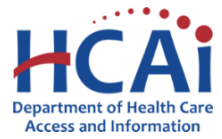




CALIFORNIA
RURAL HEALTH TRANSFORMATION



California Rural Health Transformation Program (CalRHT) Initiative One (1): Transformative Care Model Accelerator Partners Request for Applications (RFA): Application and Instructions

20260630

Version 1.0

2020 WEST EL CAMINO AVENUE, SUITE 1222 • SACRAMENTO, CA 95833

“A healthier California where all receive equitable, affordable, and quality health care.”

The CalRHT program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial award totaling \$233,639,308.46 with 100 percent funded by CMS/HHS. The contents are those of CalRHT and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

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Application components

Thank you for considering an application to HCAI for the California Rural Health Transformation Program (CalRHT). We appreciate your dedication to rural health and look forward to learning more about your work through this application. To submit a complete application, applicants must (1) fill out the application document addressing all seven sections below, (2) complete the one required Excel budget workbook template (3) gather required attachments, and (4) submit all completed materials to <https://calruralhealth.submittable.com/submit> no later than August 14th, 2026, at 3pm for consideration in Budget Period 1. Applications submitted after the deadline will not be considered for Budget Period 1 but may be eligible for Budget Period 2. Applications that are incomplete will not be considered.

We are committed to supporting applicants throughout the application process and encourage you to reach out with any questions. Questions regarding the application or submission process may be directed to info@calruralhealth.org.

1. Applicant Profile

This section consists of organizational identifiers and contact information for the applicant organization. This would reflect the legal entity that will execute the grant agreement.

To complete this section, applicant will fill out this editable document for the following sub-sections. No further attachments are required for this section.

a. Entity Legal Name (required)

Provide the full legal name of the Applicant Entity (including type of organization, if applicable, such as LLC, Inc., etc.). This should reflect the legal entity that will execute the grant agreement and assume responsibility for compliance, reporting, and administration of grant funds if selected for award. The name provided should match the entity's registration records and associated federal identifiers, where applicable.

Response prompt: Provide the full legal name of the Applicant Entity.

[Maximum 100 characters]

Example: ABC Hospital

b. Primary Point of Contact (required)

Provide the contact information for the primary Point of Contact (POC) responsible for coordinating and managing the application on behalf of the Applicant Entity. The individual named should be prepared to serve as the POC for application-related communications, follow-up requests, clarification questions, and program notifications from HCAI or program administrators. The POC will have the authority to coordinate and submit application materials.

Response prompt: Provide the Applicant Entity's primary point of contact information below:

(Part a.) First and Last Name (required)

[Maximum 100 characters]

Example: Jane Smith

(Part b.) Professional title (required)

[Maximum 100 characters]

Example: CEO

(Part c.) Phone number (required)

[10 numeric digits required]

Example: (234) 567 - 8910

(Part d.) Email address (required)

[Maximum 100 characters]

Example: jane_smith@gmail.com

(Part e.) Mailing address (required)

[Maximum 100 characters]

Example:

123 Apple St.

New York, New York 10001

c. Authorized Representative (required)

Provide contact information for the individual authorized to act on behalf of the Applicant Entity in matters related to grant funding (e.g., fiduciary representative, board-authorized representative). This individual can be the same as the Point of Contact; however, this individual must also have legal authority to agree to application attestations, sign the final application, sign grant-related agreements, and make commitments with HCAI or program administrators.

Response prompt: Provide Authorized Representative's contact information below:

(Part a.) First and Last Name (required)

[Maximum 100 characters]

Example: Jane Smith

(Part b.) Professional title (required)

[Maximum 100 characters]

Example: CEO

(Part c.) Phone number (required)

[10 numeric digits required]

Example: (234) 567 - 8910

(Part d.) Email address (required)

[Maximum 100 characters]

Example: jane_smith@gmail.com

(Part e.) Mailing address (required)

[Maximum 100 characters]

Example:

123 Apple St.

New York, New York 10001

d. Additional Contact (optional)

Provide the contact information for an additional person who may serve as a backup point of contact for the Applicant Entity. This individual may assist with coordination, communications, scheduling, or follow-up activities related to the application or program participation, as needed. The additional contact does not need to have signatory or fiduciary authority unless otherwise designated by the Applicant Entity.

Response prompt: Provide the Applicant Entity's additional contact information below:

(Part a.) First and Last Name (required)

[Maximum 100 characters]

Example: Jane Smith

(Part b.) Professional title (required)

[Maximum 100 characters]

Example: CEO

(Part c.) Phone number (required)

[10 numeric digits required]

Example: (234) 567 - 8910

(Part d.) Email address (required)

[Maximum 100 characters]

Example: jane_smith@gmail.com

(Part e.) Mailing address (required)

[Maximum 100 characters]

Example:

123 Apple St.

New York, New York 10001

e. System for Award Management (SAM) Status (required)

Provide the Applicant Entity's current System for Award Management (SAM.gov) registration status. For more information, please visit SAM.gov. Active SAM.gov registration is not required at time of application but will be required before awards are disbursed. Please be aware of SAM registration timelines and plan accordingly.

Response prompt: Provide the Applicant Entity's current SAM status.

[Maximum 100 characters]

Examples: Active Registration, Registration Pending, Expired Registration

f. Unique Entity Identifier (UEI) (required)

Provide the entity's Unique Entity Identifier (UEI), which is the 12-character alphanumeric identifier assigned through SAM.gov and is mandatory for businesses and organizations to bid on, and receive, U.S. federal contracts and grants. If your organization does not yet have a UEI, register at SAM.gov prior to submitting this application, then return to the application to provide the UEI.

Response prompt: Provide the Applicant Entity's Unique Entity Identifier (UEI).

[12 characters required]

Example: XYZ123456789

g. Taxpayer Identification Number (TIN) / Employer Identification Number (EIN) (required)

Provide the federal Taxpayer Identification Number (TIN) or Employer Identification Number (EIN) assigned to the Applicant Entity by the Internal Revenue Service (IRS).

Response prompt: Provide the Applicant Entity’s Taxpayer Identification Number (TIN) or Employer Identification Number (EIN).

[9 numeric digits required]

Example: 12-3456789

h. National Provider Identifier (NPI) (if applicable)

Provide the National Provider Identifier (NPI) associated with the Applicant Entity or lead applicant facility, if applicable. If the entity maintains multiple NPIs, provide the primary organizational NPI most relevant to this application.

