

Rural Health Transformation Program: Connections to Care Initiative

The South Carolina Department of Health and Human Services (“SCDHHS” or “Agency”) is accepting applications for the fiscal year (FY) 2026 Rural Health Transformation Program: Connections to Care Initiative.

RFA Reference Number	SCDHHS-26-001
Anticipated Total Funding	\$75,000,000
Cost Sharing/Match Required	No
RFA Posting Date	4/2/2026
Question Due Date	4/16/2026
Application Due Date	6/1/2026
Anticipated Notice of Award	7/31/2026
Issuing Agency	South Carolina Department of Health and Human Services
E-mail for Questions and Submission of Application	grants@scdhhs.gov
Eligible Applicants	<p>Eligible applicants must meet all of the following requirements:</p> <p>Must be one of the following:</p> <ul style="list-style-type: none"> • Healthcare Providers serving rural South Carolina communities (including hospitals, clinics, federally qualified health centers, EMS providers, providers delivering residential or community-based services for individuals with developmental disabilities, and pharmacies) • South Carolina based Community-based Organizations (CBOs) with a demonstrated role in health access or digital health support. • South Carolina based Local Government Entities or Public Health Agencies supporting rural health infrastructure • South Carolina based Nonprofit Organizations with a mission aligned to improving rural health outcomes <p>AND</p> <ul style="list-style-type: none"> • Must serve rural communities in South Carolina. South Carolina aligns to the Health Resources and Service Administration’s definition of rural. <p style="text-align: center;"><i>Find more information about that definition here.</i></p> <ul style="list-style-type: none"> • Proposed activities must directly benefit rural residents and demonstrate measurable impact in rural communities

THIS REQUEST FOR APPLICATIONS (RFA) advertises the Agency’s need for the services described herein and solicits applications offering to provide those services pursuant to the specifications, terms and conditions specified herein. Successful applicants will be required to enter into a subaward agreement with the Agency to provide such services.

THE UNDERSIGNED HEREBY SUBMITS the following application and certifies that (1) he or she has the authority to apply for this grant on behalf of the organization; and (2) all information provided is true and accurate to the best of Authorized Representative’s knowledge.

TO BE COMPLETED BY APPLICANT:

Authorized Representative	Organization:	
Title of Authorized Representative	Street Address	
Signature of Authorized Representative		
	Date	

CONTACT INFORMATION:

Grant Coordinator Name		E-mail	
Title		Phone Number	

This RFA is for the **Connections to Care Initiative**, which includes two priority projects. Each applicant must indicate one project for which their organization is requesting funding. Applications are limited to **one project per submission**; if more than one project is selected, the application may not be considered.

Please check which project this application is for.

- Modernize Health IT
- Expand Remote Patient Monitoring (RPM) & Assistive Technology

Table of Contents

Table of Contents	3
1 Introduction.....	5
1.1 Authority.....	5
1.2 Background.....	5
2 Connections to Care Initiative	6
2.1 Overview.....	6
2.2 Projects.....	6
3 Eligibility	9
4 Award information	10
4.1 Use of funds	10
4.2 Subrecipient terms	10
4.3 CMS Funding policies and limitations	11
4.4 SCDHHS Connections to Care Project-based Funding Ranges	13
4.5 Salary rate limitation.....	13
4.6 Program income	14
5 Reporting.....	14
6 Application contents and format.....	15
6.1 Application checklist	15
6.2 Cover sheet.....	15
6.3 Project Summary.....	15
6.4 Project Narrative	16
6.5 Budget.....	17
6.6 Budget narrative.....	18
6.7 Settlement agreements/claims.....	18
6.8 Letters of support	18
7 Evaluation and Scoring.....	18
7.1 Initial review	18
7.2 Merit Review	19
8 RFA protocols and procedures	23

8.1	Questions and clarifications	23
8.2	Award notices.....	23
8.3	Application submission.....	23
8.4	Application deadline	24
8.5	Freedom of Information Act disclosure	24
9	Applicant rights and responsibilities.....	24
9.1	Truth and accuracy of representations	24
9.2	Required performance.....	25
9.3	Withdrawal.....	25
10	SCDHHS rights and responsibilities.....	25
10.1	Statements by employees/officers.....	25
10.2	RFA amendments	25
10.3	Right to reject.....	26
10.4	Negotiations/demonstrations.....	26
11	Post-award requirements and administration.....	26
11.1	Administrative and national policy requirements	26
12	SCDHHS contact	26
13	Resources	27
	Attachment I: Budget Worksheet.....	28

1 Introduction

The purpose of this Request for Applications (RFA) is to provide support to rural communities through South Carolina’s Connections to Care initiative, which aims to modernize and expand digital infrastructure across South Carolina’s rural healthcare ecosystem.

1.1 Authority

South Carolina applied to CMS Notice of Funding Opportunity CMS-RHT-26-001 on Nov. 5, 2025 and as a result received a Notice of Award on Dec. 29, 2025. The Notice of Award provides, “The recipient can provide a portion of the direct award to other organizations, called subrecipients, to accomplish the goals and objectives of the award.”

Governor Henry McMaster’s endorsement letter, included in South Carolina’s Rural Health Transformation Plan to the Centers for Medicare and Medicaid Services (CMS), designated SCDHHS as the lead agency responsible for administering and implementing South Carolina’s Rural Health Transformation Plan.

The 2025-2026 South Carolina Appropriations Act, Proviso 33.21(B) provides, “the department shall continue to investigate the potential use of disproportionate share, directed payment, and/or any other source of funds in order to improve access to medical services in one or more rural or underserved communities identified by the department in which such access has been determined to be unstable or at-risk. As funds are available to the department, it may establish a grant program for providers to implement sustainable delivery models or capital improvements to enhance access to health care services.”

