**NORTHERN SHENANDOAH VALLEY REGIONAL COMMISSION**

**REQUEST FOR APPLICATIONS – Q&A ADDENDUM**

**Virginia Rural Health Transformation Program Mobile and Hybrid Care**

1. For a project involving deployment of a medical device as part of a mobile or hybrid care model, could a healthcare distributor serve as the primary applicant, with the manufacturer and licensed healthcare provider participating as implementation partners?

   Yes.

2. Alternatively, would NSVRC generally view a healthcare provider serving the eligible rural population, such as a hospital, FQHC, Rural Health Clinic, or medical group, as the stronger or more appropriate primary applicant for this type of project?

   We view a strong application as one that has explicit established partnerships necessary to complete the proposed program within the given timeline.

3. If the distributor were the primary applicant, would NSVRC expect a formal relationship with a healthcare provider serving the eligible rural population to already be in place at the time of application? If so, would a letter of commitment, MOU, existing agreement, or similar documentation be appropriate?

   Where clinical partnerships are necessary for implementation, a competitive application has the partnerships necessary to complete the proposed program within the given timeline. Applications will be scored based on the rubric provided in the RFA. The "Implementation Feasibility & Organizational Capacity" section includes scoring relevant to the work plan and timeline, timely deployment, and applicant and partner capacity, among other considerations. A letter of commitment, MOU, existing agreement, or similar documentation are all appropriate for demonstrating partner capacity.

4. If a local healthcare provider serves as the primary applicant, would a structure where the provider leads the clinical implementation, the distributor supports fulfillment and program operations, and the manufacturer supplies the technology be consistent with the intent of the RFA?

   Yes.

5. More broadly, is there any guidance you can provide on the applicant/partner structure that would best demonstrate a meaningful connection to the eligible rural population and align with the goals of the Mobile & Hybrid Care initiative?

   We view a strong application as one that has explicit and established partnerships that will serve the specific healthcare needs of the eligible rural population within your program.

6. What documentation is needed to confirm credentials? Can we provide a copy of the state license or do you need a copy of the terminal degree for applicable personnel?

   Any documentation confirming appropriate licensure is sufficient.

7. Can the primary RHTP investment be technology and supporting infrastructure, with clinical services subsequently delivered by licensed healthcare partners?

   Yes.

8. Can clinical partners be finalized during the post-award implementation period, with required agreements/licenses submitted before clinical services begin?

   Where clinical partnerships are necessary for implementation, a competitive application has the partnerships necessary to complete the proposed program within the given timeline. Applications will be scored based on the rubric provided in the RFA. The "Implementation Feasibility & Organizational Capacity" section includes scoring relevant to the work plan and timeline, timely deployment, and applicant and partner capacity, among other considerations.

9. Can the technology organization establish secure EHR/data connectivity with clinical partners after award for patient identification, care coordination, referrals, and outcomes?

   Yes.

10. Can mobile technology + CHWs + community access points + telehealth qualify as a mobile/hybrid model without requiring a physical mobile clinic or vehicle?

    Yes.

11. Are technology infrastructure, EHR integration, mobile devices, telehealth equipment, connectivity, analytics, cybersecurity, training, and implementation allowable startup costs?

    Please reference additional details regarding allowable and unallowable costs listed on page 13 in the posted RFA.

12. Can CHWs serve as the community-facing workforce while licensed clinical partners remain responsible for clinical care?

    Yes.

13. Are Virginia for-profit mobile-health technology companies eligible to serve as the direct applicant under this RFA, provided they satisfy the federal, financial, reporting, and service-area requirements?

    Yes.

14. May an applicant headquartered outside the NSVRC region apply if the proposed project directly serves eligible rural residents in Clarke, Warren, Shenandoah, or Page County?

    Yes.

15. If a healthcare provider, nonprofit organization, or other eligible entity serves as the lead applicant, may Appalachian Access serve as its contracted implementation, deployment, technology, and patient-navigation partner?

    Yes.

16. In that structure, must only the lead applicant maintain an active SAM.gov registration and UEI, or must all material project partners and contractors also maintain active registrations?

    Material project partners and contractors do not need to maintain active SAM.gov registration and UEI. NSVRC will maintain its active SAM.gov registration and UEI.

17. When clinical providers bill Medicare, Medicaid, or commercial insurance for covered medical services, may RHTP funding support the separate, nonbillable infrastructure and access-related expenses required to make those encounters possible, provided no expense is charged to more than one funding source?

    Yes.

18. Are applicants permitted to submit separate proposals to multiple Virginia Planning District Commission RFAs when each application targets a distinct eligible rural population and contains separate, nonduplicative costs?

    Yes.

19. Does NSVRC require or strongly prefer a formal local healthcare or community partner within the proposed service area? If so, what documentation should be submitted to demonstrate that partnership?

    Where clinical partnerships are necessary for implementation, a competitive application has the partnerships necessary to complete the proposed program within the given timeline. Applications will be scored based on the rubric provided in the RFA. The "Implementation Feasibility & Organizational Capacity" section includes scoring relevant to the work plan and timeline, timely deployment, and applicant and partner capacity, among other considerations.

20. The RFA identifies September 18, 2026, as the deadline for written questions and September 8, 2026, as the date responses will be posted. Should applicants submit questions before September 8 to receive answers before the application deadline?

    We will continue to take questions up until the submittal deadline in an effort to provide applicants with the best possible information to develop quality applications. We will do our best to update the Q&A with questions received that would be relevant to other applicants up until the submittal deadline.