# RURAL HEALTH TRANSFORMATION PROGRAM

## Transforming Rural Healthcare Delivery – Community Care Infrastructure

### Rural Integration and Systems Enhancement (RISE)
### Transforming Rural Healthcare. Strengthening Communities.

## SUB-AWARDEE REQUEST FOR PROPOSALS (RFP)

The Illinois Primary Health Care Association (IPHCA) is soliciting proposals for sub-awards to improve healthcare access, quality, and outcomes by transforming the healthcare delivery ecosystem through the Rural Health Transformation Program.

IPHCA

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| **Issuing Organization** | Illinois Primary Health Care Association (IPHCA) |
| **Strategic Infrastructure Partner** | Rural Health Transformation Program |
| **Document Type** | SUB-AWARDEE REQUEST FOR PROPOSALS (RFP) |
| **Subject** | The Illinois Primary Health Care Association (IPHCA) is soliciting proposals for sub-awards to improve healthcare access, quality, and outcomes by transforming the healthcare delivery ecosystem through the Rural Health Transformation Program. |
| **Response Requested By** | September 21, 2026 |
| **Submit Responses To** | RHTsubmissions@iphca.org |

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This funding opportunity 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 five-year financial assistance award to the Illinois Department of Healthcare and Family Services' (HFS) totaling $193,418,216.21. 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.

# 1. Funding Opportunity Information

1.1. Project Title: Rural Integration and Systems Enhancement (RISE)

1.2. Pre-application Town Hall Meetings: IPHCA hosted a virtual Town Hall meeting for its member organizations on 8/20/2026 and for Local Health Departments and Rural Health Clinics on 8/21/2026. Session recordings and slide presentations are available upon request. Send an email to RHTsubmissions@iphca.org and include "RISE Town Hall Materials - [name of your organization]" in the subject line.

1.3. Solicitation Posting Date: 8/21/2026

1.4. Inquiry Start Date: 8/21/2026

1.5. Inquiry End Date: 9/16/2026 at 5 p.m. Submit all questions related to this RFP via email to RHTsubmissions@iphca.org and include "RISE Inquiry - [name of applicant organization]" in the subject line.

1.7. Letter of Intent. Organizations interested in applying for a RISE sub-award must submit a Letter of Intent by 5 p.m. on 8/31/2026. Send an email to RHTsubmissions@iphca.org and include "RISE LOI - [name of applicant organization]" in the subject line. The email should indicate the applicant organization's intent to submit a proposal in response to the RISE RFP. Organizations also interested in applying for a sub-award in response to the Mobile Healthcare Innovation RFP may submit one LOI for both programs.

1.7. Solicitation End Date: 9/21/2026 at 5 p.m. Submit all required proposal components by this deadline via email to RHTsubmissions@iphca.org and include "RISE Proposal - [name of applicant organization]" in the subject line. Label each component per the instructions in Section 6.

1.8. Estimated Award Date: 11/15/2026

1.9. Funding Sources: Federal pass-through

1.10. Total Funds Available: $13,781,706

1.11. Estimated Range of Awards: $125,000 to $1,000,000

1.12. Average Award: $345,000

1.13. Estimated Number of Awards: 40

1.14. Project Period: November 1, 2026 – June 30, 2027

1.15. Sub-Award Agreement Term: One 8-month period ending June 30, 2027. Sub-awards in future funding cycles will be subject to HFS priorities and funding availability.

# 2. Project Information

2.1. Background: The Rural Health Transformation (RHT) Program is a federal program designed to empower states to strengthen rural communities by improving healthcare access, quality, and outcomes through transforming the healthcare delivery ecosystem.

The intent of Illinois' RHT Program is to direct resources to reshape the way healthcare is delivered across rural Illinois. HFS' RHT program goals are as follows:

- Transforming Rural Healthcare by catalyzing value-based care models, regional health care partnerships in the hospital and primary care practice spaces, promoting operational transformation, and population health improvement.
- Overcoming Geographic Barriers to Care by creating opportunities for individuals in rural settings to receive appropriate access to services while remaining in their communities through investment in mobile health, mobile crisis, and EMS services and expanding telehealth and technological innovations.
- Building a Resilient Workforce through foundational investments that fill urgent gaps in the rural healthcare workforce through scholarship and university program expansion, regional training and certification programs, and expansion of high-school and community college programs.