SCDHHS is further instructed to develop policies and procedures as necessary to ensure accountability in the expenditures of these funds. Reports are required to be submitted to the CMS on all expenditures made under this Notice of Award.

1.2 Background

The Rural Health Transformation Program (RHTP), established under the *Working Families Tax Cuts Act* signed into law on July 4, 2025, is a federal initiative led by the Centers for Medicare & Medicaid Services (CMS). This program is designed to help state governments strengthen healthcare access, quality, and outcomes in rural communities by transforming the healthcare delivery ecosystem. Through a focus on innovation, strategic partnerships, infrastructure development, and workforce investment, the RHTP aims to create sustainable improvements in rural health systems across the United States. For more information on this program refer to [Section 13](#).

On Sept. 15, 2025, CMS issued a Notice of Funding Opportunity (NOFO), CMS-RHT-26-001, for states to apply for funding over five years. See [here](#) for additional details.

On Nov. 5, 2025, after extensive stakeholder input, the South Carolina Department of Health and Human Services (SCDHHS) applied for RHTP funding on behalf of the Governor of South Carolina. See [here](#) for the full application.

South Carolina's RHTP plan is designed to transform the rural health care landscape through five integrated, outcomes-driven initiatives that align with CMS' strategic goals: Connections to Care, Leveling Up, Wellness Within Reach, Shoring Up to Sustainability and the Tech Catalyst Fund.

South Carolina aligns to the Health Resources and Service Administration's definition of rural. Find more information about that definition [here](#).

The 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 \$200,030,252.32 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.

2 Connections to Care Initiative

This RFA is for Connections to Care. The priority projects for Year 1 are 'Modernize Health IT Infrastructure' and 'Expand Remote Patient Monitoring (RPM) and Assistive Technology.' SCDHHS anticipates funding additional projects under this initiative in future years, contingent upon the availability of funding.

2.1 Overview

The Connections to Care initiative aims to modernize and expand digital infrastructure across South Carolina's rural healthcare ecosystem. This grant opportunity seeks proposals from eligible organizations (see [Section 3](#)) to implement or enhance electronic health records (EHRs) and remote patient monitoring (RPM).

2.2 Projects

2.2.1 Modernize Health IT Infrastructure

Modernizing health IT infrastructure is essential to improving the quality, safety, and efficiency of healthcare delivery in rural communities. Many providers still rely on outdated or paper-based systems, which limit their ability to share data, coordinate care, and respond to patient needs effectively. By upgrading to certified EHR systems and enhancing existing platforms, we aim to create a secure, interoperable, and future-ready digital ecosystem that supports advanced analytics, patient engagement, and compliance with federal standards. This modernization will reduce administrative burden, improve clinical decision-making, and enable better population health management.

2.2.1.1 Benefits to Rural Communities

Modernized health IT systems will allow rural providers to deliver faster, safer, and more coordinated care. Patients will experience shorter wait times, fewer errors, and improved access to specialists through shared data networks. This investment will also strengthen providers' ability to participate in statewide health initiatives, ensuring that rural residents receive high quality care.

2.2.1.2 Addressing Barriers

South Carolina is driven by a commitment to advancing health in the State by addressing the persistent disparities in access, outcomes, and resources that affect rural areas. This program offers a unique opportunity to address the systemic barriers that have long hindered access to quality care in the state's rural communities. SCDHHS is addressing the following barriers in this project:

- Reliance on paper-based systems that slow down care delivery and increase errors;
- Lack of interoperability between providers, making care coordination difficult;
- Limited cybersecurity protections, increasing risk of data breaches;
- Inability to leverage advanced tools like AI for predictive analytics and decision support; and
- Administrative inefficiencies that burden rural providers and reduce time for patient care.

2.2.1.3 Goal

Create a secure, interoperable, and future-ready health IT environment that enables rural providers to deliver high-quality, efficient, and coordinated care. This modernization will reduce administrative burdens, improve clinical decision-making, and ensure rural communities have access to advanced technologies.

2.2.1.4 Key Activities

- Transition rural providers from inefficient and/or paper-based systems to certified EHR platforms.
- Upgrade existing EHR systems to support:
 - Interoperability for seamless data exchange.
 - Cybersecurity enhancements to safeguard patient information.
 - AI-enabled tools for predictive analytics and clinical decision support.
- Implement patient-facing digital intake platforms to streamline processes and improve patient experience.

2.2.2 Expand Remote Patient Monitoring (RPM) and Assistive Technology

Remote Patient Monitoring is a critical strategy for managing chronic conditions and reducing hospital readmissions in rural areas where access to care is limited. By deploying RPM technologies, providers can monitor patients' health status in real time, intervene early when

issues arise, and empower patients to take an active role in their care. This approach improves outcomes, reduces costs, and enhances patient satisfaction. RPM also supports continuity of care by integrating data into EHR systems, enabling providers to make informed decisions based on accurate, timely information.

In addition to remote patient monitoring, this initiative includes activities for assistive technology for individuals with developmental disabilities (DD) to promote independence, safety, and improved quality of life. These tools help rural residents with DD manage daily activities, communicate effectively, and access healthcare services remotely, reducing barriers caused by geographic isolation and limited provider availability.