Response prompt: Provide the National Provider Identifier (NPI) associated with the Applicant Entity or lead applicant facility, if applicable. If Applicant Entity does not have an NPI, please enter “N/A”

[Maximum 10 numeric characters]

Example: 1234567890

[Optional space for additional NPI outside of Applicant Entity or lead applicant facility]

[Maximum 10 numeric characters]

[Optional space for additional NPI outside of Applicant Entity or lead applicant facility]

[Maximum 10 numeric characters]

i. Tribal Entity (required)

Indicate whether the Applicant Entity is a Tribal Entity or is formally affiliated with a Tribal health organization, Tribal clinic, or Tribal health program. If yes, provide the name of the affiliated Tribe or Tribal organization.

Response prompt:

(Part a.) Is the Applicant Entity a Tribal Entity?

Yes No

(Part b.) If yes, provide the name of the affiliated Tribal Entity.

[Maximum 200 characters]

Example: ABC Tribe

(Part c.) If yes, provide the NPI of the affiliated Tribal Entity (if not already listed above).

[Maximum 10 numeric characters]

Example: 1234567890

2. Project Overview

This section provides information about the proposed request for funds, including an overview of proposed project, the innovative approach of the project, rural health care access gaps that will be addressed, geographic reach of the project, the alignment to at least one Transformative Care Model (TCM) metric, the amount of funding requested, a completed budget workbook, and the applicant’s commitment for the project to serve as regional incubator to lead rural health care transformations.

When completing this section, please keep the following in mind:

Entities applying for Accelerator Partner grant funds will be contributing to closing gaps in their region by serving as local innovators and implementation leaders that identify clinical and operational challenges, develop practical solutions, and translate strategic initiatives into measurable practice change. The intent of Accelerator Partners is to establish real-world environments that incubate innovation, strengthen rural health care delivery, improve access, reduce fragmentation, and generate actionable insights to inform broader statewide scaling. Accelerator Partners are therefore not solely implementers of TCM initiatives such as hypertension control and first-trimester prenatal care, but strategic learning collaboratives that advance the program’s broader goals of sustainable access, enhanced care coordination, technology-enabled care, workforce innovation, and improved rural health outcomes.

Accelerator Partners will play a role in advancing regional partnerships that further the goals of CalRHT. Through new collaborations, Accelerator Partners will strengthen shared learning, align implementation efforts, and accelerate the adoption of effective practices across rural communities. When applicable, applicants should demonstrate how proposed partnerships will support coordinated implementation, expand regional capacity, and drive sustainable improvements in rural health care access, quality, and outcomes. To complete this section, the applicant will provide written responses in this editable document and attach the required completed template documents for sub-section c.

a. Executive Summary (required)

Provide a concise, high-level summary of the proposed use of Accelerator Partners funding. This overview should describe the intervention(s), care model(s), partnership model(s), or transformation approach(es) being proposed; how the proposed effort(s) are expected to function at a broad level; and the overall goal of the proposed effort(s).

Applicants may propose a project with more than one module (also called sub-program or initiative). If multiple modules are proposed, applicants are encouraged to briefly describe each major component. For example, an application may include one module focused on

increasing colorectal cancer screenings and another focused on improving access to first trimester prenatal care.

Applicants may also briefly describe the background or context that informed development of the proposed project concept(s), such as prior organizational experience, existing regional efforts, lessons learned from similar models, community-identified needs, or evidence-based approaches that influenced the proposed strategy.

Applicants may include a brief description of the anticipated population served, geographic reach, or expected impact of the proposed project(s); however, more detailed information related to service area, rural health gaps, innovation, partnerships, implementation approach, and TCM metric alignment will be collected in later sections of the application.

The purpose of this section is to provide reviewers with a clear understanding of the overall proposed effort before more detailed information is provided elsewhere in the application.

Response prompt: Provide a high-level overview of the proposed project, including:

- The **primary intervention(s)**, care model(s), partnership structure(s), or transformation approach(es) being proposed (e.g., *proposed project would establish a regional mobile preventive care program*).
- **Module(s)** within the project (e.g., *one module for colorectal cancer screenings and another module for first-trimester prenatal care*)
- The modules **the proposed project would include**, including how those activities would be delivered (e.g., *project would operate through coordinated partnerships between participating rural hospitals, federally qualified health centers, and community-based organizations*).
- The **partners** that would be involved and the role each would play (e.g., *rural hospitals would provide clinical oversight, FQHCs would support care coordination, and community-based organizations would help with outreach and patient navigation*) (Additional information on potential partners is in section 3, “Partnership Participants”).
- The **purpose or intended goal** of the proposed project (e.g., *improve preventive and maternal health access in rural communities by reducing transportation barriers*).
- The specific **rural health care access gap(s)** the proposed project is intended to address and how the proposed intervention(s) are expected to reduce or close those gap(s) (e.g., *average colorectal cancer screenings sit at yy% in region ABC. The proposed project will close this gap by z%*)
- Any **relevant background**, experience, prior efforts, or local context that informed the proposed approach (e.g., *proposed project was inspired by prior regional telehealth expansion efforts in the region during COVID-19*).
- (Optional) The anticipated population served, geographic reach, or expected impact of the proposed project.

[Maximum 500 words]

b. Requested Funding Amount (required)

Provide the total amount of Accelerator Partners funding requested by the Applicant Entity. This should be a single dollar figure representing the applicant's full funding request. The requested amount should align with the applicant's proposed activities and the completed budget workbook. For reference, there is \$39m budget available for the entire Accelerator Partners program and it is expected 5-25 applicants will receive funding.

Response prompt: Provide the total amount of Accelerator Partner funding requested.
[Numeric digits required]

Example: \$3,500,000

c. Completed Budget Workbook (attachment, required)

HCAI will provide a budget workbook template for applicants to fill out budget line items in detail. Budget entries should align with the proposed activities described throughout the application and include all requested supporting detail. Applicant should complete and attach the completed budget workbook template with this application.

Please see further instructions for how to complete the Budget Workbook in the Budget Workbook template provided. Budget workbook will include:

- *Total funding requested, broken down by:*
 - *Category (e.g., equipment, travel)*
 - *Module (e.g., colorectal screenings, prenatal care)*

Response prompt: Have you completed and attached the budget workbook template?

Yes No

d. Approach to Innovation (required)

Describe the innovative approach the project will bring to the rural community or region. For this application, "innovative" could include bringing an already existing care model, workflow, partnership structure, service, technology use, or way of delivering services to a community that does not currently have it. The proposed model must be novel and not an existing model in the local area or service region.

Explain why this approach is new for the area, what problem it is intended to solve, and how it is expected to improve one or more Transformative Care Model (TCM) metrics. The focus should be on how this project will improve rural health care and the measurable impact(s) it is expected to have.

Response prompt: Describe the innovative approach this project will introduce, explain why it is new for the community or region, and describe how it is expected to improve one or more TCM metrics.

