Rural Health Transformation Program

Adopt Shared Services Consortiums Solicitation No. YH27 – 0025
Expansion of Mobile Digital Services, Training & Recruitment, and Prevention Programs Addressing Suicide, Trauma, Substance Use Solicitation No. YH27 – 0026
August 7th, 2026, 1:00-2:30PM MST

Acknowledgement of Support

This effort, expressly named as Arizona Rural Health Transformation 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 assistance award totaling $166,988,955.92 with 100 percent funded by CMS/HHS****.*

The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

Agenda

01 **Welcome & Overview**

02 **Adopt Shared Services Consortiums**

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04 **Application Details**

05 **Program Requirements**

06 **Application Submission**

ARIZONA
OFFICE OF THE GOVERNOR
KATIE HOBBS

Introductions & Conference Structure

This session orients prospective applicants to the requirements of Request for Grant Applications YH27-0025 & YH27-0026.

01

Questions

Must be submitted via email on the Question Submission Form to procurement@azahcccs.gov. Answers will be posted to the RFGA files and on the RHTP webpage through an FAQ.

02

Information

AHCCCS cannot provide information beyond what is publicly available in the RFGA. Statements made at a pre-application conference are not amendments to the RFGA unless a written amendment is issued.

03

Applicant Responsibility

Applicants are responsible for monitoring the Euna Grants system for amendments, clarifications, and posted responses.

The presenter will summarize the solicitation, the funding structure, applicant eligibility, application requirements, and the evaluation approach. This conference does not amend the solicitation, it is informational. In the event of any conflict, the written RFGA and any formal amendments posted in the Euna Grants system govern.

AZ RHTP Overview

Arizona's RHTP initiatives were designed to align with CMS's 5 strategic priority areas, ensuring that program investments advance federal objectives while addressing Arizona's rural and underserved community needs.

Strategic Goal	Description
Make Rural America Healthy Again	Focus on **preventive care, chronic disease management, behavioral health, and maternal-fetal health** using evidence-based approaches. Address root causes of poor health and **improve long-term outcomes.**
Sustainable Access	Help **rural providers become long-term, reliable access points** by improving efficiency and encouraging collaboration across facilities and systems (e.g., better coordinate primary, specialty, and emergency care).
Workforce Development	Strengthen **recruitment and retention of health care workers in rural communities.**
Innovative Care	**Promote new ways to deliver care**, such as value-based payment models or Accountable Care Organizations, to improve quality and reduce costs.
Tech Innovation	Invest in digital health tools, telehealth, data sharing, and cybersecurity to **modernize health care delivery.**

CMS awarded Arizona $166,988,955.92 for administration and implementation of its initiatives and programs in RHTP Budget Year 1.

RHTP Funding Overview

Below outlines **eligible funding usage and funding restrictions** under CMS guidance and specifies that Arizona must select *at least* **3 eligible activities** as part of the RHTP application:

Eligible Funding Usage

1. Providing **IT tools and upgrades**
2. Right-sizing rural health systems
3. Improving **access to mental health** and substance use care
4. Developing innovative care models
5. Ensuring **sustainable access** to high-quality rural healthcare
6. Training and technical assistance
7. Providing **payments to healthcare providers**
8. Promoting consumer-facing technologies
9. Promoting **evidence-based interventions**
10. Recruiting & retaining **clinical workforce**

Funding Restrictions*

- **New construction**
- Meeting **matching requirements** for any other federal funds or local entities
- Replacement of **payment for reimbursable clinical services** or **changes to existing fee schedules**
  - Provider payments cannot exceed 15% of total funding per budget year
- 5% limitation per budget year for **EMR replacement** if system is in place as of 9/1/25
- **Broadband infrastructure**
- Clinician salaries for facilities that subject clinicians to non-compete agreements.
- **Meals**, including medically tailored meals
- **Supplanting** existing State, local, tribal, or private funding of infrastructure or services.