Through these program goals, Illinois aims to implement a comprehensive strategy for rural health transformation that will last for generations to come.

HFS allocated $26,000,000 of its total award to fund the RHT - Community Care Infrastructure (CCI) program for FY2027. HFS anticipates a total five-year allocation of $98,000,000 for the CCI program, subject to funding availability and satisfactory performance. The CCI program aligns with the goal of Transforming Rural Healthcare.

As the first point of contact for the patients they serve, primary care and safety net settings serve as the optimal foundation for building innovative and integrated models of care in rural communities. The intent of the CCI initiative is to strengthen primary care and safety net provider infrastructure and embed team-based, integrated models of care that can address primary care, behavioral health, and root causes of disease holistically.

The beneficiaries of the Transforming Rural Healthcare Delivery initiative will be residents of rural communities where access to essential health services is limited by geographic

isolation, workforce shortages, and resource constraints. This initiative will help ensure all residents of the State of Illinois have access to high-quality, sustainable care.
HFS approved IPHCA's proposal, entitled the Rural Integration and Systems Enhancement (RISE) program, and awarded $15,500,000 of the FY2027 RHT – CCI allocation to IPHCA to administer the RISE program. IPHCA anticipates a total five-year allocation of $56,500,000 for the RISE program, pending funding availability and satisfactory performance.

2.2. Purpose and Goals: In alignment with HFS' goal to transform rural healthcare, the RISE program will support rural primary care and safety net providers in the form of funding, training, and technical assistance, as they develop the infrastructure, staffing, and workflows necessary for implementing integrated team-based models of care. IPHCA's goals for the RISE program are as follows:

GOAL 1: Build capacity to implement evidence-based interventions to improve chronic disease management and behavioral health through team-based care in rural populations.

GOAL 2: Improve health outcomes of rural populations through team-based care.

GOAL 3: Enhance sustainability of team-based care initiatives to improve health outcomes and access to care.

2.3. Sample Projects: Overall, RISE-funded projects should increase access to healthcare services in rural areas of the state and break down barriers to creating collaborative, integrated models of care. By investing in these models, rural health systems can reduce fragmentation, improve access, and deliver comprehensive, person-centered care that meets the unique needs of rural populations and shifts care to lower cost settings.

RISE-funded activities may include one or more of the following:

- Standing up evidence-based, integrated models of care;
- Implementing regionalized, enhanced care coordination and health system navigation models;
- Building clinical connections between rural primary care providers and specialists;
- Embedding primary care providers and services in outpatient behavioral health settings;
- Embedding new provider types, such as community health workers and doulas, into care teams;
- Enhancing health IT infrastructure to improve telehealth services, integration and coordination, population health management, EHR interoperability, and AI-enabled clinical decision supports, among others.

2.4. Use of Funds:

2.4.1. Allowable Uses: Allowable costs are determined in accordance with the cost principles identified in 2 C.F.R. Part 200 (https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200), including Subpart E of such regulations and in the grant program's authorizing legislation and as outlined in Federal RHT program documents.

Costs charged to a federal award must meet all of the following:

- The cost must be necessary and reasonable for the performance of the award and reflect what a prudent person would pay under similar circumstances.
- The cost must directly benefit the award and be allocable to it in proportion to the benefit received. Costs benefiting multiple activities must be distributed appropriately.
- The organization must apply its internal policies and procedures uniformly to both federally funded and non-federally funded activities.
- Accorded consistent treatment A cost cannot be charged as a direct cost in one context and an indirect cost in another if the circumstances are similar.
- Costs must conform to limitations and exclusion stated in the Uniform Guidance or the specific federal award (see Section 2.4.3).
- Costs must complywith generally accepted accounting principles.
- A cost cannot be charged to the award if it is already counted as match for a federal award.
- Sufficient records must exist to demonstrate the nature, purpose, and benefit of the cost.
- Costs must be incurred within the award's authorized timeframe.