[Maximum 500 words]

e. Geographic Reach of Project (required)

List the geographic area that will be impacted by the proposed project. If the project affects a broader region, include the full area that falls into the service area. Applicants may choose to report geographic reach of project at either the county or zip-code level. Hospital applicants should use information from their most recent Community Health Needs Assessment.

Response prompt: List the geographic area that will be impacted by the proposed project. Please list all areas that will be impacted by county or zip-code level.

[Maximum 250 words]

Example A:

- *ABC County*
- *LMNO County*
- *XYZ County*

Example B:

- *12345*
- *13456*
- *14567*

f. Transformative Care Model (TCM) Metric Alignment (required)

Projects funded through the Accelerator Partners program are expected to drive measurable progress on one or more Transformative Care Model (TCM) metrics over time. Applicants must select at least one TCM performance metric that the proposed project activities are expected to improve.

TCM metrics:

- i. Hypertension control (ages 18–85 with BP <140/90)*
- ii. Diabetes poor control (ages 18–75 with HbA1C >9.0%)*
- iii. Colorectal cancer screening (ages 45–75)*
- iv. First-trimester prenatal care*
- v. Vaginal Birth after Cesarean (VBAC) Rate, Uncomplicated*
- vi. Virtual visits and/or e-Consults*
- vii. Other metrics project is expected to support as identified by local applicant (e.g., increase access to needed prescription drugs in rural areas)*

Applicants may also select metrics from Sections (g) which are further described in their respective sections below.

Applicants may select multiple metrics if the project is expected to support more than one outcome area. Selections should reflect the primary intended impact of the proposed project (additional information on the TCM metrics can be found on page 54 in the “CalRHT Project Narrative”: [California Rural Health Transformation Program Information](#)).

Response prompt: Select the TCM metric(s) the proposed project is expected to improve and briefly describe:

- How the proposed project activities are expected to contribute to measurable progress for each selected metric.
- The anticipated impact on the selected metric(s), if known.
- How success or improvement will be measured over time, if applicable.

[Maximum 250 words per TCM metric]

i. Hypertension control (ages 18–85 with BP <140/90)

ii. Diabetes poor control (ages 18–75 with HbA1C >9.0%)

iii. Colorectal cancer screening (ages 45–75)

Example: Project is expected to increase colorectal screenings in X County by Y people, which closes ZZ% of the current gap, in the next 3 years

iv. First-trimester prenatal care

v. Vaginal Birth after Cesarean (VBAC) Rate, Uncomplicated

vi. Virtual Visits/e-Consults

vii. Other metrics project is expected to support as identified by local applicant (*please briefly describe what other metrics this program will enhance*)

g. Additional CalRHT Program Metrics Alignment

Please check which other performance metrics your program touches, and then fill out the corresponding section below

Workforce Metrics (*e.g., licensed health workers in rural areas, certified health workers in rural areas*)

Technology and Tools Metrics (*e.g., Rural hospitals connected to a Qualified Health Information Organization (QHIO) or national network, Primary Care Physicians (PCPs) with data exchange / admission, discharge, and transfer (ADT) notifications*)

Workforce Metrics (if applicable)

In addition to the TCM metrics, the California Rural Health Transformation (CalRHT) program includes other initiatives under the Rural Health Transformation Program (RHTP), each with its own distinct set of metrics. One of these initiatives focuses on Workforce Development.

Applicants may identify Workforce Development metrics that the proposed project is expected to support. Although Workforce metrics are recognized as important contributors to implementation capacity and long-term sustainability, the primary focus of this application is the project's impact on TCM metrics.

The Workforce Development metrics and statewide program targets include:

- I. Licensed health workers in rural areas*
- II. Certified health workers in rural areas*
- III. Individuals participating in Rural Health Transformation Program (RHTP) education and training activities*
- IV. Time to hire (primary care and maternity care workforce)*

Applicants should only select Workforce Development metrics if the proposed project is expected to directly contribute to measurable workforce-related improvements. Workforce metrics can support or enhance the project's primary TCM metric impact and should not be the sole focus of the proposed project (additional information on the Workforce metrics can be found on page 55 in the "CalRHT Project Narrative": [California Rural Health Transformation Program Information](#)).

Response prompt: If applicable, select the Workforce Development metric(s) the proposed project is expected to support and briefly describe:

- How the proposed project activities are expected to contribute to measurable workforce-related improvements.

- The anticipated workforce impact, if known.
- How success or improvement will be measured over time, if applicable.

[Maximum 250 words per Workforce metric]

i. Licensed health workers in rural areas

Example: Project is also expected to add 2 additional licensed health workers to ABC County in the next 3 years

ii. Certified health workers in rural areas

iii. Individuals participating in Rural Health Transformation Program (RHTP) education and training activities

iv. Time to hire (primary care and maternity care workforce)

Technology & Tools Metrics

In addition to the TCM metrics, the California Rural Health Transformation (CalRHT) program includes other initiatives under the Rural Health Transformation Program (RHTP), each with its own distinct set of metrics. One of these initiatives focuses on Technology & Tools.

Applicants may identify Technology & Tools metrics that the proposed project is expected to support. Although Technology & Tools metrics are recognized as important contributors to RHTP, the primary focus of this application is the project's impact on TCM metrics.

The Technology & Tools metrics and statewide program targets include:

- i. Rural hospitals connected to a Qualified Health Information Organization (QHIO) or national network*
- ii. Primary Care Physicians (PCPs) with data exchange / admission, discharge, and transfer (ADT) notifications*
- iii. Completed cybersecurity risk assessments*
- iv. Sustained cybersecurity certification*
- v. Patient portal visits*

Applicants should only select Technology & Tools metrics if the proposed project is expected to directly contribute to measurable improvements in interoperability, digital infrastructure, cybersecurity, telehealth, data exchange, or patient engagement.

Technology & Tools metrics can support or enhance the project’s primary TCM metric impact and should not be the sole focus of the proposed project (additional information on the Technology & Tools metrics can be found on page 55-56 in the “CalRHT Project Narrative”: [California Rural Health Transformation Program Information](#)).

Response prompt: If applicable, select the Technology & Tools metric(s) the proposed project is expected to support and briefly describe:

- How the proposed project activities are expected to contribute to measurable technology or infrastructure-related improvements.
- The anticipated operations, interoperability, telehealth, cybersecurity, or patient engagement impact, if known.
- How success or improvement will be measured over time, if applicable.