**The list is non-exhaustive*

RHTP Period of Performance

CMS established RHTP's Period of Performance to run **December 29, 2025 through October 30, 2030**, with annual Non-Competing Continuation (NCC) Application review and approval.

OBLIGATION AND LIQUIDATION

- All costs **must be obligated** no later than **October 30, 2026.**
- All obligated costs **must be fully liquidated** (paid) no later than **September 30, 2027**.
- Each budget period includes an obligation period and a liquidation period, consistent with 2 CFR Part 200.

Funding under this RFGA is issued on a budget-period basis and corresponds to Budget Period 1. Continued funding depends on NCC approval, satisfactory performance, and the availability of federal funds.

CMS RHTP BUDGET PERIODS

Budget Period 1	**Dec 29, 2025 to Oct 30, 2026**
Budget Period 2	**Oct 31, 2026 to Oct 30, 2027**
Budget Period 3	**Oct 31, 2027 to Oct 30, 2028**
Budget Period 4	**Oct 31, 2028 to Oct 30, 2029**
Budget Period 5	**Oct 31, 2029 to Oct 30, 2030**

Adopt Shared Services Consortiums

This competitive grant opportunity under the Making Rural Healthcare Resilient Initiative supports rural providers in pooling resources, staffing, and infrastructure through shared service models, enabling small and mid-sized rural organizations to achieve economies of scale typically available only to larger health systems.

FUNDED PROJECTS WILL SUPPORT

Shared Staffing & Training

Joint employment, traveling clinicians, and cross-training across consortium members

Shared Systems & Data

Joint IT infrastructure, billing services, and centralized data analytics

Shared Facilities & Purchasing

Co-located service hubs, group purchasing, and joint compliance functions

SPECIFICALLY, THIS INITIATIVE AIMS TO:

- Reduce operational costs through pooled resources and joint purchasing
- Eliminate duplication across small and mid-sized rural providers
- Build shared infrastructure that outlasts individual grant cycles
- Support co-located service hubs and collaborative care sites
- Strengthen consortium governance and financial sustainability
- Position rural networks for value-based payment and shared savings

Available Funding and the Tiered Model

Funding for Budget Years 2 through 5 is contingent upon submission and approval of an annual NCC application, satisfactory programmatic and financial progress, and the availability of funds.

Up to
$5,000,000
per budget year for this initiative

TIER	AWARD RANGE	FOCUS	ELIGIBLE APPLICANTS
Tier 1	**$10,000 to $95,000**	Single-function shared services with 2–3 participating organizations	Consortiums of 2–3 rural organizations · Rural health clinics · Small FQHCs · Tribal health programs
Tier 2	**$95,001 to $500,000**	Multi-function shared services with formal governance structure	Consortiums of 4–6 rural organizations · Critical Access Hospitals · FQHCs · Tribal facilities · Community-based providers
Tier 3	**$500,001 to $1,500,000**	Comprehensive shared services and regional hub models	Consortiums of 7+ organizations · Regional health networks · Tribal consortiums · Multi-stakeholder rural networks

Eligible Activities by Tier

New or expanded activities only. Projects that maintain existing service levels, supplant existing funding, or duplicate services already funded through other payers are not allowed.

Tier 1
Single-Function Sharing

- Shared billing and coding services
- Joint continuing education programs
- Shared compliance officer or audit preparation
- Group purchasing pilots
- Cross-training initiatives
- MOU development and governance planning

Tier 2
Multi-Function Consortium

- Joint IT infrastructure and shared data systems
- Shared administrative and HR personnel
- Simulation training centers and competency development
- Common scheduling and centralized data analytics
- Traveling clinician and locum tenens coordination
- Formal governance and dispute resolution structures

Tier 3
Regional Hub Model

- Co-located service hubs and collaborative care sites
- Joint specialty clinic space and equipment utilization
- Shared supply chain and equipment procurement cooperatives
- Regional analytics and population health infrastructure
- Value-based payment readiness for consortium
- Long-term sustainability financing through shared savings

Expansion of Mobile Digital Services, Training & Recruitment, and Prevention Programs Addressing Suicide, Trauma, Substance Use

This competitive grant opportunity under the Behavioral Health & SUD Expansion Grant supports rural and Tribal providers in expanding mobile and digital service access, growing the behavioral health workforce, and delivering evidence-based prevention programming across rural Arizona.