Allowable use of funds may include:

2.4.1.1. Personnel. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. Personnel cannot exceed 100% of their time on all active projects.

2.4.1.2. Fringe Benefits. Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the positions listed in the Personnel budget section and only for the percentage of time devoted to the project.

2.4.1.3. Contractual Costs. Expenses in this category may include the following:

2.4.1.3.1. Products or services obtained through a procurement process.

2.4.1.3.2. Allowable capital expenditures for existing rural health care facilitybuildings and infrastructure, including minor building alterations or renovations. Capital expenditures must be tied directly to the goals of the RHT funded program.

2.4.1.3.3. Sub-awards to a subrecipient organization to carry out a portion of the scope of work or objectives for the RHT funded program.

2.4.1.4. Travel. Expenses to attend training events and IPHCA- and/or HFS-sponsored meetings are subject to the Illinois State Travel Guide at https://cms.illinois.gov/employees/travel.html.

2.4.1.5. Supplies. Generally, supplies include any materials that are expendable or consumed during the project.

2.4.1.6. Equipment. Equipment is defined as an article of tangible personal property that has a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or $5,000. An applicant organization may classify equipment at a lower dollar value but cannot classify it higher than $5,000. (Note:Organization's own capitalization policy for classification of equipment can be used). Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the Contractual Services category.

2.4.1.7. Telecommunications. This budgetary line item is to be used for direct program telecommunications, all other indirect or administrative telecommunication costs should be listed in the indirect expense section of the Budget worksheet and narrative.

2.4.1.8. Other Costs. This category contains items not included in the previous categories.

2.4.1.8.1. Federally Negotiated Rate. Organizations that receive direct federal funding may have an indirect cost rate that was negotiated with the Federal Cognizant Agency. If the organization claims this rate in the project budget, the organization must provide a copy of the federally NICRA with its application.

2.4.1.8.2. De Minimis Rate. An organization that has never negotiated an indirect cost rate with the Federal Government is eligible to elect a de minimis rate of 15% of modified total direct cost (MTDC). Once established, the De Minimis Rate may be used indefinitely. The State of Illinois must verify the calculation of the MTDC annually.

2.4.1.9. Indirect Costs. To charge indirect costs to a grant, the applicant organization must have an annually negotiated indirect cost rate agreement (NICRA).

2.4.2. Examples of Program-Specific Uses:

- Hiring, contracting, or expanding clinical and care team roles to stand up and deploy teambased care models.
- Investing in the infrastructure, staffing, and development of protocols to integrate primary care and behavioral health.
- Engaging and training clinical and non-clinical staff to engage in practice transformation activities.
- Designing and testing new care models, including the configuration of care teams, shifting of workflows.
- Building quality improvement infrastructure and collecting and analyzing data to conduct plan, do, study, act cycles to inform shifts to program design and implementation.
- Establishing partnerships .
- Identifying and investing in technological capabilities and processes to support teambased care, such as establishing referral coordination systems, closed-loop referral platforms, and shared care management systems.
- Promoting the launch and awareness of new or expanded RHT-funded services through pre-approved marketing and advertising strategies.
- Completing minor building renovations or alterations and equipment upgrades that are clearly linked to program goals.

2.4.3. Unallowable Use of Funds:

- Non-RHT-Related Capital Expenditures. Activities such as new construction, improvements to land, and equipment upgrades that do not support RHT goals are unallowable.