2.2.2.1 Benefits to Rural Communities

Expanding Remote Patient Monitoring and assistive technology will significantly improve healthcare access and quality for rural South Carolina communities. RPM reduces the need for frequent travel to distant healthcare facilities, saving time and money for families while ensuring patients receive timely interventions. Continuous monitoring provides peace of mind and helps prevent hospitalizations by enabling early detection of health issues. For individuals with developmental disabilities, assistive technologies promote independence, safety, and better communication with caregivers and providers. Together, these tools empower patients to take an active role in their health, overcome geographic and accessibility barriers, and enhance overall quality of life in underserved areas.

2.2.2.2 Addressing Barriers

South Carolina is driven by a commitment to advancing health in the State by addressing the persistent disparities in access, outcomes, and resources that affect rural areas. This program offers a unique opportunity to address the systemic barriers that have long hindered access to quality care in the state's rural communities. SCDHHS is addressing the following barriers in this project:

- Geographic isolation and long travel times for routine check-ups;
- Limited access to primary care and specialists for chronic disease management and DD care;
- High rates of preventable hospitalizations due to delayed interventions; and
- Limited resources for supporting independence and communication for DD populations.

2.2.2.3 Goal

Enable rural residents to receive continuous, proactive care and support through RPM and assistive technologies, reducing geographic and accessibility barriers while improving health outcomes and independence for individuals with chronic conditions and developmental disabilities.

2.2.2.4 Key Activities

- Deploy standards-based RPM devices for maternal care and chronic conditions such as diabetes, stroke, heart disease and sickle cell.
- Establish centralized monitoring hubs staffed with trained personnel to track patient data and respond to alerts.
- Integrate RPM data into EHR systems for proactive care management.
- Provide comprehensive staff training to ensure effective use of RPM technologies.
- Implement assistive technologies for individuals with developmental disabilities, such as:
 - Smart home devices for safety and independence.
 - Communication aids for improved interaction with caregivers and providers.
 - Adaptive monitoring tools to support health and daily living activities.

3 Eligibility

Eligible applicants must meet all of the following requirements.

Must be one of the following:

- Healthcare Providers serving rural South Carolina communities (including, but not limited to, hospitals, clinics, federally qualified health centers, EMS providers, providers delivering residential or community-based services for individuals with developmental disabilities, and pharmacies)
- South Carolina based Community-based Organizations (CBOs) with a demonstrated role in health access or digital health support.
- South Carolina based Local Government Entities or Public Health Agencies supporting rural health infrastructure
- South Carolina based Nonprofit Organizations with a mission aligned to improving rural health outcomes

AND

- Must serve rural communities in South Carolina. South Carolina aligns to the Health Resources and Service Administration's definition of rural.

Find more information about that definition [here](#).

- Proposed activities must directly benefit rural residents and demonstrate measurable impact in rural communities.

Entities may submit more than one application.

4 Award information

Funding type: Awards will be provided as subawards, which means awardees are a subrecipient, supporting the cooperative agreement between CMS and SCDHHS to implement the state's RHTP.

Note that the terms and conditions of federal awards flow down to subrecipients, as specified in 2 CFR 200.101(b)(1).

Expected total funding for SCDHHS-26-001: \$75 million

Expected total awards: To be determined by the evaluation committee and availability of funds

This is the first of SCDHHS' anticipated annual grant cycles as outlined in the state's application: Connections to Care, Leveling Up, Wellness Within Reach, and Shoring Up to Sustainability, spanning federal fiscal year (FFY) 2026 to FFY2030 in accordance with the timeline of the cooperative agreement between CMS and SCDHHS, and based upon available funding from CMS.

Upon receipt of funds, subrecipients will have until September 30, 2027 to spend awarded funding.

SCDHHS will determine and communicate award status by 7/31/2026, for this grant cycle.

4.1 Use of funds

Funds awarded under SC's RHTP are only for a subset of the permissible uses specified in Public Law 119-21, Section 71401. Applicants can find these use of funds on CMS' website under the Rural Health Transformation Program webpage ([here](#)).

4.2 Subrecipient terms

CMS will distribute funds via a cooperative agreement to SCDHHS. Cooperative agreements require substantial involvement from CMS throughout the life of the award. SCDHHS will distribute funds via subawards through this RFA.

Note that the terms and conditions of federal awards flow down to subrecipients, as specified in 2 CFR 200.101(b)(1).

4.2.1 Noncompliance

If SCDHHS determines that a subrecipient is not using award funds in a manner consistent with the description provided in its approved application and contract (a “violation of agreement”), SCDHHS may withhold, reduce, or recover award payments. Violations of agreement include, but are not limited to:

- Using funds in a manner inconsistent with activities described in an organization’s application, on activities explicitly limited in the Limitations and Program-specific limitations sections, and/or on activities we have not approved
- Not investing funds in a way that affects South Carolina’s rural areas and residents in a positive manner
- Failure to submit required reporting requirements as described in the Reporting section
- Failure to follow through on other actions in the approved application
- Violating the terms and conditions of the award
- Improperly managing or using award funds, including fraud, waste, abuse, and criminal activity

The organization must remedy noncompliance within 30 days after SCDHHS notifies the organization of a violation. Remediation may include submitting a remediation plan. If the organization does not remedy its noncompliance, SCDHHS may recover past payments and withhold further payments.

4.3 CMS Funding policies and limitations

Changes in U.S. Department of Health and Human Services (HHS) regulations

Awards will be subject to any applicable provisions of 2 CFR Part 200 and 2 CFR Part 300. As of Oct. 1, 2025, HHS adopted 2 CFR Part 200, with some modifications included in 2 CFR Part 300. These regulations can be found at 89 FR 80055 and replace those in 45 CFR Part 75.

