided they support new activities and are not subject to non-compete limitations?	FAQ 2.23
If grant-funded staff also support Medicare-billable care management services, what documentation does MSDH expect to show that grant-funded time is separated from billable services?	FAQ 2.9
For a small practice, will written policies adopted before submission (financial management, grant management, and 2 CFR 200 procurement) satisfy the "written policies and procedures" upload requirement?	Under 2 CFR Part 200 Subpart D (Post Federal Award Requirements), recipients must establish and maintain internal systems and documentation to ensure compliance with federal statutes, CFR provisions, and the terms and conditions of their award. Federal awardees must have written Standard Operating Procedures (SOPs) that document how they comply with applicable federal laws, regulations, and award terms, covering key areas such as financial management, internal controls, procurement, subrecipient oversight, and reporting.
The NOFO describes quarterly progress reports, but the application certifies monthly reports. Which cadence applies?	Please see the revised NOFO on the MS RHTP website: Funding - Mississippi RHT Program. A specific cadence will be provided upon award.
The NOFO does not include the total amount the state is providing for this initiative. Can you provide that information. I understand its 2m per award but what is the total amount available for the entire initiative?	Please see the revised NOFO on the MS RHTP website. Please visit: Funding - Mississippi RHT Program.
What is the definition of a vehicle? Would a mobile unit be considered a vehicle?	FAQ 2.28; 2.50
For HTAM, we had several applications within the organization. When you say one application per applicant, are you referring to the organization as the applicant? Or could an organization submit 4 applications by 4 different applicants?	FAQ 2.11; 2.19
Do we need to submit a detailed project plan to show how we accomplish the product to be ready to use in MS RHTP ?	FAQ 2.49
Are public institutions of higher education eligible to apply?	FAQ 2.4
I see the pdf application on the MS RHTP website; however will there be an online application, and where will that be located?	The Application is available at Funding - Mississippi RHT Program.
For organizations that have received RHTP awards, how will Mississippi distinguish between activities the awardee is expected to perform internally and implementation capabilities that can be contracted to outside partners — particularly workflow redesign, operational analytics, performance measurement, and implementation support?	FAQ 2.33
How many applications will be funded?	The NOFO outlines the funding restrictions and available budget for this program at this time. Please visit: Funding - Mississippi RHT Program.
Is it likely that future rounds of funding will have a full 12 month project period?	Future funding opportunities and timeframes will be announced upon approval of the State's Funding Year 2 budget by CMS. Please continue to monitor the program website for information. Please visit: Funding - Mississippi RHT Program.
Have Home Health and Hospices been excluded from participating in the program?	FAQ 2.4
Can a community college be considered as a community-based organization?	FAQ 2.4
Is an entity defined as an individual hospital or a hospital system with multiple hospitals in Mississippi?	FAQ 2.10; 2.11; 2.19
Can a minority owned start up from Missouri participate?	FAQ 2.26; 2.13

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What is the definition of salary cap of $225k? Is that overall sum of salaries for the team or a single person?	U.S. Department of Health & Human Services (HHS) Executive Level II Salary Cap applies. Any amount paid above the federal salary cap will be required to be paid with non-federal funds. Salaries charged to the award may not exceed the federal salary cap of $225,700.