- Duplicate Payments. Funds may not be used to replace payment for clinical services that could be reimbursed by insurance (including Medicaid). Funds also may not be used for payments for clinical services if they duplicate billable services and/or attempt to change the payment amounts of existing fee schedules. If the sub-awardee plans to fund direct health care services, the sub-awardee must justify why they are not already reimbursable, how the payment will fill a gap in care coverage (such as uncompensated care or services not covered by insurance), and/or how the services transform the current care delivery model. HFS and ultimately CMS will have final approval of whether proposed services are allowable.
- Clinician Salaries. Funds may not be used for clinician salaries or wage support for facilities that subject clinicians to non-compete contractual limitations.
- SSA Section 2105(c). SSA Section 2105(c), paragraphs (1), (7), and (9) establish funding limitations. These include general funding limitations, limitations on payment for abortions, and citizenship documentation requirements for payments made with respect to an individual.
- Electronic Health Record System. Funds may not be used for the total replacement of a sub-awardee's current EHR system that was already in place as of September 1, 2025.
- Pre-Award Costs. Funds may not be used for costs incurred prior to the sub-award start date.
- Matching Funds. Funds may not be used for costs otherwise meeting matching requirements for any other federal funds or local entities.
- Third Party Responsibilities. Services, equipment, or supports that are the legal responsibility of another party under federal, state, or tribal law are unallowable.
- Out-of-State Travel. Costs associated with out-of-state travel are unallowable.
- Other Non-RHT-Related Costs. Goods or services not allocable to the approved project are not allowed.
- Supplanting. Supplanting existing state, local, tribal, or private funding of infrastructure or services is not allowed.
- R & D. The cost of independent research and development, including their proportionate share of indirect costs in accordance with 2 CFR 300.477, is unallowable.
- Profit. Profit to any recipient even if the recipient is a for-profit organization is prohibited. Profit is any amount in excess of allowable direct and indirect costs.
- Lobbying. Funds may not be used to support any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body. See also 45 CFR part 93, 2 CFR 200.450 - Lobbying, and applicable Appropriations Law.
- Telecommunications and Video Surveillance Equipment. Funds may not be used for certain telecommunications and video surveillance equipment. See 2 CFR 200.216.
- Promotional Costs. Use of funds to purchase promotional items and memorabilia, including models, gifts, and souvenirs, is prohibited. Costs of advertising and public relations solely to promote the non-Federal entity is prohibited.

- Meals. Funds may be used to provide meals in limited circumstances such as:
  - Where specifically approved as part of the project or program activity, e.g., in programs providing children's services; and
  - As part of a per diem or subsistence allowance provided in conjunction with allowable travel.

## 3. Eligibility

Sub-award applicants must meet the following requirements to be eligible for a sub-award through the RISE program:

3.1. Entity Type: Be an FQHC, an FQHC Look-Alike, a Local Health Department (LHD) that provides ambulatory care services, or a Rural Health Clinic (RHC) that is not associated with a hospital.

3.2. Geography:
3.2.1. Have its headquarters in Illinois
3.2.2. Serve rural populations
3.2.2.1. Tier 1: Operate sites of care in rural areas of Illinois and serve rural Illinois residents, as documented by a list of the number of current patients who are eligible per the Rural Health Grants Eligibility Analyzer and grouped by zip code
3.2.2.2. Tier 2: Operate sites in urban or suburban areas and serve some rural residents
3.2.3. Propose one or more projects that will be implemented in rural areas, as documented by a list of all zip codes in the proposed service area

3.3. Data Collection: All RISE sub-awardees must
3.3.1. Consent to connecting their current EHRs to the VedaPointe data platform (see Section 4.9).
3.3.2. Have the capacity to collect and report data for project-related outputs and outcomes, including, but not limited to, the following:

- Screening for Depression and Follow-Up Plan (NCQA)
- Controlling High Blood Pressure
- Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)
- Breast Cancer Screening (NCQA)
- Colorectal Cancer Screening (NCQA)
- No-show rate
- Number of care gaps closed (total and by category)
- Number of health risk assessments completed
- Number of patient telehealth visits (total and by category)
- Number of patient visits (total and by category)
- Number of patients/clients served (unique/deduplicated), including breakouts for rural and payor mix
- Number of health related social needs of health assessments completed

- Number of health related social needs of health service referrals made (total and by category)
- Patient demographics: age, gender, race, ethnicity
- Number of community health worker-client interactions (provided on-site or through partnerships)
- Number of staff hired for the RISE program

## 4. Scope of Work

All RISE sub-awardees will be required to complete each of the following:

4.1. Work Plan. Submit a final work plan within 30 days of a signed sub-award agreement

4.2. Budget. Submit a final budget within 30 days of a signed sub-award agreement

4.3. Training and Technical Assistance (T/TA). Participate in group TA calls, webinars on relevant topics, one-on-one TA sessions with IPHCA staff, and other relevant T/TA opportunities offered by federal and state agencies, IPHCA, and other vendors, as scheduled.