4.3.1 Limitations

CMS does not allow the following costs:

- Pre-award costs
- Meeting matching requirements for any other federal funds or local entities
- Services, equipment, or supports that are the legal responsibility of another party under federal, state, or tribal law, such as vocational rehabilitation or education services
- Services, equipment, or supports that are the legal responsibility of another party under any civil rights law, such as modifying a workplace or providing accommodations that are obligations under law
- Goods or services not allocable to the project

- Supplanting existing state, local, tribal, or private funding of infrastructure or services, such as staff salaries
- Construction or building expansion, purchasing or significant retrofitting of buildings, cosmetic upgrades, or any other cost that materially increases the value of the capital or useful life as a direct cost
- The cost of independent research and development, including their proportionate share of indirect costs. See 2 CFR 300.477
- Funds related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order
- Purchase of covered telecommunications and video surveillance equipment (See 2 CFR 200.216) as well as financial assistance to households for installation and monthly broadband internet costs
- Meals, unless in limited circumstances such as:
 - Subjects and patients under study
 - Where specifically approved as part of the project or program activity, such as in programs providing children’s services
 - As part of a per diem or subsistence allowance provided in conjunction with allowable travel
- Activities prohibited under 2 CFR 200.450 and the HHS Grants Policy Statement, including but not limited to:
 - Paying the salary or expenses of any grant recipient, or agent acting for such recipient, related to 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
 - Lobbying, but awardees can lobby at their own expense if they can segregate federal funds from other financial resources used for lobbying

For guidance on some types of costs that CMS restricts or does not allow, see 2 CFR Part 200 Subpart E - General Provisions for Selected Items of Cost.

4.3.2 Unallowable costs

- New construction is unallowable. Supplanting funding for in-process or planned construction projects or directing funding towards new construction builds is unallowable. Renovations or alterations, as described in the use of funds section found on CMS’ website under the Rural Health Transformation Program webpage ([here](#)), are allowed if they are clearly linked to program goals.
 - Capital expenditures and infrastructure funding cannot exceed 20% of the total funding CMS awards states in a given budget period.

- To replace payment for clinical services that could be reimbursed by insurance. CMS will not accept payments to clinical services if they duplicate billable services and/or attempt to change payment amounts of existing fee schedules.
- No more than 5% of total funding CMS awards to a state in a given budget period can support funding the replacement of an EHR system if a previous HITECH-certified EHR system is already in place as of Sept. 1, 2025.
- Funding towards initiatives similar to the “Rural Tech Catalyst Fund Initiative” cannot exceed the lesser of (1) 10% of total funding awarded to a state in a given budget period or (2) \$20 million of total funding awarded to a state in a given budget period. Funding is subject to all restrictions and requirements described in the example initiative.
- Clinician salaries or wage supports for facilities that subject clinicians to non-compete contractual limitations.
- None of the funding shall be used by the state for an expenditure that is attributable to an intergovernmental transfer, certified public expenditure, or any other expenditure to finance the non-federal share of expenditures required under any provision of law.
- Social Security Act Section 2105(c), paragraphs (1), (7), and (9) apply as funding limitations. These limitations are related to general limitations, limitations on payment for abortions, and citizenship documentation requirements for payments made with respect to an individual.

4.4 SCDHHS Connections to Care Project-based Funding Ranges

Connections to Care Projects	Minimum Award Amount	Maximum Award Amount
Modernize Health IT Infrastructure		
- System Modification/Upgrades	\$100,000	\$2,000,000
- New/Replacement System*	\$5,000,000	\$10,000,000
Expand Remote Patient Monitoring (RPM) & Assistive Technology	\$250,000	\$5,000,000
<i>*No more than 5% of total funding CMS awards to a state in a given budget period can support funding the replacement of an EHR system if a previous HITECH-certified EHR system is already in place as of Sept. 1, 2025.</i>		

4.5 Salary rate limitation

The salary rate limitation in the current appropriations act applies to this program. As of January 2025, the salary rate limitation is \$225,700. Funds awarded under this opportunity may not be used to pay any individual at a rate that exceeds this salary cap.

4.6 Program income

If the subrecipient earns any money from its award-supported project activities (known as program income), the subrecipient must use it for the purposes and under the conditions of the award. Find more about program income at 2 CFR 200.307.

5 Reporting

Successful applicants will be required to submit financial and performance reports that will be used by SCDHHS to report to CMS. This includes, but is not limited to, the following reports:

- Progress reports
- Federal Financial Report
- Federal Funding Accountability and Transparency Act
- SAM.gov Responsibility/Qualification records
- Payment Management System
- Audit reporting (Federal Audit Clearinghouse)
- Workplan updates
- Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

For more information on reporting, see [Post-Award Reporting Requirements](#) on CMS' website.

To support SCDHHS in successfully reporting to CMS, subrecipients will be required to submit at a minimum quarterly progress and financial reports. SCDHHS will engage a subcontractor to track compliance and reporting. Each subrecipient will be required to cooperate with regular reporting requests, and ad hoc reporting requests as needed, from the subcontractor and SCDHHS.

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6 Application contents and format

6.1 Application checklist

Component	Page limit
Cover sheet	N/A
Project summary	1 page
Project narrative	10 pages
Budget	N/A
Budget narrative	5 pages
Settlement agreements/claims	N/A
Letters of support	5 pages

6.2 Cover sheet

Complete and sign the cover sheet, which is page 2 of this document.

6.3 Project Summary

Limit to one page.

Write a one-page summary of your proposed project including its purpose and outcomes. Do not include any proprietary or confidential information. SCDHHS may use this document for information sharing and public information requests if necessary. Include:

- The name of your organization.
- The names of any anticipated sub-subrecipients or sub-sub-awardee organizations, if applicable.
- Project selected.
- Project goals.
- Total budget amount.
- A description of how you will use funds.

