

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES
RURAL HEALTH TRANSFORMATION PROGRAM
Modernizing Healthcare Technology and Enabling Interoperability
PROGRAM REQUEST AND ELIGIBILITY CERTIFICATION

SECTION I: PROGRAM AND PAYMENT AUTHORITY

Under Section 203-H of the Fiscal Code (72 P.S. § 203-H), the Department of Human Services (“Department”) is authorized to issue program payments to qualified entities under the Rural Health Transformation Program (“RHTP”). A qualified entity shall use program funding in accordance with federal and state law and the Department's federally-approved RHTP application.

This request for funding and eligibility certification is for a program payment under the Technology and Infrastructure initiative.

This is not a competitive solicitation. Please note this program payment is an initial funding opportunity. If you do not qualify for this RHTP payment, a future opportunity may be a better fit.

Funding is contingent upon federal funds being appropriated to and received by the Department.

The objective of this funding is to advance Health Information Exchange (“HIE”) efforts in Pennsylvania. By implementing a Certified Electronic Health Record Technology (“CEHRT”) system and becoming a participant in one of Pennsylvania’s five Health Information Organizations (“HIOs”) and fully onboarding to the statewide HIE, an eligible entity can expect to increase the speed and accuracy of diagnoses for individuals and populations; alert providers and care teams to a patient’s admission; reduce readmissions and redundant tests by sharing patient information with other providers who have treated the same patients; and increase patient satisfaction by reducing time spent in the healthcare system and eliminating frustrating duplication.

SECTION II: GUIDELINES AND INSTRUCTIONS

Payment Guidelines

Entities must complete the eligibility certification sections **in full** either by submitting the online form or by filling out the form and submitting it via email. Prior to submission, entities should verify that they have accurately completed all the sections below and have attached all documents requested in those sections.

A qualified entity, as defined in Section IV, may include multiple locations if under the same corporate structure. A qualified entity is limited to one program payment under this notice for all locations. Qualified entities shall use payments only for the following:

- Updating to or implementing a CEHRT system in accordance with 45 CFR § 170.315, becoming a participant in one of the Commonwealth's five certified HIOs, and fully onboarding to the statewide HIE, the Patient and Provider Network ("P3N"); or
- Becoming a participant in one of the Commonwealth's five certified HIOs and fully onboarding to the P3N.

All entities receiving a program payment both for updating to or implementing a CEHRT system and for HIO onboarding shall fully onboard to a P3N HIO within 90 days of implementing a CEHRT system. All entities requesting HIO onboarding funds only shall fully onboard to a P3N HIO by June 30, 2027. Hospitals will only receive funding for HIO onboarding.

The program payments fall under the Technology and Infrastructure initiative, data innovation and information exchange activity that is outlined in the Department's federally-approved RHTP application, and must be used in accordance with federal and state law. Payments shall not be used for ongoing programmatic projects that require monitoring by the Department following incursion of the costs.

The total funding available for all program payments under this funding opportunity is capped at no more than **\$25,000,000**. The Department, in its sole discretion, may increase the funding cap. A funding cap increase will not change the submission deadline dates.

Each qualified entity type has a maximum payment award per activity, per location. *Table 1* lists the maximum award per provider type, activity, and location.

Table 1: Program Payment Awards Caps

Provider Type	Activity	Maximum Per Location
Hospitals	HIO Onboarding Only	\$70,000
Long-Term Care Nursing Facilities	HIO Onboarding Only	\$20,000
Home Health Care Agencies	HIO Onboarding Only	\$20,000
Behavioral Health Providers	HIO Onboarding Only	\$20,000
ID/A Adult Homes	HIO Onboarding Only	\$20,000
ID/A Intermediate Care Facilities	HIO Onboarding Only	\$20,000
Long-Term Care Nursing Facilities	Update current EHR system to a CEHRT system & HIO Onboarding	\$100,000
Home Health Care Agencies	Update current EHR system to a CEHRT system & HIO Onboarding	\$100,000
Behavioral Health Providers	Update current EHR system to a CEHRT system & HIO Onboarding	\$100,000
ID/A Adult Homes	Update current EHR system to a CEHRT system & HIO Onboarding	\$100,000
ID/A Intermediate Care Facilities	Update current EHR to a CEHRT & HIO Onboarding	\$100,000
Long-Term Care Nursing Facilities	Implement CEHRT system & HIO Onboarding	\$150,000
Home Health Care Agencies	Implement CEHRT system & HIO Onboarding	\$150,000
Behavioral Health Providers	Implement CEHRT system & HIO Onboarding	\$150,000
ID/A Adult Homes	Implement CEHRT system & HIO Onboarding	\$150,000
ID/A Intermediate Care Facilities	Implement CEHRT system & HIO Onboarding	\$150,000

The Department anticipates that hospitals not onboarded to one of the Commonwealth’s five certified HIOs will not qualify for future RHTP Technology and Infrastructure funding initiatives.

