

Rural Collaborative Provider Models Program Notice of Funding Opportunity (NOFO)

Part 1. Full Text of the Announcement

Summary

The Louisiana Department of Health’s Rural Collaborative Provider Models Program supports rural healthcare providers in developing sustainable regional partnerships and shared-service delivery models that improve access to care across multiple communities.

Funding may be used for activities such as provider rotation programs, shared specialty, behavioral health, dental, pharmacy, and care coordination services, regional scheduling and referral systems, governance and partnership development, operational redesign, and startup or implementation costs tied to collaborative care delivery. The program is specifically intended to strengthen how rural providers organize and share workforce and operational resources regionally, rather than fund standalone organizational expansion.

The NOFO does not support clinician recruitment bonuses, capital improvements or equipment purchases, telehealth infrastructure, EHR modernization, or value-based payment arrangements. Visit [Louisiana’s Rural Health Transformation Website](#) for a full listing of funding opportunities.

Applicants must demonstrate rural eligibility, documented access-related need, a 10% match contribution, measurable outcomes, and a sustainability plan showing how the model will continue beyond grant funding.

A. Program Description and Goals

Program Description and Goals:

The Louisiana Department of Health (LDH), through the Office of Rural Health Transformation and Sustainability, is issuing this Notice of Funding Opportunity (NOFO) to support the development of collaborative provider models to foster cross-healthcare rural provider-sharing and rotation programs that extend specialist coverage and enable rural facilities to pool limited staff resources to support patient care, and enhance

efficiency, continuity, and quality. Supported by clear guidelines, this approach will leverage regional partnerships and shared service delivery models that can endure beyond federal funding. Rural providers will co-design collaborative care models, and LDH will enable partnerships among providers and provide technical assistance, as needed.

This initiative focuses on how rural providers organize and deliver services across multiple communities. It is intended to support regional service delivery models rather than clinician recruitment, telehealth infrastructure, EHR modernization, capital improvements, or value-based payment arrangements.

Common Barriers

Barrier	Example
Insufficient Scale	Individual organizations cannot independently sustain certain services
Workforce Distribution	Providers are available regionally but not consistently available in rural communities
Contracting Complexity	Participating organizations operate under different reimbursement and compensation structures
Startup Costs	New service lines require investment before patient volume is established
Administrative Burden	Multi-organization scheduling, governance, and operational coordination

B. Financial Management and System of Internal Controls:

Funding for this opportunity is made available through the U.S. Department of Health and Human Services (HHS) Center for Medicare and Medicaid Services (CMS) Cooperative Agreement. All terms and conditions of the Cooperative Agreement for Rural Health Transformation Program (RHTP) Centers for Medicare & Medicaid Services that apply to the Louisiana Department of Health (LDH) also apply to subrecipients and subrecipient agreements awarded under this NOFO.

If selected for funding, the subrecipient must:

1. Establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award.
2. Comply with applicable Federal statutes, regulations, and the terms and conditions of the Federal award.
3. Cover eligible activity costs upfront and receive reimbursement through the grant process.
4. Comply with applicable State statutes and regulations.
5. Take prompt action when instances of noncompliance are identified including noncompliance identified in audit findings.
6. Be prepared to execute the Cooperative Endeavor Agreement within two weeks of receiving the final document.

C. Eligibility Information

1. Eligible Use of Funds

Award Size: \$10,000 - \$500,000

Funding supports projects that directly improve access and care delivery. These projects may be multi-year. Project plans must allocate projected expenses monthly. Examples of acceptable use of funds are in the table below.

Category	Examples
Network Development	Partnership formation, governance, legal agreements, shared operating models
Workforce Deployment	Provider rotation programs, travel support, onboarding, scheduling systems
Service Expansion	Startup costs for shared specialty, behavioral health, dental, pharmacy, and care coordination services

Administrative Infrastructure	Referral management, provider scheduling, regional coordination
Operational Transition	Workflow redesign, implementation support, launch costs
Performance Monitoring	Access, utilization, service availability, and quality reporting

Priority Areas

- Shared specialty care arrangements
- Shared care coordination and navigation services
- Multi-provider service delivery partnerships
- Regional provider-sharing and rotation programs
- Shared behavioral health services
- Shared dental services
- Regional pharmacy support models
- Shared operational and administrative support functions

2. *Ineligible Use of Funds*

- Recruitment bonuses – each provider should utilize the Rural Clinician Credit Bank and bonuses can be shared among provider entities, each paying a portion of the bonus under their tax ID number.
- Capital improvements, such as renovation or equipment – if needed, this could be applied for through the Capital Improvement Fund

3. Eligible Organizations

Applicants must meet all of the following:

- Organizations must qualify as “rural” under the Louisiana Rural Health Transformation Program definition and methodology. Eligibility may be based on geographic location, rural patient population served, provider shortage designation, or other criteria established under the RHTP framework. Additional information regarding rural eligibility and methodology is available through the RHTP Funding Opportunities materials. To confirm your organization is rural, visit [RHTP Funding Opportunities](#)
- Demonstrate financial access-related need through a documented assessment
- Be licensed by LDH or applicable licensing agency as a:

- Rural Health Clinic (RHCs)
- Federally Qualified Health Center (FQHCs) or look-alikes
- Critical Access Hospital (CAHs)
- Rural Hospital
- Rural EMS provider
- Rural behavioral health or substance use provider
- Independent rural practice (Rural physician or physician group, pharmacy, dentist)

4. *“In Kind” Requirements and Sustainability Plan*

- Applicants are required to demonstrate a mandatory minimum cost share/matching contribution of 10% of the total direct costs requested.
- Matching support may include cash contributions or in-kind contributions reflecting organizational commitment, partnerships with local health systems or MCOs and philanthropic contributions.
- Sustainability plans should clearly explain how the proposed investment will remain operational, financially viable, and integrated into routine care delivery workflows following the conclusion of grant funding.
- Projects that demonstrate scalable and sustainable service models, improved operational efficiency, reduced long-term costs, enhanced reimbursement opportunities, or measurable support for ongoing rural healthcare access and care coordination will be viewed more favorably during application review.

D. Other Requirements

1. *Participation Requirements*

Providers participating in this program are required to comply with the following:

- Submit an initial application for participation in the program, including completion of a Statement of Work. See Appendix B: Statement of Work Requirements
- Agree to comply with mandated state and federal audit requirements including site reviews and random verification by LDH and monitoring entities, as required
- Execute project within defined timeline
- Submit quarterly and annual reports to LDH that include measurable outcomes aligned with RHTP priorities

2. *Reimbursement Requirements*

Upon approval of the application, providers will receive a Cooperative Endeavor Agreement outlining the terms and conditions of the award.

Providers will be required to incur expenses before requesting funds. **After expenses are incurred**, reimbursement requests will be submitted to LDH via invoice.

Invoices must include an itemization of actual expended costs that are allowable, allocable, and reasonable project expenses with supporting receipts and records.

LDH reserves the right to ask for additional clarification to confirm payment before reimbursement.

3. *Supplanting/Non-Supplanting*

Federal funds must be used to supplement (add to), enhance, or expand existing services for program activities and not replace those funds that have been appropriated for the same purpose. A subrecipient may not use Federal grant funds to defray any costs that the recipient is already obligated to pay. The possibility of supplanting will be the subject of careful application review, possible pre-award review, post-award monitoring, and audit of any finding.

Subrecipients must disclose any existing or proposed federal, state, local, or private funding sources that support the collaborative provider agreement.

LDH reserves the right to coordinate, reduce, or deny duplicate payments to prevent overlapping use of funds for the same position or incentive purpose.

E. Application and Submission Information

This opportunity will be available once per grant budget year. **To be considered for Year 1 Funds, applications must be received no later than August 5, 2026.** Projects can be multi-year, but funds awarded for Year 1 must be expended by September 30, 2027.

June 26, 2026	Notice of Funding Opportunity Issued
July 6, 2026	Deadline to Submit Written Questions Submit Questions Here

July 13, 2026	Answers to Written Questions Posted
August 5, 2026	Application Submission Deadline for Year 1 Funds
Early August, 2026	Application Evaluation Period for Year 1 Funds
Mid August	Notice of Intent to Contract Announcements

Note: There will be opportunities for applicants awarded Year 1 funds to apply for continuation/additional funds in future RHTP budget years. Applicants proposing multi-year projects must provide a phased implementation timeline, and projected annual expenditures.

Please submit an application [here](#).

Applicants will be required to provide the following information **AND** attach a Statement of Work compliant with Appendix B. Statement of Work Requirements.

Information required for application:

- Organization Name
- Organization Type
- Program Contact Name
- Program Contact Phone Number
- Program Contact Email Address
- Physical Address, City, State, Zip Code
- Tax Identification Number
- Louisiana Department of Revenue Number
- Justification for rural designation in alignment with the RHTP definition and methodology
- Parishes or ZIP codes Served
- Brief Program Description
- Total Amount of Funds Requested

F. Required Registrations for Applicants

All organizations are required to provide the following documents if chosen for award:

- a. Federal Tax Identification Number
- b. IRS Form W-9 (Taxpayer Identification and Certification)

- c. Louisiana Vendor Profile Data Form. State of Louisiana Self-service Request for Vendor
<https://www.doa.la.gov/Pages/osrap/VendorPayments.aspx>
- d. Board Resolution designating signature authority (if applicable)
- e. Disclosure of Ownership from the Louisiana Secretary of State (if applicable)
- f. Applicable Louisiana Department of Health License (current and in good standing)
- g. SAM (System for Award Management) Number and current expiration date

G. Application Review Information and Notice of Award

Applications will be reviewed on an annual basis. Submission of an application does not guarantee funding.

Criteria	Max Points
Documented Need & Rural Impact	30
Project Feasibility & Readiness	25
Impact on Access, Quality, and Outcomes	25
Sustainability & Long-Term Benefit	10
Budget & Cost Effectiveness	10
Total	100

Optional bonus points may be awarded for projects:

- Addressing Priority Funding Areas
- Serving high-poverty or high-disparity populations
- Expanding essential services (OB, ED, behavioral health)

Scoring will be conducted through structured survey-based review tools to ensure consistency and transparency.