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6.4 Project Narrative

Limit to 10 pages.

The project narrative is the most important part of the application and should clearly justify the need with data, outline the scope of work with a timeline, and ensure monitoring and sustainability. Keep the narrative clear and focused on what you will do and why it will make a difference for rural South Carolina as it relates to the Connections to Care initiative described in [Section 2](#).

Use the following headings and format in your project narrative:

6.4.1 Organizational background

- **Overview:** describe the mission, history, and leadership structure of the organization.
- **Service area:** describe the service areas where the organization is currently located and providing services and detail any additional areas that the organization may expand to under this grant opportunity.
- **Capacity:** describe the organization's capacity to carry out the proposal, including demonstrated past performance, staffing and management structure to implement the intended activities.

6.4.2 Assessment of Need

- **Problem:** describe the problem that this application is trying to solve as it relates to the Connections to Care initiative and the barriers described in [Section 2](#) as it relates to the project that funding is being sought for.
- **Data:** provide relevant data justifying the need for this grant funding. Data must include:
 - Entirety of impacted area, must include rural communities in South Carolina, as defined by Health Resources and Service Administration
 - Expected number of impacted individuals
 - General socio-economic data specific to the proposed area of project impact

6.4.3 Scope of work and timeline

- **Project:** identify one project category in [Section 2](#) that the organization is pursuing with this application.
 - **Important: This is limited to one per application. If the application lists more than one project or does not clearly indicate which project it addresses, the application may not be considered.**
 - Projects from [Section 2](#)
 - Modernize Health IT Infrastructure
 - Expand Remote Patient Monitoring (RPM) & Assistive Technology

- **Project description:** provide a thorough description of the planned activities if awarded grant funding. Applicant must propose one or more of the key activities for the chosen project.
- **Alignment with South Carolina’s RHTP:** explain how the strategy aligns with South Carolina’s RHTP’s vision, goals, and performance objectives as described in the [state’s application](#); explain how the activities support the state’s application in implementing the Connections to Care initiative (refer to [Section 2](#)).
- **Timeline:** list the steps the applicant will undertake to complete this project; provide an approximate timeline (i.e., month and year) for completing each step.
Note: activities/projects must not extend beyond September 30, 2027
- **Partners:** provide information on any local organizations, state agencies, or other entities that applicant intends to establish or has already established partnerships with to further the goals of this grant.

6.4.4 Monitoring and evaluation plan

- **Outcomes:** list the outcomes in the [state’s application](#) for the Connections to Care initiative that these proposed activities will help the state achieve.
 - **Indicators:** list additional monitoring indicators, with baseline and target data, that will help you monitor achievement of your desired outcomes. Indicate for each metric how the data will be collected and analyzed.
- **Organizational Impact:** highlight notable programs, initiatives, or accomplishments led by the applicant that have positively influenced rural communities across South Carolina.
- **Evaluation:** SCDHHS will engage an independent consulting firm to evaluate the state’s program. Please confirm that the organization will cooperate as applicable in the evaluation, which may include collecting and supplying additional data.

6.4.5 Sustainability plan

- **Sustainability:** Describe how the activities will be sustained once completed. As explained in Section 4, subrecipients must expend funds by September 30, 2027. Applicants must provide a clear explanation of how the program will continue after that date. Seeking additional RHT grant funding should not be included when describing how activities will be sustained once completed.
- **Lasting impact:** Describe the lasting impact this grant funding will provide as it relates to the South Carolina RHTP and specifically to the Connections to Care initiative (refer to [Section 2](#)).

6.5 Budget

Applicants must provide a detailed budget using the Budget Worksheet (**Attachment I**) that specifies the total amount of funding requested.

The budget must not exceed the maximums for the chosen project as listed in [Section 4.4](#).

Applicants will have until **September 30, 2027** to spend awarded funding. Any unspent or remaining funds must be returned to SCDHHS. Applications with projects/activities that extend beyond September 30, 2027 will not be considered for funding.

Please note that the requested amount is not guaranteed to be awarded. SCDHHS may adjust funding based on need and other relevant factors, which could include awarding partial funding. If an application is only partially funded, the subrecipient will be required to identify and demonstrate other funding sources to ensure the proposed strategy can be fully implemented as outlined in the application.

6.6 Budget narrative

Limit to five pages. You may refer to the [CMS website](#) for budget narrative samples.

For each budget line item, describe the use of funds, how you calculated the cost, and how costs link to the activities and the goals of the proposal. Provide information for SCDHHS to determine costs are reasonable and permissible.

6.7 Settlement agreements/claims

If the applicant currently has, or in the last five years has had, any settlement agreements and/or claims against them with any SCDHHS Medicaid member, county, or state agency in excess of \$10,000, the applicant must disclose such information as part of their application.

6.8 Letters of support

Limit to 5 pages.

Provide a letter of support from the CEO and/or an internal board of directors/advisory entity, as well as a professional/community partner.

7 Evaluation and Scoring

7.1 Initial review

SCDHHS will review each application to make sure it meets the basic requirements. If your application is missing the requirements outlined in [Section 6](#), SCDHHS will not move it to the merit review phase.

SCDHHS will not review any pages that exceed the page limit.

7.2 Merit Review

A merit review panel, composed of SCDHHS staff with expertise in grants management, budgeting, and rural health, will review all applications that pass the initial review. The merit review panel will conduct a fair and impartial evaluation of applications received in response to this grant opportunity.

7.2.1 Scoring ranges

Applications will be reviewed and scored within the scoring ranges shown below based on the applicant’s response in each component.