Explain why Provider payments are excluded?	FAQ 2.8
You stated the grant is limited to 1 application per applicant, does that refer to one application per TIN?	FAQ 2.11
Is it possible to apply for multiple projects with one application as long as the amount requested is less than $2 million?	FAQ 2.11; 2.19
Will a project that involves two or more counties get priority over one limited to a single county?	FAQ 2.42
Will technology infrastructure and performance improvement be a high priority for this round of funding like decision support and costing engine?	FAQ 2.35
Will there be a centralized vendor or technical-assistance pathway for RHTP implementation, or should implementation partners develop relationships directly with individual awardees and regional entities?	FAQ 2.43
The Innovation Pilot program allows funding for renovations?	FAQ 2.48
Can equipment be purchased with these funds.	FAQ 2.41
Can a home-based childcare provider apply?	FAQ 2.4
Can a 501(c)(3) youth mental health nonprofit apply directly, or participate with a clinical partner, for a rural youth mental health education and referral-navigation pilot?	FAQ 2.4
Can an organization with another Mississippi RHTP award apply for a distinct Innovation Pilot project? How should we demonstrate nonduplication?	FAQ 2.33
If a collaborative of multiple hospitals/non-profits/clinics etc. applies, is it still capped at $2M? Would you recommend independent applications?	FAQ 2.10; 2.45
Are contractual services allowed under this NOFO?	FAQ 2.1
Will the NOFO give new applicants guidance on CMS designation, and/or can you give any guidance on how to apply for this?	FAQ 2.44
Can an applicant name technology vendors, evaluators or other contractors as partners in a pilot application? If so, do those partners still have to be procured under 2 CFR 200 after the award?	FAQ 3.2
How much of the budget can be allocated for construction?	FAQ 2.48
Can this funding support current staff/acquire new staff for training and staffing needs?	FAQ 2.23
Is this grant open to privately owned businesses that do not have a connection to a state entity?	FAQ 2.4

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I'm seeking clarification on the submission limit for the BRIDGE Innovative Pilot Program. In the NOFO, does “applicant” refer to the university or to an individual applicant? It states that submissions are limited to one, but I'm unclear whether that limit applies per individual or to the university as a whole.	FAQ 2.4; 2.10
Would a caregiver-support technology-based component be eligible as part of a larger pilot focused on rural healthcare access or care coordination, or must the technology directly support clinical services?	FAQ 1.2; 2.35
What evidence is required to demonstrate existing service in rural Mississippi? Would a partnership with an eligible local healthcare organization be sufficient, or must the applicant or technology vendor already have an established operational presence or documented service history in the state?	FAQ 2.12; 2.16
If we hire a therapist before the grant period using our own funds, would that employee’s salary and benefits be eligible for grant reimbursement for approved pilot activities performed during the grant period?	FAQ 2.23
Is an independent for-profit pharmacy an eligible lead applicant under the "licensed healthcare providers" or "organizations furnishing … care coordination support" categories? Or must a pharmacy take part only as a partner of another eligible applicant?	FAQ 2.4
Our county has more than 50,000 residents but fewer than 500 people per square mile. Does it meet the State's rural definition, or should we count only patients who live in qualifying adjacent rural counties?	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: Resources - Mississippi RHT Program.
Can pilot funds cover the new staff time, supplies, and equipment needed to provide adherence packaging and care coordination to rural patients whose insurance does not pay for these services, or would those costs count as “provider payments”?	FAQ 2.9; 3.5
Our organization is a Mississippi-based, for-profit business providing non-medical in-home care and supportive services to seniors, veterans, and individuals with disabilities in rural communities. Under the amended eligibility language addressing community-based organizations, care coordination, and other entities addressing community-level health needs and outcomes, would our organization qualify to apply for funding for an innovative rural aging-in-place and care coordination pilot?	FAQ 2.4
Would a collaborative project involving non-medical home care support, preventive health education, referral coordination, and partnerships with healthcare providers be eligible for consideration, subject to the program’s funding restrictions?	FAQ 2.4; 1.2
May two eligible entities with different applicant-level NPIs or TINs submit separate, complementary projects under one regional collaborative model?	FAQ 2.45
May the two applications use the same community needs assessment, governance structure, letters of commitment, and evaluation framework if each has a distinct scope, budget, and deliverables?	FAQ 2.46
What level of minor renovation and equipment is allowable for a food-as-medicine demonstration kitchen?	FAQ 2.48; 3.5
Are leased or contracted transportation services allowable when new vehicle purchases are prohibited?	FAQ 2.21
Which telehealth expenses are allowable when telehealth is embedded in a broader coordinated-care pilot?	FAQ 2.22
Are software configuration, interface, referral-management, population-health analytics, or data-integration costs allowable if no new EHR is purchased?	FAQ 2.35
May applicants budget staff such as referral managers, CHWs, dietitians, navigators, project managers, and data analysts when these positions support new or expanded activities?	FAQ 2.2
May applicants contract with a partner eligible entity for defined services, provided the relationship is procured properly and is not a subgrant?	FAQ 2.1; 2.29
Can an entity participate as a non-funded partner in both applications?	FAQ 2.4

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How should applicants distinguish contractual partner services from prohibited provider payments?	FAQ 2.29
If two independent eligible applicants use existing EHR and analytics systems, are one-time interface-development and configuration costs allowable under the Innovative Pilot Program when the interfaces are necessary solely to establish shared care-coordination, referral tracking, performance measurement and evaluation for the pilot, and do not involve acquisition or replacement of an EHR, broadband infrastructure, cybersecurity system, or stand-alone technology platform?	FAQ 2.35; 3.6