[Maximum 250 words per Technology & Tools metric]

i. Rural hospitals connected to a Qualified Health Information Organization (QHIO) or national network

ii. Primary Care Physicians (PCPs) with data exchange / admission, discharge, and transfer (ADT) notifications

iii. Completed cybersecurity risk assessments

iv. Sustained cybersecurity certification

v. Patient portal visits

3. Partnership Participants

This section provides information about proposed or existing partnerships that will support the Applicant Entity in fulfilling the proposed Accelerator Partners projects. It includes information regarding partner organizations, an estimated amount of funding allocated for each partner, a description of partner funding, and partnership documentation.

Please include up to five proposed partnerships. If your organization is pursuing more than five partnerships, please describe the five most significant partnerships in this application.

Applicants who wish to discuss additional partnerships may contact the program team via email.

a. Partnership Description(s) (if applicable)

Provide a summary of the proposed partnership(s) for the project and describe how participating partner(s) will support implementation of the proposed project and advancement of TCM metrics. Partnerships are not required; however, lack of partnerships can impact scoring of an application.

Applicants should describe:

- Existing or proposed relationships between participating entities
- The purpose of each partnership
- How the partnership(s) support(s) the proposed project goals
- Any regional coordination, shared-service, referral, workforce, technology, or care delivery collaboration activities

Response prompt: Describe the proposed partnership structure for the project, including the role each partner will play in supporting project implementation, regional coordination, and advancement of TCM metrics.

[Maximum 500 words]

Example: ABC Hospital has worked with PartnerXYZ for 5 years. PartnerXYZ helps facilitate colorectal screenings 50 mi. north of ABC Hospital

b. Partner Organization Information (required for each Partner Entity)

Provide organizational information for each partner entity involved in the proposed project.

Response prompt: For each participating partner entity, provide:

- Legal name
- Type of organization (e.g., hospital, community-based organization)
- County or service area (e.g., Inyo County)
- Primary contact
- Description of partner’s specific role in project
- Parent organization, if applicable
- Tribal Entity status, affiliated Tribe, and Tribal Entity NPI, if applicable

[Max response = 250 words, per partner]

Partner 1 (required for each Partner Entity):

Entity legal name:

[Maximum 25 words]

Example: Hospital XYZ

Partner’s county or service area:

[Maximum 25 words]

Example: County ABC

Primary contact first and last name:

[Maximum 25 words]

Example: Joe Smith

Description of partner’s role in project:

[Maximum 50 words]

Example: Provide ABC screenings to region that is at least 30 mi. from another health care facility

Partner’s parent organization, if applicable:

[Maximum 25 words]

Example: Same as applicant

Is the partner a Tribal Entity?

Yes No

If yes to “partner is a Tribal Entity,” provide the name of the affiliated Tribe

[Maximum 25 words]

Example: ABC Tribe

Partner 2 (required for each Partner Entity):

Entity legal name:

[Maximum 25 words]

Example: Hospital XYZ

Partner’s county or service area:

[Maximum 25 words]

Example: County ABC

Primary contact first and last name:

[Maximum 25 words]

Example: Joe Smith

Description of partner's role in project:

[Maximum 50 words]

Example: Provide ABC screenings to region that is at least 30 mi. from another health care facility

Partner's parent organization, if applicable:

[Maximum 25 words]

Example: Same as applicant

Is the partner a Tribal Entity?

Yes No

If yes to "partner is a Tribal Entity," provide the name of the affiliated Tribe

[Maximum 25 words]

Example: ABC Tribe

Partner 3 (required for each Partner Entity):

Entity legal name:

[Maximum 25 words]

Example: Hospital XYZ

Partner's county or service area:

[Maximum 25 words]

Example: County ABC

Primary contact first and last name:

[Maximum 25 words]

Example: Joe Smith

Description of partner’s role in project:

[Maximum 50 words]

Example: Provide ABC screenings to region that is at least 30 mi. from another health care facility

Partner’s parent organization, if applicable:

[Maximum 25 words]

Example: Same as applicant

Is the partner a Tribal Entity?

Yes No

If yes to “partner is a Tribal Entity,” provide the name of the affiliated Tribe

[Maximum 25 words]

Example: ABC Tribe

Partner 4 (required for each Partner Entity):

Entity legal name:

[Maximum 25 words]

Example: Hospital XYZ

Partner’s county or service area:

[Maximum 25 words]

Example: County ABC

Primary contact first and last name:

[Maximum 25 words]

Example: Joe Smith

Description of partner’s role in project:

[Maximum 50 words]

Example: Provide ABC screenings to region that is at least 30 mi. from another health care facility

Partner’s parent organization, if applicable:

[Maximum 25 words]

Example: Same as applicant

Is the partner a Tribal Entity?

Yes No

If yes to “partner is a Tribal Entity,” provide the name of the affiliated Tribe

[Maximum 25 words]

Example: ABC Tribe

Partner 5 (required for each Partner Entity):

Entity legal name:

[Maximum 25 words]

Example: Hospital XYZ

Partner’s county or service area:

[Maximum 25 words]

Example: County ABC

Primary contact first and last name:

[Maximum 25 words]

Example: Joe Smith

Description of partner’s role in project:

[Maximum 50 words]

Example: Provide ABC screenings to region that is at least 30 mi. from another health care facility

Partner’s parent organization, if applicable:

[Maximum 25 words]

Example: Same as applicant

Is the partner a Tribal Entity?

Yes No

If yes to “partner is a Tribal Entity,” provide the name of the affiliated Tribe
[Maximum 25 words]

Example: ABC Tribe

c. Estimated Funding by Partner (required for each Partner Entity)

Information regarding the estimated distribution of project funding across participating partner organizations, if applicable. This section is intended to help reviewers understand how funding is generally expected to be allocated among participating entities based on anticipated project roles, responsibilities, and activities.

Funding estimates do not need to be final at the time of application. Applicants may provide approximate dollar amounts or percentage estimates.

Response prompt: Describe the estimated amount or percentage of project funding anticipated to be allocated to each participating partner entity. Applicants may provide approximate dollar amounts or percentage estimates based on anticipated project activities and operations responsibilities. Funding estimates do not need to be final at the time of application.

Partner 1 (required for each Partner Entity):

[Maximum 25 words]

Example: 10% of requested funding

Partner 2 (required for each Partner Entity):

[Max response = 25 words]

Partner 3 (required for each Partner Entity):

[Maximum 25 words]

Partner 4 (required for each Partner Entity):

[Maximum 25 words]

Partner 5 (required for each Partner Entity):

[Maximum 25 words]

d. Description of Partner Funding (required for each Partner Entity)

Information regarding how project funding is expected to support the roles, responsibilities, and activities of participating partner organizations, if applicable.

Response prompt: Describe how the anticipated funding allocation would support each participating partner entity's role in the proposed project. Applicants may include general descriptions of how funding would support project implementation activities, operations responsibilities, staffing, infrastructure, care delivery, or other project-related functions. If partners do not require funding to contribute to project, indicate \$0.