Component	Points Available
Cover sheet	This section will not be evaluated. Application will not pass initial review if not submitted.
Project summary	This section will not be evaluated. Application will not pass initial review if not submitted.
Project narrative	This section will be evaluated on a 100-point scale.
Organizational background	0-20 points
Proposed need	0-20 points
Scope of work and timeline	0-20 points
Monitoring and evaluation plan	0-20 points
Sustainability plan	0-20 points
Budget	This section will be evaluated on a 25-point scale.
Budget narrative	This section will be evaluated on a 75-point scale. During the review, SCDHHS may ask clarifying budget questions if the narrative does not adequately describe the use of funds, and/or budget items do not tie back to activities in the project narrative.
Settlement agreements/claims	This section will be evaluated on a 25-point scale.
Letters of support	This section will not be evaluated. Application will not pass initial review if not submitted.

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7.2.2 Scoring matrix for project narrative

Component	0 to 4 points	5 to 9 points	10 to 14 points	15 to 20 points
Organizational background (20 points)	Overview, service area, and capacity not adequately described, making it difficult to understand the organization's capacity to carry out the proposal.	Overview, service area, and capacity are addressed but lacks details to fully understand the organization's capacity to carry out the proposal.	Overview, service area, and capacity are addressed with details to understand the organization's capacity to carry out the proposal.	In addition to the prior points (10-14 points) criteria, capacity includes concrete examples of successful past performance in implementing a similar proposal.
Proposed need (20 points)	Problem not adequately described and no data is included, making it difficult to understand the need.	Problem addressed but no data is included, making it difficult to justify the need.	Problem addressed and data is included to justify the need.	In addition to the prior points (10-14 points) criteria, problem and data is clearly aligned with the problem and need outlined in the South Carolina RHTP application.
Scope of work and timeline (20 points)	Activity description, alignment with South Carolina's RHTP, timeline, and partners not adequately described, making it difficult to understand how the proposal will be implemented.	Activity description, alignment with South Carolina's RHTP, timeline, and partners are addressed but lacks details to fully understand how the proposal will be implemented.	Activity description, alignment with South Carolina's RHTP, timeline, and partners are addressed with details to understand how the proposal will be implemented.	In addition to the prior points (10-14 points) criteria, the activity is feasible and implementable within the CMS requirements.

Component	0 to 4 points	5 to 9 points	10 to 14 points	15 to 20 points
Monitoring and evaluation plan (20 points)	Outcomes and indicators not included, making it difficult to understand how progress will be tracked.	Outcomes listed but does not include additional monitoring indicators with baselines and targets, making it difficult to fully understand how progress will be tracked.	Outcomes listed and include additional monitoring indicators with baselines and targets to understand how progress will be tracked.	In addition to the prior points (10-14 points) criteria, collection of indicator data is feasible for regular reporting purposes and confirms cooperation with an independent consulting firm for evaluation purposes.
Sustainability plan (20 points)	Sustainability and lasting impact not adequately described, making it difficult to understand how the proposal will be continued after the funding ends.	Sustainability and lasting impact addressed but lacks details to fully understand how the proposal will be continued after the funding ends.	Sustainability and lasting impact are addressed with details on how the proposal will be continued after funding ends, demonstrating that sustainability is truly embedded within the overall system and its ongoing operations.	In addition to the prior points (10-14 points) criteria, sustainability and lasting impact is clearly linked to the broader vision, goals, and objectives of the South Carolina RHTP.

7.2.3 Scoring matrix for budget narrative

Component	0 to 3 points	4 to 7 points	8 to 11 points	12 to 14 points	Full Points
Alignment (20 points)	Cost items do not align with project activities or goals.	Some alignment, but connections to activities are weak or unclear.	General alignment present, but justification lacks detail.	Clear alignment to most activities with solid rationale.	20 points: Strong, explicit linkage of all costs to project goals and activities.
Allowability (15 points)	Includes unallowable or noncompliant costs.	Some costs appear allowable but others lack clarity.	Costs mostly allowable with minor gaps in documentation.	All costs allowable and compliant with major CMS rules.	15 points: Fully allowable, compliant, and well-documented in accordance with CMS guidelines.
Reasonable Cost (15 points)	Costs clearly unreasonable or inflated.	Some costs reasonable; others lack justification.	Costs generally reasonable but with limited explanation.	Costs reasonable and justified with adequate detail.	15 points: All costs reasonable, justified, and supported by strong rationale.
Cost Efficiency (10 points)	Budget does not demonstrate efficient use of funds.	Some efficient use, but several inefficiencies present.	Generally efficient but lacking specific evidence.	Efficient approach demonstrated with clear justification.	10 points: Highly efficient use of funds maximizing impact per dollar.
Sustainability (10 points)	No clear sustainability beyond the grant period.	Minimal sustainability planning.	General plan for sustaining activities but lacks detail.	Clear sustainability strategy for most components.	10 points: Strong, well-supported sustainability plan demonstrating long-term impact.
Administrative Capacity (5 points)	No demonstrated capacity to manage funds or project.	Minimal capacity demonstrated with gaps.	Adequate but inconsistent capacity details.	Solid capacity with clear structures in place.	5 points: Strong administrative capacity with robust systems and documented success.

7.2.4 Additional considerations

In addition to the application scoring as described above, SCDHHS and the Governor will consider organizational capacity and alignment with statewide geographic priorities to avoid duplication and ensure efficacy and efficiency of funds.

SCDHHS may:

- Fund specific activities or projects within an application, in whole or in part.
- Fund an application at a lower total amount than requested.
- Choose to fund no applications under this RFA.