LDH may request additional information, clarifications, or supporting documentation during the application review process. Eligible applicants will receive a formal Notice of Intent to Contract outlining the Cooperative Endeavor Agreement process and requirements. LDH reserves the right to approve,

partially fund, defer, or deny any application based on available resources and program considerations.

**Appendix A
Overview Information**

Participating Organization: Louisiana Department of Health,
Office of Rural Health Transformation and Sustainability (LDH)
www.ldh.la.gov/page/rural-health-transformation-program

Funding Opportunity Title: Rural Health Transformation Program (RHTP)
Rural Collaborative Provider Model Program, Budget Year 1

Announcement Type: RHTP – New Grants

Federal Award Identification (CFDA) Number: RHTCMS332085

Federal Award Amount: RHTP Budget Year 1: \$208,374,447.57

Period of Performance: 12/29/2025 through 10/30/2030
Project Periods are determined on a case-by-case basis

Funding Opportunity Purpose: The primary purpose of the Rural Collaborative Provider Model Program is to support the development of collaborative provider models that extend specialist coverage and enable rural facilities to pool limited staff resources to support patient care. This program is authorized by Section 71401 of Public Law 119-21

Application Types Accepted: New Applications

Due Dates: To be considered for Year 1 Funds (October 1, 2026-September 30, 2027), applications must be received no later than August 5th, 2026.

Funds Available: RHTP Collaborative Provider Model Budget Year 1:
\$4,750,000.00

Appendix B.

Statement of Work Requirements

Formatting requirements:

- Font: Use Times New Roman or Arial, size 11 or 12-point font; 10-point font is considered acceptable for tables
- Margins: Maintain one-inch margins on all sides
- Line spacing: Use single-spaced or 1.5-spaced text
- Page numbers: Number all pages consecutively in the bottom right corner

Section I. Applicant Information:

Applicants must provide information describing the organization, service area, physical location(s), populations served, annual patient or encounter volume, services offered, and other relevant operational details.

Applicants should also include a summary of the healthcare needs within the proposed service area or target population, including documented barriers to access, provider shortages, technology limitations, transportation challenges, health disparities, chronic disease burden, behavioral health needs, maternal health concerns, or other factors demonstrating the need for a collaborative provider agreement.

Where available, applicants are encouraged to include supporting demographic, utilization, workforce, or public health data to demonstrate the significance of the identified healthcare access or service delivery gaps affecting rural and underserved populations.

Section II. Program Description: The program description should include:

1. A statement of need supported by data that includes an overview of the organization's readiness to begin the project including partners involved.
2. A project description and project plan outlining the project's scope, objectives, tasks, milestones and resources.
3. Designation of Priority Funding Areas addressed by the project
4. A feasible sustainability plan with a detailed pro forma on anticipated costs and future revenues

Section III. Performance Metrics & Outcomes: Proposals must clearly define performance metrics, baseline conditions, project milestones, and measurable

outcomes that will be used to assess program success and alignment with the goals and strategic priorities of the Rural Health Transformation Program (RHTP). Applicants should identify both implementation milestones and outcome-based measures associated with the proposed project.

Examples of performance measures may include, but are not limited to:

- Increased access to specialty, behavioral health, dental, pharmacy, and care coordination services
- More services available within rural communities
- Reduced need for patients to travel outside their region for care
- Stronger regional provider partnerships
- Improved efficiency through shared workforce deployment
- Sustainable service delivery models that can continue beyond federal funding

Applicants should describe the methodology, data sources, reporting approach, and evaluation process that will be used to monitor project performance and measure outcomes over time.

Proposed measures should be realistic, measurable, and directly aligned with the scope, objectives, and anticipated impact of the proposed project.

Subrecipients will be required to submit quarterly and annual reports documenting progress toward approved project milestones, implementation activities, utilization measures, financial status, and outcome metrics as part of ongoing monitoring and compliance requirements. LDH may require standardized reporting templates, supporting documentation, baseline data submission, project status updates, expenditure tracking, site verification activities, and participation in program evaluation or technical assistance activities.

Section IV. Projected Budget Schedule and Budget Narrative

Applicants must provide a detailed projected budget schedule and accompanying budget narrative that clearly identifies all proposed project costs, implementation timelines, funding sources, and anticipated expenditures by project phase and month, where applicable.

The budget narrative should describe how each expense directly supports the proposed project, aligns with the goals and objectives of the Rural Health Transformation Program (RHTP), and represents an allowable, reasonable, and necessary use of funds.

Applicants must clearly identify grant-funded expenses, matching contributions, and any additional leveraged funding sources.

Budgets should demonstrate financial feasibility, alignment with the proposed scope of work, and support for long-term sustainability and operational success following project implementation. Factors considered in scoring include:

- Impact on cost per patient
- Scalability
- Shared infrastructure
- Plan for sustainability
- Reduction in avoidable utilization

See attached RHTP_Budget_Workbook_CollaborativeProvider.xls