Partner 1 (required for each Partner Entity):

[Maximum 200 words]

Example: Funding will be used to support additional case manager time for screening for substance use behavior

Partner 2 (required for each Partner Entity):

[Maximum 200 words]

Partner 3 (required for each Partner Entity):

[Maximum 200 words]

Partner 4 (required for each Partner Entity):

[Maximum 200 words]

Partner 5 (required for each Partner Entity):

[Maximum 200 words]

e. Partnership Documentation (required for each Partner Entity)

Applicants must provide documentation supporting each existing or proposed partnership associated with the proposed project. Documentation may be formal or preliminary depending on the maturity of the partnership arrangement.

Examples may include:

- Letters of support
- Letters of intent
- Memoranda of Understanding (MOUs)

Response prompt: Upload partnership documentation that prove proposed or existing project partnerships (e.g., Letter of Interest, MOU, etc.). Please indicate if proof of partnership has been uploaded for each Partner Entity:

[required for each Partner Entity]

Partner 1 | Partner 2 | Partner 3 | Partner 4 | Partner 5

4. Operational Capability (required)

This section is intended to allow applicants to demonstrate that the Applicant Entity has the executional capabilities, leadership experience and capacity, and board alignment (if applicable) to successfully manage and execute the activities as part of the Accelerator Partners program. Previous experience managing grants is not required.

This section is intended to assess whether the Applicant Entity has the experience, systems, governance structure, partnerships, workforce capacity, and operations readiness necessary to:

- *Implement the proposed project*
- *Manage grant funding and reporting requirements*
- *Coordinate across participating partners*
- *Support implementation and operations activities over time*
- *Contribute to regional learning and scaling activities, if requested*
- *Maintain stable leadership and organizational continuity throughout implementation*

Response prompt: For each section below, select all operations capability areas that apply to the Applicant Entity. For each free response section below, please elaborate on any of the operations capability areas that have been selected, unless stated otherwise. Leave blank if not applicable.

a. **Partnership management capabilities** - Applicant Entity has experience in:

- Leading multi-organization collaborations or regional partnership efforts
- Serving rural and/or Frontier and Remote (FAR) populations
- Working with unaffiliated organizations or independent providers
- Supporting local providers, clinics, hospitals, or regional partners
- Supporting shared-service models or cross-entity implementation efforts
- Other partnership or collaboration capabilities relevant to project implementation

[Maximum 500 words]

b. Operations & grant management capabilities - Applicant Entity has experience in:

- Managing grants, contracts, compliance activities, subrecipient relationships, or funding oversight responsibilities
- Establishing or managing partnership agreements, MOUs, implementation agreements, or other formal collaboration arrangements
- Working with legal counsel (and if legal counsel is in-house or external), executing contracts or agreements, managing formal agreements, or supporting compliance-related activities
- Supporting operations, administrative, financial, or project implementation activities
- Other operations or administrative capabilities relevant to project implementation

[Maximum 500 words]

c. IT, data & telehealth infrastructure - Applicant Entity has experience in:

- Supporting IT systems, staffing, or operations infrastructure for project implementation
- Collecting, tracking, analyzing, or reporting data, performance metrics, or quality measures
- Supporting interoperability, health information exchange, or electronic health record integration activities
- Delivering telehealth, e-Consult, remote patient monitoring, or virtual care services
- Supporting other technology or infrastructure capabilities relevant to project implementation

[Maximum 500 words]

d. Staffing & workforce readiness - Applicant Entity has experience in:

- Supporting staffing models, workforce implementation, or operations workforce readiness activities
- Supporting clinical staffing, clinical leadership, provider operations, or care coordination activities

- Supporting administrative, operations, financial, reporting, or implementation staffing activities
- Coordinating implementation support across partner entities, spoke sites, regional care collaboratives, or hub-and-spoke relationships
- Recruiting, hiring, retaining, or supporting workforce development activities
- Supporting other staffing or workforce capabilities relevant to project implementation

[Maximum 500 words]

e. Execution capabilities - Applicant Entity has experience in:

- Operationalizing, expanding, or scaling programs across multiple sites or regions
- Sustaining programs, partnerships, or operations activities over time
- Participating in learning collaboratives, regional implementation activities, or peer learning efforts
- Supporting other execution, implementation, or scaling activities relevant to project implementation

[Maximum 500 words]

f. Scale readiness – Applicant Entity has interest in:

- Participating in a future regional care collaborative, hub-and-spoke model, or in scaling activities (*please reference the ‘CaIRHT Project Narrative’ for information on proposed hub-and-spoke models, [Link](#)*)

[Maximum 500 words]

g. Governance experience

To help assess organizational readiness and implementation capacity, the following section will ask applicants to provide information regarding the experience, continuity, and background of the Applicant Entity leadership. This information is intended to provide a deeper understanding of organizational leadership capacity and governance stability.

Please fill out the following:

C-suite experience:

In the free response boxes below, please share the name, start date in current role, start date on leadership team at current institution, and CV (or relevant experience) for the following roles:

- *Chief Executive Officer / Executive Director / Administrator or equivalent*
- *Chief Operating Officer or equivalent*
- *Chief Financial Officer or equivalent*
- *Medical Director / Chief Medical Officer or equivalent*

This information is intended to help reviewers understand whether the Applicant Entity has the leadership capacity and experience needed to steward public grant funding over the course of the grant program.

Response prompt: Share the name, start date in current role, state date on leadership team at institution, and relevant experience, for each role, below:

There are 3 options to submit the requested information:

- Option 1: Complete the table below
- Option 2: Submit a link to each individual's LinkedIn profile below (must include all the information requested in the table in Option 1)

Example: [linkedin.com/in/jane-doe](https://www.linkedin.com/in/jane-doe); [linkedin.com/in/john-smith](https://www.linkedin.com/in/john-smith); [linkedin.com/in/jane-smith](https://www.linkedin.com/in/jane-smith); [linkedin.com/in/john-doe](https://www.linkedin.com/in/john-doe)

- Option 3: Submit a CV as a separate attachment for each individual in the roles listed above (must include all the information requested in the table in Option 1)

Option 1: Leadership Experience Table

Name	Start month / year in current role	Start month / year on leadership team at current institution	Summary of relevant experience (not limited to current role and organization)
Chief Executive Officer / Executive Director / Administrator or equivalent			
<i>Example: Jane Smith</i>	<i>Example: March 2022</i>	<i>Example: January 2020</i>	<ul style="list-style-type: none"> • <i>CEO of Hospital XYZ in Inyo County, CA from Jan. 2020 to Mar. 2022 – where she led the organization through the COVID-19 pandemic, maintaining access to critical health care services for a rural population while strengthening workforce stability</i> • <i>CEO of Hospital ABC in Pennsylvania from Jun. 2018 to Nov. 2019 - where she maintained continuous ED and inpatient operations despite ongoing physician shortages</i> • <i>(please include further additional experience as needed)</i>
Chief Operating Officer or equivalent			
Chief Financial Officer or equivalent			
Medical Director / Chief Medical Officer or equivalent			

C-suite collaboration:

Describe the composition, continuity, and collaborative function of the Applicant Entity’s C-suite. Include information on how long the leadership team has worked together, and how the leadership structure enables effective decision-making, oversight, and execution strategy for initiatives.