Can a Mississippi registered single member LLC qualify? What evidence satisfies the requirement to currently serve rural Mississippi clients, and can unpaid services count?	FAQ 2.4; 2.12
If we cannot apply directly, could we compete to provide contracted services after an eligible organization receives an award? Does the existing rural client requirement also apply to contractors?	FAQ 2.16; 2.25
Which nonclinical postpartum services qualify, including daytime home support, doula education, and care navigation? Would payments for any of these fall under the prohibited provider payments category?	FAQ 1.2; 2.2
Can the budget cover staff time, home visit mileage, supplies, training, and outcome tracking? Which expenses count toward the administrative cost limit?	FAQ 2.3; 2.51
For a pilot serving ten mothers, how must we document rural eligibility? Is a clinical referral partner required when applying, or can partnerships be established later?	FAQ 2.12; 2.31
What credentials must postpartum support staff hold, and when? Can someone completing doula certification participate if all required credentials are obtained before services begin?	FAQ 2.32
What do we do about procurement for products that are not sole source procurements but they are products we already utilize within our practice and are compatible with our current software and EHR? We don't want to procure other brands that we are not currently utilizing or trained on.	FAQ 3.6
Can the grant funds pay for actual medical care? Our model is unique to treating individuals in poverty, but self-insured companies often use it internally to provide care. This model charges a monthly fee that covers everything from the provider's salary to the cost of software, bandages, and bloodwork. In our model, the nonprofit acts as a self-insured company normally would, and pays the fee, and our partner runs the clinic and provides the care. The model is very effective and eliminates access barriers and the financial barrier to receiving first-level care. However, I do not know whether this grant would cover a fee that includes all medical care provided.	FAQ 2.47
Are newly established, privately owned, for-profit outpatient psychiatric practices eligible to apply, even if they have limited operating history and have not previously received federal grant funding?	FAQ 2.6; 2.13
For a proposed new rural behavioral-health access and care-coordination initiative, are salaries or wages for existing clinical and administrative personnel allowable when the expenses are directly attributable to new or expanded grant-funded activities, properly documented, and not replacing existing funding?	FAQ 2.2
I am still somewhat confused about provider salaries. In all the information that I read it only states that providers with non-compete clauses are excluded. In the CMS Q/A sheet is states providers salaries are allowed if there is no other funding source. I can understand when the clinic starts being reimbursed by insurance then this portion should not be allowed. The problem small clinics face is the 90 to 120 days it takes a provider to become credentialed. For that period the clinic must fund all expense of the service. So, my question is, can you budget provider salaries for the first 90 to 120 days after a provider is hired?	Subrecipients would need to demonstrate that any salary payments were not subsequently paid with other funds to prevent any duplication of benefits and/or supplanting concerns as prohibited by federal law.
The October 8 amendment indicates telehealth costs that form part of a larger innovative pilot may be considered, while standalone telehealth additions are not eligible. If a pilot's crisis and care-coordination components include a telepsychiatry element for specialist coverage, which cost categories for that element are allowable, and how should they be shown in the budget?	FAQ 2.5; 3.5
For renovation of existing clinic space to create a psychiatric emergency / crisis stabilization capability (PES), are staffing costs for the first performance period allowable alongside the renovation and equipment, and are there square-footage or licensure conditions we should design to?	FAQ 2.48; 2.2
Is a transcranial magnetic stimulation (TMS) device an allowable equipment purchase as specialized psychiatric equipment for a treatment-resistant depression service line? Are there per-item cost thresholds or prior-approval requirements for equipment?	FAQ 3.5

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Where is the line between allowable renovation of an existing facility and excluded major expansion — is the test cost, square footage added, or structural change?	FAQ 2.48
Where a provider group and its affiliated nonprofit foundation are related, may either entity apply, and does an existing RHTP subaward (TCE) held by one entity affect the other's eligibility for BRIDGE, given the one-application-per-entity rule?	FAQ 2.33; 2.11
Must the MAGIC Vendor Number and UEI be in place at application (November 16), or is award-stage registration sufficient?	FAQ 2.49
The NOFO caps indirect/administrative costs at 5% of the award. Is the 5% calculated on the total award amount, and does it include fiscal/ administrative staff time charged as direct personnel?'	FAQ 2.51
For equipment purchases above a set amount, is any advance or progress-payment mechanism available, and what evidence does it require?	FAQ 3.3
Are signed letters of commitment from collaborating organizations (schools, hospital/EMS, county agencies, community foundations) required at application, or may they be provided at award?	FAQ 2.7
With awards expected in January 2027 and the Year 1 performance period ending July 31, 2027, may renovation and hiring begin before subaward execution at the applicant's risk, or must all costs fall after execution?	FAQ 2.3
We hold a TCE subaward whose scope excludes EHR. Please confirm that BRIDGE-funded activities are permissible so long as no cost is charged to more than one award, and whether a written non-duplication statement is required as an exhibit.	FAQ 2.33
Are personnel or contracted costs for behavioral health screening, patient navigation, referral coordination, and follow-up allowable? How does the restriction on provider payments apply to these activities?	FAQ 2.2; 2.29
If our entity assists with proposal preparation, what procurement, disclosure, or conflict-of-interest requirements would apply if it later seeks to provide implementation services?	The application would need to note all parties that will be part of the implementation process for the proposed project and their proposed scope.