FUNDED PROJECTS WILL SUPPORT

Mobile & Digital Services

Expand mobile, digital, and crisis-based behavioral health services in high-need rural areas

Workforce Training & Recruitment

Train, place, and retain behavioral health professionals in rural and Tribal communities

Prevention Programming

Deliver evidence-based suicide, trauma, and substance use prevention in schools and communities

SPECIFICALLY, THIS INITIATIVE AIMS TO:

- Extend behavioral health access to communities without same-day care
- Grow the rural behavioral health workforce through training and supervision
- Expand mobile treatment teams and crisis stabilization capacity
- Prevent suicide, trauma, and substance use through school and community programming
- Strengthen partnerships with Tribal behavioral health authorities
- Coordinate care with EMS, 988, and regional crisis systems

Available Funding and the Tiered Model

Funding for Budget Years 2 through 5 is contingent upon submission and approval of an annual NCC application, satisfactory programmatic and financial progress, and the availability of funds.

$5,000,000
per budget year for this initiative

Expansion of Mobile Digital Services Access Points, Clinics, and Crisis Services

TIER	AWARD RANGE	FOCUS	ELIGIBLE APPLICANTS
Tier 1	$250,000 to $500,000	Digital access points and light-mobile outreach	Tribal behavioral health authorities · Rural public health agencies · Rural community-based organizations · Rural health clinics
Tier 2	$500,001 to $1,000,000	Mobile behavioral health treatment teams	Behavioral health providers · Critical Access Hospitals · Federally Qualified Health Centers (FQHCs) serving rural areas · Tribal health facilities · Rural health systems with established community presence
Tier 3	$1,000,001 to $1,500,000	Full mobile units and crisis stabilization	Anchor institutions including hospitals, universities, and nonprofit healthcare systems · Tribal consortiums · Multi-stakeholder collaborative networks · AHCCCS-contracted Managed Care Organizations

Eligible Activities by Tier

New or expanded activities only. Projects that maintain existing service levels, supplant existing funding, or duplicate services already funded through other payers are not allowed.

Tier 1
Digital Access Points & Light-Mobile Units

- Telehealth-enabled kiosks and tablets at community hubs
- Light-mobile outreach vehicles (van/SUV)
- Behavioral health screenings and warm handoffs
- Secure internet boosters and HIPAA-compliant platforms
- Community awareness campaigns
- Peer support and appointment scheduling

Tier 2
Mobile Treatment Teams

- Multidisciplinary mobile clinical teams (clinicians, counselors, peers, care coordinators)
- On-site outpatient BH and SUD treatment
- Mobile MAT induction where permitted
- Crisis de-escalation and triage
- Recurring service routes to frontier and Tribal communities
- EMS, 988, and hospital coordination protocols

Tier 3
Full Mobile Units & Crisis Stabilization

- Full-service mobile health unit acquisition or retrofit
- Same-day crisis triage and stabilization (up to 23-hour observation) extended on-call operations
- Telepsychiatry-enabled assessment
- Regional dispatch integration with 988 and county crisis systems
- Statewide HIE integration for continuity of care

Available Funding and the Tiered Model

Funding for Budget Years 2 through 5 is contingent upon submission and approval of an annual NCC application, satisfactory programmatic and financial progress, and the availability of funds.