Response prompt: Describe the composition, continuity, and collaborative function of the Applicant Entity’s C-suite.

[Maximum 200 words]

Leadership vacancy or interim appointments:

In the free response boxes below, please share which, if any, of the following C-suite role(s) have been vacant or filled by interim leader at any point in the past 2 years. For each applicable role, describe how long the role was vacant or held on an interim basis, and the reason for the vacancy or interim appointment:

- Chief Executive Officer / Executive Director / Administrator or equivalent
- Chief Operating Officer or equivalent
- Chief Financial Officer or equivalent
- Medical Director / Chief Medical Officer or equivalent

Response prompt: Describe any vacancies or interim appointments in the Applicant Entity’s C-suite from the past 2 years using the template below.

Role	Has there been a vacancy or interim appointment in last 2 years? (Enter “N/A” if there has not been one)	If yes, for how long?	Provide an explanation for the vacancy
Example Role	Example: Yes	Example: vacant for 3 months, from Jan-Mar 2026	Example: This was the first time the role had been vacant in 10 years – the former CEO retired and the 3 months were used to find their replacement
Chief Executive Officer / Executive Director /			

Administrator or equivalent			
Chief Operating Officer or equivalent			
Chief Financial Officer or equivalent			
Medical Director / Chief Medical Officer or equivalent			

Board structure:

Please describe the governance and decision rights the board has (e.g., do multiple board levels exist at the hospital-level and system-level? If yes, what decision rights does the Applicant Entity’s board have?) (*optional*)

[Maximum 200 words]

5. Implementation

a. Timeline and Major Milestones (required)

This section provides information on a high-level implementation timeline, organized by quarter, that identifies the project’s major phases, milestones, anticipated deliverables, and the participating entity or organization responsible for each deliverable or milestone.

Applicants are encouraged to include:

- *Early implementation activities*
- *Operational launch milestones*
- *Partnership or staffing milestones*
- *Technology or workflow implementation milestones*
- *TCM metric-related implementation activities*
- *Reporting or evaluation milestone*

Please respond by completing the table below by sharing who will oversee each deliverable (e.g., individual, Partner Entity, etc.) and what the proposed deliverables and/or milestones will be.

Response prompt: Provide a high-level implementation timeline for each module describing:

- Which participating entity or organization is responsible for each major deliverable or milestone
- Proposed deliverables and/or milestones

[Maximum 100 words per cell]

Implementation timeline for Module 1 (or for full project if project does not have modules)

Federal Fiscal Quarter <i>FFY = Federal Fiscal Year</i>	Individual (or Partner Entity) in charge of deliverables and/or milestones	Proposed deliverables and/or milestones (please put "N/A" if no proposed deliverables and/or milestones in a quarter)
FFY27 Q1 Oct 1, 2026 – Dec 31, 2026	<i>Example: Hospital ABC</i>	<i>Example:</i> - Agreement document between applicant and XYZ regional hospital - Detailed transfer protocol document
FFY27 Q2 Jan 1, 2027 – Mar 31, 2027		
FFY27 Q3 April 1, 2027 – Jun 30, 2027		
FFY27 Q4 Jul 1, 2027 – Sep 30, 2027		
FFY28 Q1 Oct 1, 2027 – Dec 31, 2027		
FFY28 Q2 Jan 1, 2028 – Mar 31, 2028		
FFY28 Q3 April 1, 2028 – Jun 30, 2028		

FFY28 Q4 Jul 1, 2028 – Sep 30, 2028		
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Implementation timeline for Module 2 (if project has more than 1 module)

Federal Fiscal Quarter <i>FFY = Federal Fiscal Year</i>	Individual (or Partner Entity) in charge of deliverables and/or milestones	Proposed deliverables and/or milestones (please put “N/A” if no proposed deliverables and/or milestones in a quarter)
FFY27 Q1 Oct 1, 2026 – Dec 31, 2026	<i>Example: Hospital ABC</i>	<i>Example:</i> - Agreement document between applicant and XYZ regional hospital - Detailed transfer protocol document
FFY27 Q2 Jan 1, 2027 – Mar 31, 2027		
FFY27 Q3 April 1, 2027 – Jun 30, 2027		
FFY27 Q4 Jul 1, 2027 – Sep 30, 2027		
FFY28 Q1 Oct 1, 2027 – Dec 31, 2027		
FFY28 Q2 Jan 1, 2028 – Mar 31, 2028		
FFY28 Q3 April 1, 2028 – Jun 30, 2028		
FFY28 Q4 Jul 1, 2028 – Sep 30, 2028		

Implementation timeline for Module 3 (if project has more than 2 modules)

Federal Fiscal Quarter <i>FFY = Federal Fiscal Year</i>	Individual (or Partner Entity) in charge of deliverables and/or milestones	Proposed deliverables and/or milestones (please put “N/A” if no proposed deliverables and/or milestones in a quarter)
FFY27 Q1 Oct 1, 2026 – Dec 31, 2026	<i>Example: Hospital ABC</i>	<i>Example:</i> - Agreement document between applicant and XYZ regional hospital - Detailed transfer protocol document
FFY27 Q2 Jan 1, 2027 – Mar 31, 2027		
FFY27 Q3 April 1, 2027 – Jun 30, 2027		
FFY27 Q4 Jul 1, 2027 – Sep 30, 2027		
FFY28 Q1 Oct 1, 2027 – Dec 31, 2027		
FFY28 Q2 Jan 1, 2028 – Mar 31, 2028		
FFY28 Q3 April 1, 2028 – Jun 30, 2028		
FFY28 Q4 Jul 1, 2028 – Sep 30, 2028		

Implementation timeline for Module 4 (if project has more than 3 modules)

Federal Fiscal Quarter <i>FFY = Federal Fiscal Year</i>	Individual (or Partner Entity) in charge of deliverables and/or milestones	Proposed deliverables and/or milestones (please put “N/A” if no proposed deliverables and/or milestones in a quarter)