How should costs for direct program development, training, and evaluation be classified? Under what circumstances would these count toward the 5% administrative and indirect cost cap?	FAQ 2.51
What eligibility documentation would a charitable medical center need to provide as the lead applicant for this type of pilot?	FAQ 2.12
Are training and certification costs for existing clinical staff (for example, nationally recognized chemotherapy administration courses, exam fees, and supervised clinical practicum time) allowable under the Pilot Program?	FAQ 2.3
Are salaries for newly created, non-physician positions dedicated to the Pilot (for example, a patient navigator or prior authorization specialist) allowable, provided they support new activities and do not replace existing funding?	FAQ 2.2
Is equipment necessary to deliver a new specialty service under the Pilot (for example, infusion chairs or safe drug handling equipment) allowable, and does a dollar or percentage limit apply?	FAQ 2.3; 3.5
May multiple independent hospitals each submit their own Pilot application for a coordinated project within a shared network, provided each has its own scope, budget, and site-specific activities and no costs are duplicated?	FAQ 2.45; 2.46
May a statewide nonprofit association submit a Pilot application for shared network functions while participating hospitals submit separate applications for their own site costs?	FAQ 2.45; 2.46
Given the prohibition on subgranting, may a Pilot applicant contract with partner organizations (for example, a consulting firm, an oncology practice, or a revenue cycle firm) for defined services, following federal procurement standards?	FAQ 2.1
Does a pilot that restores a specialty service previously offered at rural hospitals, such as outpatient chemotherapy, fall within the objective of "innovative models that bring preventive, specialty, or chronic disease services into underserved rural communities"?	FAQ 1.2

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Are clinical service delivery costs during the performance period (for example, nursing time spent delivering the new service) allowable, or is the Pilot limited to design, coordination, and capacity building?	FAQ 2.3
If a hospital receives a Pilot award, may it also receive an EHR Replacement Program award for related but distinct technology costs, provided costs are not duplicated?	FAQ 2.33; 2.35
What documentation is required to request advance funding rather than reimbursement, and what percentage of an award may be advanced?	FAQ 3.3
Will the State consider geographic distribution when making awards, and could multiple awards within one coordinated network be reduced or limited for that reason?	FAQ 2.42
The NOFO identifies behavioral health providers, outpatient clinics, and organizations serving vulnerable populations as eligible applicants. Are newly established, for-profit psychiatric healthcare practices eligible to apply, or must an organization already be fully operational and providing services?	FAQ 2.6; 2.13
The eligibility criteria indicate that applicants must demonstrate that they are currently serving rural Mississippi patients or clients. Would a newly established practice that has not yet begun seeing patients be eligible to apply if its proposed initiative is specifically designed to address documented gaps in rural behavioral healthcare access?	FAQ 2.6; 2.13
Would a proposed initiative focused on developing and implementing an integrated rural behavioral health program, including maternal mental health screening, psychiatric evaluation, care coordination, and collaborative partnerships with local healthcare providers, fall within the intended scope of the Innovative Pilot Program? Additionally, could funding support the initial development and implementation of such a program, provided the proposed expenditures meet the program's allowable cost requirements?	FAQ 1.2; 2.4
Does an applicant need to have formal partnerships established at the time of application, or would a detailed plan to develop collaborative relationships with local healthcare organizations, maternal health providers, and community stakeholders during the project period satisfy this requirement?	FAQ 2.31
I understand that funding is primarily provided on a reimbursement basis, although the NOFO outlines provisions for advance funding under certain circumstances. Would a newly established healthcare organization with limited initial operating capital be eligible to request advance funding if selected for an award?	FAQ 3.3
Our program involves a nonprofit and a company we partner with, which we pay a monthly fee to, to fully run a medical clinic in rural MS. I'm having trouble determining where in your budget spreadsheet I should put the fee we pay them for service. Since supplies and equipment are also included in the fee, I wasn't sure whether Contractual was the right place for it.	FAQ 2.1; 2.17; 2.29; 2.47
Is a for-profit, independently owned outpatient speech-language pathology private practice an eligible applicant for the Innovative Pilot Program Grant?	FAQ 2.4