$2,000,000
per budget year for this initiative

Training and Recruitment of Behavioral Health Professionals in Shortage Areas

TIER	AWARD RANGE	FOCUS	ELIGIBLE APPLICANTS
Tier 1	$75,000 to $150,000	Foundational and advanced BH training in rural and Tribal areas	Rural behavioral health providers · Tribal behavioral health programs · Rural clinics · Community mental health centers
Tier 2	$150,001 to $300,000	Rural placement and retention through incentives and supervision	Rural health clinics · Critical Access Hospitals · FQHCs · Tribal health programs · Community-based behavioral health agencies
Tier 3	$300,001 to $500,000	Coordinated regional workforce pipelines and long-term retention	Multi-agency collaboratives connecting colleges · Universities · AHECs · Rural health systems · Tribal behavioral health programs · Provider associations · ISA and IGA-eligible entities

Eligible Activities by Tier

New or expanded activities only. Projects that maintain existing service levels, supplant existing funding, or duplicate services already funded through other payers are not allowed.

Tier 1
Rural Training Access

- Continuing education and certification access for rural BH providers
- Specialized training modules (evidence-based practices, trauma-informed care, crisis intervention)
- Telehealth and digital care training
- Micro-training hubs in rural counties and Tribal communities
- Training access for BHTs, peers, social workers, and counselors

Tier 2
Recruitment Incentives & Supervision

- Rural recruitment incentives (relocation stipends, onboarding support)
- Supervised clinical hours for licensure pathways (LAC, LCSW, LPC, LMFT, peer certifications)
- Supervised internship and fellowship placements
- Retention-focused onboarding, mentoring, and tele-supervision access
- Clinical supervisor stipends and supervision capacity expansion

Tier 3
Regional Workforce Collaboratives

- Multi-agency workforce collaboratives (colleges, universities, AHECs, health systems, Tribal programs)
- Coordinated education-to-employment pathways
- Regional supervision networks across multiple counties
- Shared training infrastructure (learning collaboratives, centralized CE platforms)
- Rural workforce assessments to identify shortages and priorities

Available Funding and the Tiered Model

Funding for Budget Years 2 through 5 is contingent upon submission and approval of an annual NCC application, satisfactory programmatic and financial progress, and the availability of funds.

$1,500,000
per budget year for this initiative

Prevention Programs Addressing Suicide, Trauma, and Substance Use

TIER	AWARD RANGE	FOCUS	ELIGIBLE APPLICANTS
Tier 1	$50,000 to $150,000	Evidence-based prevention in single schools and community settings	Rural school districts · Tribal education programs · Community-based organizations · County public health agencies · FQHCs serving rural areas
Tier 2	$150,001 to $300,000	Multi-site prevention scaling with standardized fidelity and data	Rural school districts · Tribal education and health programs · County public health agencies · Multi-site community organizations
Tier 3	$300,001 to $400,000	Regional prevention coalitions and shared evaluation infrastructure	Formalized coalitions of LEAs · Tribal education and health entities · County public health agencies · FQHCs · Youth-serving CBOs · Behavioral health providers

Eligible Activities by Tier

New or expanded activities only. Projects that maintain existing service levels, supplant existing funding, or duplicate services already funded through other payers are not allowed.

Tier 1
School & Community Prevention

- Evidence-based curriculum adoption (SEL, suicide prevention gatekeeper training, trauma-responsive practices)
- Provider and staff training with fidelity coaching
- Family and caregiver engagement sessions
- Curriculum materials, licensing, and implementation guides
- Referral pathways to local BH resources or tele-behavioral services

Tier 2
Multi-Site Implementation

- Cohort deployment across multiple schools or community sites
- Site-level implementation teams and coaching cycles
- Brief screening and early intervention pathways
- Trauma-responsive workforce upskilling for counselors and paraprofessionals
- Standardized pre/post measures and continuous improvement feedback loops

Tier 3
Regional Prevention Coalitions

- Formal multi-partner coalitions (LEAs, Tribal partners, county public health, FQHCs, CBOs)
- Regional training and coaching hubs with local trainer development
- Integrated referral and crisis protocols aligned with 988 and county systems
- Shared data infrastructure and outcome dashboards
- Multi-year sustainability planning

Application Package and Project Narrative

Final performance measures and reporting requirements are established by AHCCCS and CMS at the time of award.