FFY27 Q1 Oct 1, 2026 – Dec 31, 2026	<i>Example: Hospital ABC</i>	<i>Example:</i> - Agreement document between applicant and XYZ regional hospital - Detailed transfer protocol document
FFY27 Q2 Jan 1, 2027 – Mar 31, 2027		
FFY27 Q3 April 1, 2027 – Jun 30, 2027		
FFY27 Q4 Jul 1, 2027 – Sep 30, 2027		
FFY28 Q1 Oct 1, 2027 – Dec 31, 2027		
FFY28 Q2 Jan 1, 2028 – Mar 31, 2028		
FFY28 Q3 April 1, 2028 – Jun 30, 2028		
FFY28 Q4 Jul 1, 2028 – Sep 30, 2028		

b. Project Readiness (required)

Applicants must identify the current implementation readiness level of the proposed project based on factors such as project planning, staffing, operations infrastructure, partnership development, contracting or agreement readiness, technology readiness, funding readiness, and overall implementation maturity.

Response prompt: Select the current readiness level for the proposed project. Then briefly describe the current state of project readiness, including why the Applicant Entity is prepared to begin implementation within the selected timeframe or what additional steps are still needed before implementation can begin.

- Ready to implement immediately
- Ready to implement within 1–3 months
- Ready to implement in 3+ months

[Maximum 500 words]

6. Additional documents

a. Form 990 (optional)

Applicants must submit the most recent IRS Form 990 available for the Applicant Entity, if applicable. This information may be used to support organizational review, financial assessment, and grant administration activities.

Upload the most recent IRS Form 990 for the Applicant Entity, if applicable. If the Applicant Entity does not file a Form 990, provide a brief explanation and upload alternative supporting documentation, if available.

Response prompt: Have you attached the Form 990?

- Yes No

If no to “attached Form 990,” provide a brief explanation

[Maximum 50 words]

If no to “attached Form 990,” have you attached alternative supporting documentation?

- Yes No

If no to “attached alternative supporting documentation,” provide a brief explanation

[Maximum 50 words]

7. Attestations

This section requires an authorized signature for final submission certifications. The Authorized Representative identified in this application must be authorized to act on behalf of the Applicant Entity and to make all representations, certifications, and attestations in this application. By selecting and submitting these attestations, the Authorized

Representative affirms that they are authorized to bind and represent the Applicant Entity with respect to the commitments described in this application.

a. Disclosure of investigations or enforcement actions (required)

Applicants should disclose whether the Applicant Entity is currently under local, state, or federal investigation actions that could materially affect the organization’s operations standing or ability to successfully fulfill the commitments associated with this program. This information is intended to support program integrity and assess organizational readiness and capacity.

I attest that the Applicant Entity is not currently under any local, state, or federal investigation that would materially impair the Applicant Entity’s ability to participate in or fulfill the commitments associated with this program.

If Applicant Entity cannot attest, please explain why:

[Maximum 50 words]

b. Commitment for project to serve as incubator to lead rural health transformations, if asked (required)

Accelerator Partnership projects are intended to function as regional incubators, leaders for rural health transformations, and learning environments for innovative rural health care approaches that may inform broader implementation across California. Participating entities may be asked to support peer learning, implementation documentation, technical assistance activities, dissemination of lessons learned, and future scaling of successful approaches.

By selecting this attestation, the Applicant Entity acknowledges its willingness to participate in reasonable program-related learning, collaboration, and dissemination activities coordinated by HCAI or other CalRHT program partners.

Response prompt:

I attest that the Applicant Entity is willing to consider activities that support rural health transformation beyond the proposed project, if requested by HCAI or CalRHT program partners. These activities may include serving as an incubator site, support peer learning, documenting implementation and lessons learned, providing technical assistance, disseminating lessons learned, and supporting future scaling activities related to the proposed project.

If Applicant Entity cannot attest, please explain why:

[Maximum 50 words]

c. Financial sustainability (required)

CalRHT funding is intended to support transformational activities that improve long-term rural health access, care delivery, and operations sustainability. Applicants should describe whether the proposed project is expected to continue after grant funding has been fully expended. If continued implementation is not feasible without additional support, applicants should identify which components of the project may require ongoing funding.

Applicants may describe:

- *Whether the project is intended to become operationally self-sustaining*
- *Whether certain project components are one-time implementation costs*
- *Any anticipated future funding needs*
- *Any known sustainability strategies, partnerships, reimbursement pathways, operations efficiencies, or long-term implementation plans that may support continuation of the project*

Response prompt: Describe the Applicant Entity’s current plan for sustaining the proposed project after grant funding has been fully expended. If long-term sustainability is not currently feasible, identify which project components may require additional future funding or operations support.

[Maximum 500 words]

d. Non-duplicative funding (required)

CalRHT funding may not duplicate or supplant existing federal, state, local, Tribal, or private funding supporting the same activities or purposes. Applicants are responsible for ensuring that requested funds are used for allowable, non-duplicative activities consistent with CMS and CalRHT requirements.

Response prompt:

I attest that CalRHT funding will not supplant existing funding or result in duplicative funding for the same activities from another funding source.

If Applicant Entity cannot attest, please explain why:

[Maximum 50 words]

e. Acknowledgement of allowable-use restrictions (required)

Applicants must acknowledge that CalRHT funding is subject to Centers for Medicare & Medicaid Services (CMS)-approved allowable-use restrictions and applicable federal grant requirements. Funding may only be used for approved transformation activities consistent with the CMS-approved CalRHT proposal, Rural Health Transformation Program requirements, and applicable Department of Health Care Access and Information (HCAI) guidance. Reference links included below:

- Center for Medicare and Medicaid Services (CMS) Rural Health Transformation Program (RHTP) Notice of Funding Opportunity (NOFO): <https://grants.gov/search-results-detail/360442>
- Rural Health Transformation, Frequently Asked Questions: <https://www.cms.gov/files/document/rural-health-transformation-frequently-asked-questions.pdf>

Response prompt:

I attest that the Applicant Entity understands and agrees to comply with all applicable CMS-approved allowable-use restrictions and CalRHT funding requirements.

If Applicant Entity cannot attest, please explain why:

[Maximum 50 words]

f. Documentation (required)

Applicants are responsible for maintaining documentation and supporting records related to grant fund management, implementation progress, milestone achievement, reporting, and performance against defined metrics. Documentation may be subject to monitoring, audit, validation, or review by HCAI, CMS, or other authorized entities.

Response prompt:

I attest that the Applicant Entity will maintain documentation and supporting records related to grant fund management, implementation progress, milestone achievement, reporting, and performance measurement consistent with applicable grant requirements.