4.4. Peer Networking. Engage with peers through RuralReach Illinois, a virtual super network hosted by IPHCA.

4.5. Implementation. Implement activities as specified in the approved work plan.

4.6. Enrollment and Retention. Enroll and retain rural residents in RISE-funded services.

4.7. Health Related Social Needs. Identify patient needs and preferences, offer culturally- and linguistically-appropriate services, and address social health needs and other barriers to care.

4.8. Quality Improvement. Engage in the Plan-Do-Study-Act (PDSA) process for quality improvement purposes as a method to test incremental changes within their projects.

4.9. VedaPointe Services. Coordinate with IPHCA's contractual vendor VedaPointe to connect to the sub-awardee's existing EHR to support real-time data collection and reporting through the VedaPointe Core system.

4.10. Other Data Collection. Collect data for all other measures specified in the sub-awardee agreement but not reported through the VedaPointe dashboard.

4.11. Reporting. Submit the following reports within 10 calendar days after the reporting period. Failure to submit required reports in a timely manner will result in delays with approval of reimbursements. The sub-award agreement will specify reporting format and deadlines.

4.11.1. Quarterly performance reports on work plan objectives including a brief narrative update on implementation progress, performance measure trends, successes, challenges, and strategies to overcome barriers.

4.11.2. Monthly fiscal expenditure reports.

4.11.3. Annual final report that includes a summary of system changes, patient health improvements, performance measure trends, sustainability efforts, success stories, and more.

## 5. Operational Readiness Pilot Program

IPHCA will contract with Tinsley & Associates to implement a brief pilot program with one RISE sub-awardee in Year 1. IPHCA will invite all RISE sub-awardees to indicate their interest in participating in the pilot program. The six-week pilot will include the following activities:

- Assess the pilot organization's readiness for transformation initiatives;
- Identify operationally feasible opportunities aligned to RHT priorities;
- Reduce implementation risk associated with new program development;
- Create practical, sustainable care model concepts (e.g., staffing, workflow, partnerships, financing); and;
- Generate lessons learned to inform future initiatives.

## 6. Proposal Components

With the exception of the questionnaire, save each component with the following filename protocol: RISE - [component title] - [organization name] and email them to RHTsubmissions@iphca.org before the submission deadline (see Section 1.6). Submit the budget template as an Excel file. All other components may be submitted as Word documents or PDF files.

6.1. Project Narrative. Describe the proposed project that addresses the unique needs of rural patients and aligns with all three RISE program goals (see Section 2.2). Organize the narrative using the headings in 6.1.1 through 6.1.6. Consult the scoring rubric (see Appendix) to strengthen the narrative content. Be succinct, cross-referencing other sections, as appropriate, to avoid repeating information and to comply with the stated page limit. Use a standard 12-point font (Arial or Times New Roman). The Project Narrative is limited to 10 single spaced pages. Do not include hyperlinks to external sources.