APPLICATION PACKAGE

1. Project Narrative
2. Budget Narrative and Exhibit E (Budget Planning Template)
3. Required attachments and exhibits (Exhibit A through H)
4. Required assurances and documentation

All materials are submitted through the Euna Grants system by the established deadline. Incomplete or non-compliant applications may be deemed non-responsive.

PROJECT NARRATIVE COMPONENTS

1. Executive Summary
2. Needs Assessment
3. Scope of Work
4. Implementation Plan & Timeline
5. Performance Measurement Including Data Collection
6. Partnerships & Collaboration
7. Program Duplication Attestation
8. Sustainability Plan

Budget Narrative Requirements

The Budget Narrative must correspond directly to Exhibit E (Budget Planning Template) and explain how each cost supports the activities in the Project Narrative.

EVERY COST MUST BE

Allowable

Permitted under RHTP requirements and applicable federal regulations

Allocable

Directly attributable to the project based on proportional benefit

Reasonable

Consistent with market value and not excessive given the scope

Necessary

Essential to successful implementation of the project

THE NARRATIVE MUST ADDRESS

- A budget overview, with total funding requested and distribution across categories
- Detailed line-item justification, with description, quantity, and unit cost
- Alignment of every cost with specific activities, and no lump-sum or unexplained costs

BUDGETS MUST COMPLY WITH THE CAPS

7% administrative (direct + indirect)

20% capital and infrastructure

15% provider payments

5% EMR/EHR replacement

Tribal Eligibility Considerations

Tribally operated healthcare facilities, Tribal health departments, Inter–Tribal organizations, and 638 facilities serving rural populations are fully eligible to apply across all tiers of this initiative, provided that proposed services are delivered in HRSA-designated rural service areas.

EXAMPLES OF QUALIFYING TRIBAL ENGAGEMENT

Formal partnerships

Formal partnerships with Tribal health systems

Leadership support

Evidence of Tribal leadership support, such as letters of support

MOUs / MOAs

Memorandums of Understanding or Memorandums of Agreement

Culturally responsive design

Project design tailored to the needs of Tribal communities

Tribal partnerships are highly encouraged & are eligible for scoring bonuses of up to 5% in the evaluation process.

Required Exhibits (A through H)

Failure to submit all required exhibits, or submission of incomplete or materially deficient exhibits, may result in an application being deemed non-responsive.

A **Pre-Application Risk Assessment**
Organizational, financial, and programmatic information supporting the pre-award risk review under 2 CFR 200, and applicable 2 CFR 300 guidance

B **Self-Attestation of Fiscal Stewardship**
Certifies that activities do not supplant existing funding and affirms compliance with federal cost principles

C **AHCCCS Standard Data Collection Form**
Applicant identifying information for federal reporting, including SAM.gov requirements

D **Implementation Plan**
The proposed approach, timeline, milestones, and performance measures demonstrating readiness

E **Budget Planning Template**
The detailed project budget using required federal cost categories, aligned with the Budget Narrative