If Applicant Entity cannot attest, please explain why:

[Maximum 50 words]

g. Certification of accuracy and completeness (required)

Provide attestation signature certifying that all information and documentation provided in this application is true and accurate, and that all required documents are attached.

Response prompt:

I attest that the information contained herein is complete, true, and accurate to the best of my knowledge and that I am authorized to submit this application on behalf of the organization.

Signature:

[Signature]

Appendix A: Glossary

- **Admission, Discharge, and Transfer (ADT):** EHR-based notifications or data exchanges that communicate when a patient is admitted, discharged, or transferred within or across health care settings.
- **Applicant Entity:** Legally recognized organization that is applying for funding.
- **Accelerator Partners (AP):** Organizations within care collaboratives and hub-and-spoke relationships that serve as innovation hubs, incubators to lead new workforce strategies, technologies, partnerships, and payment approaches that can be replicated across rural regions.
- **Behavioral Health (BH):** In the context of Cal-RHT, services addressing mental health conditions, substance use disorders, and emotional well-being, integrated into primary and maternal care settings.
- **Blood Pressure (BP):** A measurement used to assess heart and circulatory health by evaluating the force of blood moving through the arteries.
- **California Department of Health Care Access and Information (HCAI):** The state agency leading the California Rural Health Transformation Program (CalRHT) and responsible for program oversight and implementation.
- **California Rural Health Transformation Program (CalRHT):** A statewide initiative designed to improve access, quality, workforce capacity, and financial sustainability of health care delivery in rural and FAR California communities.
- **Centers for Medicare & Medicaid Services (CMS):** The federal agency within the U.S. Department of Health and Human Services that administers Medicare, Medicaid, and other national health care programs.
- **Community-Based Organizations (CBOs):** Local organizations that provide social, educational, or supportive services and partner with health providers to address community needs.
- **Chief-level executive suite (C-suite):** A collective term for an organization's top executive leaders whose titles typically begin with "Chief," such as Chief Executive Officer (CEO), Chief Financial Officer (CFO), Chief Operating Officer (COO), and Chief Medical Officer (CMO).
- **Curriculum Vitae (CV):** A detailed document summarizing professional and academic experience.

- **Decision rights:** Authority provided to the person or entity authorized to approve decisions.
- **Employer Identification Number (EIN):** A unique nine-digit number assigned by the IRS to identify a business entity.
- **Electronic Consultation (e-Consult):** An asynchronous or synchronous provider-to-provider consultation that allows primary care clinicians to obtain specialist input without requiring an in-person patient visit.
- **Electronic Health Record (EHR):** Electronic records containing a patient's medical history and key administrative and clinical data relevant to that person's care.
- **Federally Qualified Health Center (FQHC):** A federally funded community health center that provides comprehensive primary care services regardless of patients' ability to pay.
- **Federal Fiscal Year (FFY):** The account period that spans 12 months from October 1 to September 30. This differs from California's state Fiscal Year, which runs from July 1 through June 30.
- **Grant agreement:** The formal funding contract after final funding subrecipients are chosen.
- **Hemoglobin A1C (HbA1C):** A blood test that measures average blood sugar levels over approximately three months.
- **Health Information Exchange (HIE):** The electronic sharing of health-related information across organizations to support coordinated care and clinical decision-making.
- **Hub-and-Spoke Model:** A regional care delivery model in which a central "hub" (typically a hospital with specialty capacity) supports multiple "spoke" sites such as clinics, rural hospitals, and community providers.
- **Internal Revenue Service (IRS):** The U.S. federal agency responsible for tax collection and enforcement.
- **Interoperability:** The ability of different health information systems and EHRs to exchange, interpret, and use data effectively.
- **Information Technology (IT):** Systems and services related to computing, software, networks, and digital infrastructure.

- **Key Performance Indicators (KPIs):** Measurable values used to evaluate progress toward goals.
- **Limited Liability Company (LLC):** A business structure authorized under state law whose owners, known as members, generally have limited personal liability for the company's debts and obligations.
- **Memorandum(s) of Understanding (MOUs):** A written agreement, typically non-binding, outlining intentions, objectives, and general framework of collaborating parties.
- **Medical Service Study Areas (MSSAs):** A geographic unit used in California to assess health care service availability and determine Health Professional Shortage Areas.
- **Module:** An initiative within a program (also known as a "sub-program"). Modules are typically distinct components of a project designed to address specific goals, activities, or metrics.
- **Notice of Funding Opportunity (NOFO):** A formal notice typically issued by a federal agency to announce the availability of funding and describe application requirements.
- **National Provider Identifier (NPI):** A unique identification number assigned to healthcare providers in the U.S.
- **Point of Contact (POC):** The designated individual responsible for coordinating and managing the application, and potential project, on behalf of the Applicant Entity.
- **Primary Care Provider (PCP):** General practice doctor, nurse practitioner, or physician assistant who serves as your main point of contact for non-emergency, non-specialty medical care.
- **Qualified Health Information Organization (QHIO):** An entity that enables secure electronic exchange of health information among providers.
- **Request for Applications (RFA):** A formal announcement issued by government agencies, foundations, or organizations to solicit proposals for grants.
- **Rural Health Clinic (RHC):** A clinic certified by CMS to provide primary care services in rural areas and receive enhanced reimbursement.
- **Rural Health Transformation Program (RHTP):** A federal initiative created by the One Big Beautiful Bill Act (H.R. 1) to reshape and strengthen healthcare systems in

rural communities across the United States, with a total of \$50 billion available in funding across 50 states over a 5-year period.

- **System for Award Management (SAM):** The U.S. government system used to register organizations for federal funding and contracts.
- **Subrecipient:** A non-federal entity that receives a subaward from the primary recipient to carry out activities related to the award.
- **Supplanting:** Replacing existing State, local, tribal, or private funding with federal RHT funds. This is explicitly prohibited.
- **Taxpayer Identification Number (TIN):** A number used by the IRS to identify taxpayers and organizations.
- **Telehealth:** The delivery of health care services using electronic and digital technologies, including live video, audio-only, store-and-forward, and remote monitoring.
- **Transformative Care Model (TCM):** The CalRHT program's core initiative that integrates workforce, technology, telehealth, and payment strategies through regional care collaboratives and hub-and-spoke relationships.
- **Unique Entity Identifier (UEI):** A federal identifier assigned to organizations doing business with the U.S. government.
- **Vaginal Birth After Cesarean (VBAC):** A vaginal delivery occurring after a previous cesarean birth.
- **Value-Based Care (VBC):** A health care delivery model that compensates providers based on patient health outcomes, quality of care, and patient experience, rather than the volume of services provided.