8 RFA protocols and procedures

8.1 Questions and clarifications

All questions and requests must be submitted electronically via email to grants@scdhhs.gov. The deadline to submit questions related to this RFA is shown on Page 1. SCDHHS' response to the questions will be posted at <https://www.scdhhs.gov/resources/grants>. To ensure all parties have access to the same information at the same time, except as stated below, SCDHHS will NOT respond to questions as they are received and will not accept telephonic questions.

If a question relates to a proprietary/trade secret(s) aspect of a proposal and the question would expose proprietary information if disclosed to competitors, applicant must mark the question as "CONFIDENTIAL." With the question, the applicant must submit a statement explaining why the question is sensitive. If SCDHHS concurs that the disclosure of the question or answer would expose proprietary information, the question will be answered by email reply, and both the question and answer will be kept confidential. If SCDHHS does not concur regarding the proprietary nature of the question, the question will not be answered in this manner and the applicant will be notified and asked whether the applicant would like the question to receive a public response or no response at all.

8.2 Award notices

If your application is successful, SCDHHS will contact the grant coordinator listed on the cover sheet via email.

8.3 Application submission

Submit your application as a single PDF by email to grants@scdhhs.gov.

The subject line should read: SC RHTP Application - SCDHHS-26-001- Connections to Care

8.4 Application deadline

Applications are due 6/12/2026, no later than 11:59 p.m. ET.

8.5 Freedom of Information Act disclosure

SCDHHS is subject to South Carolina's Freedom of Information Act. All applications received for this RFA are ultimately subject to public review; however, until final decisions are made, all applications will be kept confidential. Upon award and execution of the grant subaward, all applications and supplemental information will be subject to public review, with the exception of those elements of an application that contain elements that are clearly marked as confidential or trade secrets. Any such designation should be accompanied by a brief explanation of the reason the information is non-public and protected from disclosure under South Carolina law. SCDHHS reserves the right to disregard such designations if they have been applied indiscriminately to non-protected information, and in no event shall SCDHHS, its agents, representatives, consultants, directors, or officers be liable to an applicant for the intentional or inadvertent disclosure of all or a portion of an application submitted under this RFA, regardless of whether it was marked as confidential or trade secret.

Although the South Carolina Freedom of Information Act allows certain confidential or trade secret information to be protected from disclosure, SCDHHS may not be in a position to establish that the information submitted is protected. If SCDHHS receives a request for public disclosure of all or any portion of an application that has been designated as exempt from disclosure, SCDHHS will use reasonable efforts to notify the responding party of the request and give such party an opportunity to assert, at its own expense, a claimed exception under the South Carolina Freedom of Information Act or other applicable law within the time period specified in the notice issued by SCDHHS and allowed under the South Carolina Freedom of Information Act.

9 Applicant rights and responsibilities

It is the responsibility of the applicant to read the entire Request for Applications and inquire about any portions that are not understood by the established deadline listed on Page 1. The applicant is responsible for any cost incurred by the submission of application. Selected applicants will enter into a subaward agreement with SCDHHS to reflect the terms of the grant award prior to any funds being made available.

9.1 Truth and accuracy of representations

False, misleading, incomplete, or deceptively unresponsive statements in connection with an application shall be sufficient cause for rejection of the application. The evaluation and determination of rejection shall be at SCDHHS's sole judgment, and such shall be final. Any false, misleading, incomplete, or deceptively unresponsive statements discovered after award has

been made shall be sufficient cause for SCDHHS to withdraw an award and/or require repayment of any award funds advanced.

9.2 Required performance

SCDHHS may withhold funds from an applicant who fails to meet the reporting requirements, falls behind schedule, has unexpended funds, or modifies the scope of the project. If an applicant finds themselves in this position, the applicant shall immediately contact SCDHHS and provide a mitigation plan to address the deficiency. SCDHHS may withhold funds until a mitigation plan is submitted and approved by SCDHHS. If a mitigation plan is not submitted or if it has not been approved by the Agency, SCDHHS reserves the right to reduce a grant award by the amount of any unexpended funds and/or require repayment of any award funds advanced.

9.3 Withdrawal

An applicant may withdraw or amend their application only until the deadline for applications to be submitted, as listed on Page 1.

10 SCDHHS rights and responsibilities

SCDHHS reserves the right to accept or reject applications under this grant in accordance with the parameters set forth in this RFA. All qualified applications will be evaluated, and awards will be made to those applicants whose proposals are deemed to be in the best interest of the funding Agency (SCDHHS).

10.1 Statements by employees/officers

SCDHHS is not responsible for representations made by any of its officers or employees prior to the full execution of a grant subaward agreement culminating in an award. SCDHHS is not responsible for and shall not be bound by any representations otherwise made by any individual acting or purporting to act on its behalf.

10.2 RFA amendments

SCDHHS has the right to alter the grant guidelines by written amendment prior to the application submittal deadline. SCDHHS is responsible only for that which is expressly stated in the Request for Application and any authorized written amendment thereto. Such amendment shall be made available to each person or organization that SCDHHS records indicate has received this Request for Application. Should such amendment require additional information, failure to address the requirements of such amendment may result in the application not being considered, as determined in the sole discretion of SCDHHS.

10.3 Right to reject

SCDHHS, at its sole discretion, may reject any or all applications submitted in response to this grant opportunity. SCDHHS shall not be liable for any cost incurred by an applicant in connection with preparation and submittal of any application

10.4 Negotiations/demonstrations

SCDHHS reserves the right to negotiate with applicants in an attempt to reach an agreement. If no agreement is reached, SCDHHS may reject the application. SCDHHS also reserves the right to meet with applicants to gather additional information, if necessary, as part of negotiations. Additional information may include, but is not limited to, a demonstration of skills described in the application or an on-site visit.