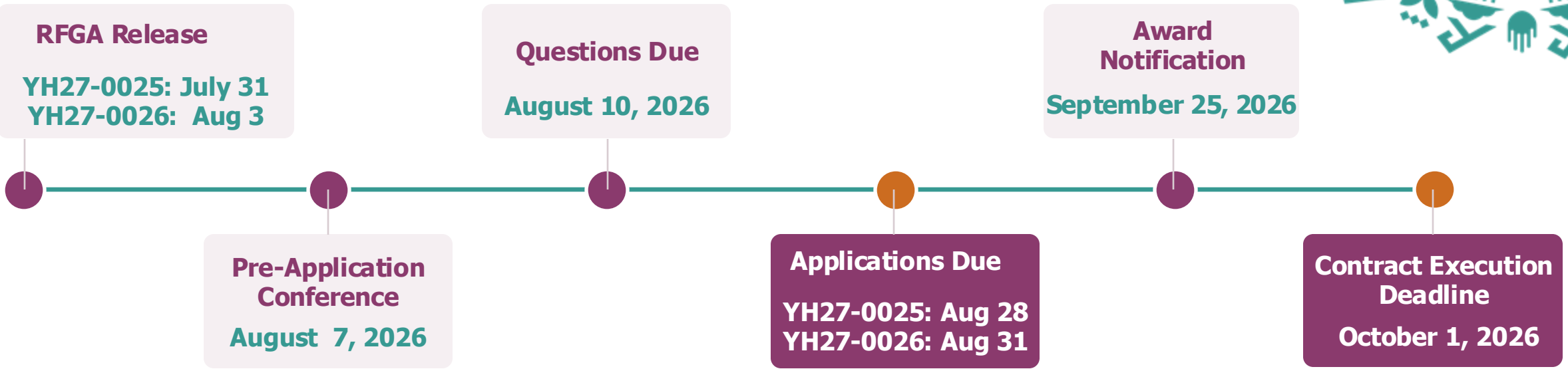
F **Insurance Requirements**
Minimum insurance coverage the contractor and subcontractors must procure and maintain

G **Offer and Acceptance Form**
The applicant's binding offer to provide services in compliance with all solicitation terms

H **Confidential Information Designation**
Identifies materials the applicant considers proprietary or trade secret and exempt from disclosure

Solicitation Timeline

Dates are subject to change. All updates are posted in the Euna Grants system; applicants are responsible for monitoring the deadlines.



Submission platform: Applications must be submitted through Euna Grants (formerly eCivis) at https://portal.ecivis.com/#/login. Late applications will not be accepted under any circumstances.

How Applications Are Scored

Evaluation considers both the quality of the proposed project and the applicant's capacity to implement and report on the proposed activities. Applications are also evaluated for consistency across all components; material inconsistencies may lower scoring.

SCORING CRITERION	TIER 1	TIER 2	TIER 3
Rural Health Need & Impact	25%	23%	21%
Organizational Capacity & Experience	18%	21%	23%
Project Design & Feasibility	22%	23%	23%
Sustainability & Scalability	17%	20%	22%
Budget Reasonableness	18%	13%	11%
** Bonus: Tribal Partnership*	Up to 5%	Up to 5%	Up to 5%
** Bonus: Alignment with Arizona Health Improvement Plan (AZHIP)*	Up to 5%	Up to 5%	Up to 5%

**** Bonus points are awarded only where applicants provide clear, specific, and verifiable documentation of the claimed criteria***

Program Alignment, Non-Duplication, and Transformation

All applicants must demonstrate these capabilities at the time of application. They establish minimum eligibility and are incorporated into the terms of any resulting award.

A Program Alignment & Eligible Services

- Serve rural or rural Tribal populations, by service-delivery location
- Align with RHTP goals and the CMS-approved scope of work
- Support behavioral health access, workforce capacity, prevention programming, or shared service infrastructure
- Reflect coordination across rural providers, Tribal partners, or consortium members

B Non-Duplication & Allowable Use

- Do not duplicate existing services or funding streams
- Do not supplant existing federal, state, Tribal, or local funding
- Not reimbursable by other payers, absent a coverage gap or transformational change
- Comply with all cost caps; be allocable, reasonable, and necessary

C Project Design & Transformation

- Represent new or expanded activities beyond current operations
- Produce measurable improvements in access, workforce, prevention reach, or shared capacity
- Improve system performance beyond maintaining current service levels
- Define target populations, delivery approach, and geographic impact

AZ RHTP Protections Against Supplanting

Under CMS guidance, supplanting is explicitly prohibited for RHTP. All funds **must be used to support new, expanded, or enhanced activities** rather than to offset costs that are already covered by other funding sources.