6.1.1. Organizational Capacity
- 6.1.1.1. Mission and History
- 6.1.1.2. Existing Services
- 6.1.1.3. Staffing
- 6.1.1.4. Experience Managing Grants
- 6.1.1.5. Rural Populations Served
- 6.1.1.6. Organizational Readiness

6.1.2. Community Needs Assessment. Use local data (include brief citations) to describe the following:
- 6.1.2.1. Population Demographics
- 6.1.2.2. Healthcare Access Barriers
- 6.1.2.3. Workforce Shortages
- 6.1.2.4. Behavioral Health Needs
- 6.1.2.5. Existing Service Gaps

6.1.3. Proposed Model
- 6.1.3.1. Rationale for Selecting the Proposed Model
- 6.1.3.2. Services to be Implemented
- 6.1.3.3. Team-Based Care Approach
- 6.1.3.4. Integration Strategy

6.1.4. Implementation Plan
- 6.1.4.1. Timeline
- 6.1.4.2. Staffing Plan
- 6.1.4.3. Patient Recruitment and Retention
- 6.1.4.4. Workflows
- 6.1.4.5. Technology Solutions

6.1.5. Partnerships and Regional Collaborations. Explain applicable existing and proposed collaborations.
- 6.1.5.1. Behavioral health providers
- 6.1.5.2. Hospitals
- 6.1.5.3. Rural Health Centers or Community Health Centers
- 6.1.5.4. Local Health Departments
- 6.1.5.5. Community-based organizations
- 6.1.5.6. Other Entities

6.1.6. Sustainability Plan. Describe strategies to continue the project after RISE funding ends.

6.2. Work Plan. Use the Work Plan template provided in the Appendix to outline the objectives, activities, and timeframe for planning and implementation for the period beginning November 1, 2026, and ending June 30, 2027.

6.3. Project Budget. Complete the Project Budget template (see Appendix), providing a detailed spending plan for the period beginning November 1, 2026, and ending June 30, 2027. Complete the budget justification section below the budget table on each tab of the budget

template.

6.4. Geographic Service Area. Use the Service Area template to:
- 6.4.1. Indicate the number of current patients that are eligible per the HRSA Rural Health Grants Eligibility Analyzer, grouped by zip code (Tab 1);
- 6.4.2. List of all zip codes in the proposed service area

6.5. Letters of Commitment. Submit up to 5 letters of commitment from key partners and stakeholders indicating their respective roles in the proposed project(s).

6.6. Assurances. Sign the following Statements of Assurance provided in the Appendix:
- 6.6.1. Data Collection Capacity and Agreement to Link with the VedaPointe Core system
- 6.6.2. RISE funding will support services for rural populations
- 6.6.3. Compliance with Grant Accountability and Transparency Act (GATA) pre-qualification and ICQ submission for the current state fiscal year through the GATA Grantee Portal at www.grants.illinois.gov/portal.

6.7. Other Attachments.
- 6.6.1. Organizational Chart. Provide a one-page organizational chart with names and titles of all key staff, including all planned staff that will be involved with the proposed project(s).
- 6.6.2. Federally Negotiated Indirect Cost Rate Agreement (NICRA), if applicable

6.8. Questionnaire. After submitting the proposal components listed in Sections 6.1 through 6.7, respond to the questions in the Microsoft Office form available online.

## 7. Review and Selection Process

7.1. Administrative Review. IPHCA staff will screen all applications for eligibility and completeness and send written notification to organizations whose applications did not advance to the Technical Review stage.

7.2. Technical Review. IPHCA will contract with an independent third-party vendor to review the applications that passed the Administrative Review. The vendor will use a rubric (see Appendix) to score the proposals.

7.3. Merit Review. IPHCA staff will review the results of the Technical Review stage, rank the proposals, apply a geographic lens for statewide coverage, and make funding recommendations. Projects serving multiple counties will receive priority consideration.

7.4. Executive Review. IPHCA leadership and HFS – RHT program staff will review the funding recommendations and finalize the list of sub-awardees. They will apply a sliding scale to determine the funding amounts, with larger investments reserved for high-impact regional collaborative models closely aligned with HFS priority areas.

7.5. Notifications. IPHCA will issue written notifications to applicants, indicating the status of their proposals.

## 8. Grant Agreement Terms

IPHCA will execute formal sub-award agreements that outline the terms of the award, as well as sub-awardee and IPHCA roles and responsibilities.

## 9. Appendix

9.1. Work Plan Template.

9.2. Budget Template.

9.3. Service Area Template.

9.4. Statements of Assurance.

9.5. Scoring Rubric.