11 Post-award requirements and administration

11.1 Administrative and national policy requirements

The terms and conditions of federal awards flow down to subrecipients, as specified in 2 CFR 200.101(b)(1). The terms and conditions to which the subrecipient must comply include, but may not be limited to, the following administrative and national policy requirements:

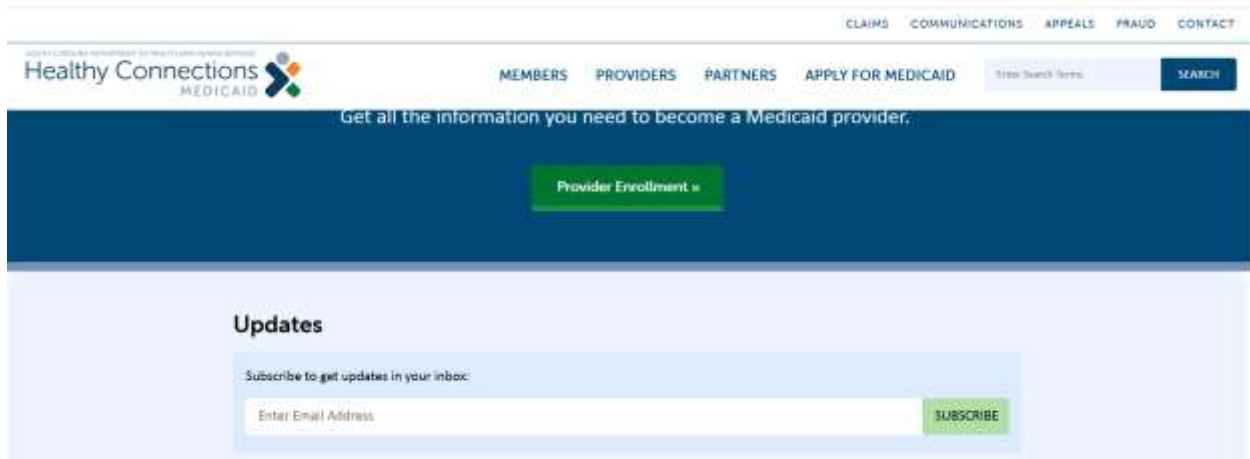
- All terms and conditions in the Notice of Award. We incorporate this RFA by reference.
- The rules listed in 2 CFR Part 200 and applicable provisions in 2 CFR Part 300, Uniform Administrative Requirements, Cost Principles, and Audit Requirements. As of Oct. 1, 2025, HHS adopted 2 CFR Part 200, with some modifications included in 2 CFR Part 300. These regulations replace those in 45 CFR Part 75.
- The [HHS Grants Policy Statement \(GPS\)](#). This document has terms and conditions tied to each award. If there are any exceptions to the GPS, they'll be listed in the Notice of Award.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in the [HHS Administrative and National Policy Requirements](#).
- All antidiscrimination laws: By applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and acknowledge that complying with those laws is a material condition of receiving federal funding streams.
- The authorizing statute, Section 71401 of Public Law 119-21.

12 SCDHHS contact

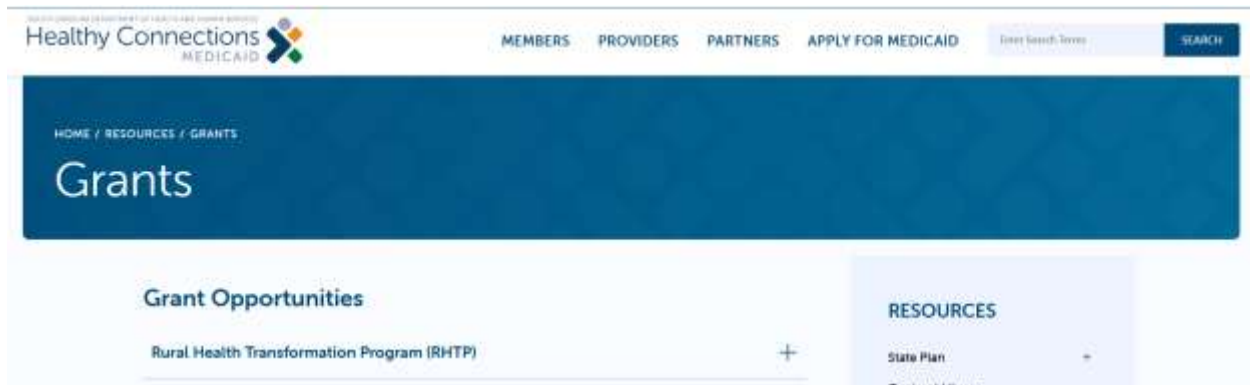
Submit all questions to grants@scdhhs.gov. Reference SC RHTP in the subject line.

13 Resources

- Become familiar with CMS guidance by reviewing the CMS NOFO, frequently asked questions (FAQs), and unallowable uses of funds on the CMS RHTP [website](#).
- Register for SCDHHS bulletins to receive up to date information related to South Carolina’s RHTP.
 - To register, go to www.scdhhs.gov. Scroll down to the bottom of the page and enter an email address.



- Become familiar with the South Carolina RHTP application by reviewing the application, and webinars on the SCDHHS grants [website](#).



- [Code of Federal Regulations](#)
- [CMS budget narrative samples](#)

Attachment I: Budget Worksheet

Category	Amount Requested
Personnel	\$
Fringe Benefits	\$
Travel	\$
Equipment	\$
Supplies	\$
Contractual	\$
Construction	\$
Organizational Contribution	(\$)
Other (specify in narrative)	\$
Total	