Allowable Expansion

Hiring new staff for new services
Funding a new community health worker to deliver a new chronic disease management program in counties B, C, and D.

New equipment for expanded services
Purchasing new telehealth equipment and devices for a new remote endocrinology consult service not previously offered.

New populations in new geographies
Extending an existing pilot program to three new rural counties that were not previously served.

New technology-driven capabilities
Adding AI-powered diagnostic tools, remote patient monitoring, or data infrastructure capabilities that did not previously exist.

Supplanting (Not Allowed)

Shifting existing staff salaries
Using RHTP funds to pay the salary of a nurse already employed and funded by the State or county health department.

Replacing current equipment costs
Using RHTP to cover the replacement cost of equipment in County A that is already funded by the county budget.

Covering existing operating expenses
Redirecting RHTP funds to pay for rent, utilities, or supplies already budgeted by the local health department.

Duplicating billable services
Paying for clinical services already reimbursable through Medicaid, Medicare, or private insurance.

Supplanting Compliance Checklist

The supplanting test focuses on the activity being funded, not the entity receiving the funds. Existing program costs, administrative expenses, and activities must continue to be funded by the original sources.

Baseline Service Inventory	**Document all services** currently provided, their funding sources, and the populations they serve.
Funding Source Map	For **each existing service**, identify who pays for it (Medicaid, county budget, State appropriation, other grants). **Confirm in writing** that those funding sources will continue.
New vs. Existing Delineation	For every RHTP-funded activity, **document specifically what is new or expanded**: service, population, geography, milestones, or delivery model. Be explicit and precise.
Time Allocation for Shared Staff	If any staff member works on both existing and RHTP-funded activities, **document the time split**. Only the RHTP-specific portion may be charged to the opportunity.
Internal Controls and Standard Operating Procedures (SOPs)	Establish **SOPs for avoiding program duplication**. AZ RHTP will require this documentation during the risk assessment process.
Ongoing Monitoring	Review quarterly to ensure existing funding sources have not been reduced or redirected as a result of the RHTP award. **Any reduction could signal supplanting**.

Sustainability Plan Requirements

Demonstrate a clear strategy for delivering lasting change rather than a temporary infusion of funding. RHTP funds must build capacity that endures after the program period ends (after FY31).

ADDRESS EACH OF THESE IN YOUR NARRATIVE

1. **Persistence of investments**
   How will affiliation models, IT infrastructure, or workforce programs launch with RHTP funds be maintained beyond the funding period?

2. **Path to permanence**
   For effective new programs, will you pursue integration into the permanent Medicaid benefit, legislative appropriation, or another durable mechanism?

3. **Self-sustaining models**
   Will the partnerships and models you launch sustain themselves, for example through shared-savings or alternative payment arrangements?

4. **Named funding sources**
   What specific sources of funding will maintain each program, service, and initiative after RHTP support concludes?

SCORING: SUSTAINABILITY & SCALABILITY

17%	20%	22%
Tier 1	Tier 2	Tier 3

WHAT STRENGTHENS A PLAN

- Integrate lessons into ongoing policy, such as a Health Improvement Plan or Medicaid managed-care contracting
- Show a concrete transition away from RHTP funding
- Provide a credible, specific post-award funding path rather than a general intention to seek funds

RHTP Administrative Restrictions & Cost Caps

The RHTP is subject to a cumulative 10% administrative cost cap across the State subrecipients. AHCCCS retains 3% for program administration (up to 7% is available each grantee). The **20%, 15% and 5% limitations** below are **statewide caps established by CMS based on Arizona's total RHTP award.** AHCCCS will evaluate each proposal and determine the appropriate allocation of funding within these categories while ensuring the State remains within CMS funding limitations.