For the Innovative Pilot Program Grant, is there a cap on indirect costs, and are minor interior modifications to set up a dedicated infant feeding treatment room an allowable cost?	FAQ 2.51; 2.48
Is a separately incorporated 501(c)(3) community development nonprofit organization eligible to apply directly for the Innovative Pilot Program Grant when its proposed activities focus on community health outreach, preventive health education, and improving access to healthcare resources?	FAQ 2.4
Is a community development nonprofit eligible to serve as the lead applicant even if it does not directly provide licensed healthcare services but has established experience conducting community health outreach activities in collaboration with healthcare providers?	FAQ 2.27
May the community development organization apply as the lead applicant while utilizing property provided by its affiliated faith-based church as the location for proposed grant-funded activities?	FAQ 2.21 and 2.31
How do we know if our area meets the rural geographic eligibility requirements?	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: Resources - Mississippi RHT Program.
Would the community development organization's approximately five years of conducting multiple community health fairs annually, in collaboration with healthcare providers, demonstrate relevant organizational experience for applicant eligibility?	FAQ 2.4. Please also see the NOFO and application template on the program website for more guidance on the type of information applicants will be asked to supply with their applications. Please visit: Funding - Mississippi RHT Program.

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Can the community development organization's existing relationships with healthcare providers support the grant's partnership requirements, or must formal agreements with licensed healthcare organizations be established before submitting an application?	FAQ 2.31
Are there specific requirements regarding the types of healthcare providers or community organizations that must participate in a proposed initiative led by a community development nonprofit?	FAQ 2.31; 2.16; 2.26
Would expanding the community development organization's established health outreach activities into an ongoing initiative involving preventive health education, health literacy, screening referrals, family wellness, caregiver support, and healthcare navigation align with the Innovative Pilot Program's funding priorities?	FAQ 1.2
Are expenses for program personnel, professional training, community outreach, educational materials, health-related equipment, data collection, and program evaluation allowable under the grant?	FAQ 2.3
Are there minimum funding requests, matching requirements, organizational operating-history requirements, or financial-capacity requirements that a community development nonprofit must meet, particularly given the program's reimbursement structure?	FAQ 2.1. Please also refer to the NOFO and application template available on the program website for specific information about the documentation required to include in your application. Please visit: Funding - Mississippi RHT Program.
Are there any eligibility restrictions or documentation requirements for a nonprofit organization conducting grant-funded community health activities on property owned by an affiliated faith-based organization?	FAQ 2.21; 2.31
Is an established FQHC eligible to apply for the Innovative Pilot Program Grant to enhance existing chronic disease prevention and management services through a new, integrated, multidisciplinary care delivery model?	FAQ 1.2; 2.4
Would an initiative coordinating medical providers, healthy aging specialists, nutrition and wellness professionals, health educators, and community partners qualify as an innovative approach to improving chronic disease prevention, patient self-management, and health outcomes?	FAQ 1.2
Would the development, acquisition, or integration of a digital health platform incorporating patient and provider portals, appointment scheduling, laboratory results, health monitoring, and care-team communication be an eligible project component when directly supporting the proposed chronic disease management initiative?	FAQ 1.2
If the FQHC currently utilizes an electronic health record system, would funding support integration of additional patient engagement, remote monitoring, or care coordination functionality with the existing system, rather than replacing the EHR?	FAQ 2.38
Would grant funding support multidisciplinary care coordination personnel, professional training, technology implementation and licensing, patient education, and program evaluation? Are there specific sustainability or measurable-outcome requirements for such an initiative?	FAQ 2.3
How can we determine if our clinic meets the Innovative Pilot Program's geographic eligibility requirements, including any rural population, service-area, or patient eligibility criteria?	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: Resources - Mississippi RHT Program. Please also see FAQ 2.12; 2.13; 2.26

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