7%
Administrative Costs

Direct and indirect combined, at the grantee level. A NICRA does not exempt any portion from this ceiling.

20%
Capital & Infrastructure

Minor renovations or alterations, equipment, and infrastructure improvements.

15%
Provider Payments

Payments to healthcare providers for the provision of healthcare items or services.

5%
EMR / EHR Replacement

Applies where a HITECH-certified system was in place as of September 1, 2025. Upgrades and added modules are exempt.

WORKED EXAMPLE: 7% ADMINISTRATIVE CAP

On a $200,000 award, the administrative ceiling is $200,000 × 7% = $14,000. This governs direct and indirect administrative expenditures combined. For instance: $12,000 direct + $2,000 indirect (via NICRA) = $14,000, which meets but does not exceed the cap. If the NICRA-generated indirect charges were $3,000 instead, then the indirect administrative costs would need to be limited to $2,000 or less, because the cap governs the combined total regardless of classification.

Data, Readiness, Governance, & Federal Compliance

The following four areas are project requirements outlined by CMS that are imperative to each application:

01

Data, Reporting & Performance

Demonstrate the ability to collect, manage, and report performance data, identifying data sources, reporting frequency, frequency, and internal processes for validation and oversight.

02

Implementation & Financial Management

Show readiness to initiate activities on time, obligate funds within the budget period, and maintain financial systems compliant with 2 CFR Part 200, with sufficient staffing, procurement capacity, and internal controls.

03

Governance, Coordination & Participation

Agree to participate in stakeholder engagement, governance structures, technical assistance, and any learning collaboratives, and to collaborate with AHCCCS, CMS, and other program participants.

04

Federal Compliance & Monitoring

Demonstrate the ability to comply with 2 CFR Part 200, CMS RHTP terms and conditions, and all AHCCCS subaward conditions, and to participate in financial reviews, programmatic reviews, site visits, and audits.

Application Submission Details

All applications must be submitted via Euna Grants, the State of Arizona online grant system.

DEADLINE RULES

- Applications must be submitted in the online grant system on or prior to the date and time indicated.
- Applications received by the due date and time will be opened. The name of each applicant will be publicly available.
- **Late applications will not be considered under any circumstances.**
- No extension or grace period will be granted for delays or incomplete proposals caused by internet connectivity problems, file uploading difficulties, or misunderstanding of the submission requirements.

Adopt Shared Services Consortiums

APPLICATIONS DUE
3 PM MST
August 28, 2026

Expansion of Mobile Digital Services, Training & Recruitment, and Prevention Programs Addressing Suicide, Trauma, Substance Use Disorder

APPLICATIONS DUE
3 PM MST
August 31, 2026

ACCESSIBILITY ACCOMMODATIONS

With 72 hours prior notice, persons with disabilities may request accommodations such as interpreters, alternative alternative formats, or physical accessibility assistance, directed to the Procurement Officer.

Guidelines for Submitting Questions

1 In writing only

All questions regarding the RFGA must be submitted in writing to AHCCCS Procurement.

2 By the deadline

Questions are due August 2026. Submit all questions by the deadline.

3 Answered for all

Responses to questions will be posted in the Euna Grants system for all applicants to review.

Meggan LaPorte, Chief Procurement Officer · AHCCCS Procurement · Procurement@azahcccs.gov

Applicants are responsible for monitoring the Euna Grants system for amendments, clarifications, and posted responses.

A reminder: This conference is informational and does not amend the solicitation.
The written RFGA and any formal amendments govern the submission criteria.

Questions & Answers

Thank You for Joining

AHCCCS is grateful to the rural and rural Tribal partners, providers, first responders, and community organizations taking part in this pre-application conference. Your engagement strengthens healthcare access and resilience across Arizona's rural communities.

We encourage all prospective applicants to review the full solicitation and its exhibits carefully in the Euna Grants system before preparing an application.