The Department will authorize program payments in the order eligibility certifications are received by the Department, as evidenced by the date and time of the most recent email containing the full eligibility certification and receipt of all required documents. The Department will accept submissions beginning **Monday, July 27, 2026, at 8:00 AM, through Friday,**

August 14, 2026, at 11:59 PM. The Department will not accept submissions received prior to the start date and time or submissions received after the end date and time.

If the Department determines that an entity has failed to:

- fully complete the eligibility certification, and
- provide all required documentation listed in Section X,

the Department, in its sole discretion, will reject the program request or direct the entity to provide the missing information or documents. If the Department elects to direct the entity to provide the missing information or documents, the program request will not be deemed received until the entity provides the completed eligibility certification form and all required documents to the Department. **Prior to submission, entities should carefully and thoroughly review their program requests and eligibility certifications to confirm they are fully completed and that all required documentation is included.**

A program payment may not be used for costs that have already been incurred or to supplant any other allocation, stabilization award, federal or state funding, or reimbursement. The program payment must be expended before June 30, 2027.

A program payment may not be used for indirect or administrative costs incurred to operationalize an eligible activity. This funding may not be used for updates or maintenance costs for EHR systems that already meet the standards of a CEHRT system. This funding may not be used for current EHR system maintenance costs. This funding may not be used for ongoing user licensing costs or recurring fees (e.g., monthly, annual, etc.). Failure to utilize funding in accordance with this program request and eligibility certification, federal and state law, and the Department's approved RHTP application may result in withholding, reduction, or recovery of payments.

As part of its program request and eligibility certification, the qualified entity shall provide an electronic health system ("EHR") system vendor quote or estimate for the eligible activity. Prior to receiving a program payment, a qualified entity shall submit further documentation supporting use of the authorized funding amount to the Department within 30 days of incurring a cost attributed to this funding. Acceptable documentation includes itemized invoices or receipts. Failure to provide adequate documentation may result in withholding, reduction, or recovery of payments.

The Department will recoup program payments for EHR upgrades and purchases if the entity does not fully onboard a P3N HIO within 90 days of implementing a CEHRT system, or, if the entity is funded for HIO onboarding only, by June 30, 2027. Acceptable documentation of HIO onboarding includes fully signed membership agreement with one of Pennsylvania's five P3N Certified HIOs and an onboarding attestation signed by the qualified entity and a P3N HIO.

Submission Instructions

Entities shall complete the **linked form** which serves as the program request and eligibility certification.

Once the form is completed, a confirmation email will be sent to the email address entered in the form. The confirmation email will contain a submission number. Entities shall submit all required documentation via email to RA-HHRRLHLTHTRNSPLAN@pa.gov, with each subject line labeled “[**Submission Number**] **EHR/HIO Program Request Part X of Y**” (total number of emails).”

If unable to complete the webform, entities may submit the PDF form and all required documentation via email to RA-HHRRLHLTHTRNSPLAN@pa.gov, with each subject line labeled “[**Entity Name**] **EHR/HIO Program Request Part X of Y**” (total number of emails).”

Email attachments are limited to 10 MB, cumulatively, per email, and files may not be sent in any compressed format. **All required documents must be attached as separate files rather than as one file including all attachments.** Any attachment over 10 MB must be sent via separate emails. The Department will not accept encrypted email or file sharing or download links for the program request and eligibility certification submission. The program request and eligibility certification will be deemed received as of the date and time of the final email containing final required documentation.

Required documentation is noted in each section and cumulatively in Section X.

Questions and Answers

Entities may submit questions in writing via email to RA-HHRRLHLTHTRNSPLAN@pa.gov by **no later than Friday, July 17 at 11:59 PM**. Responses will be posted on the Department’s website. The Department may, in its sole discretion, respond to questions after the **July 17th** deadline. If the Department elects to respond, it will post responses as noted above.

Incurring Costs

The Commonwealth of Pennsylvania and the Department are not liable for any costs incurred by an entity in preparation and submission of a program request and eligibility certification, in participating in the program request process, or for any service performed or expenses incurred prior to the Department’s approval of a program request.

SECTION III: ENTITY INFORMATION

Entity Name: _____

Doing Business As (if applicable): _____

Address: _____

Mailing Address (if different): _____

Federal EIN: _____

UEI (if applicable): _____

9 Digit PROMISE ID/Medical Assistance Provider ID number: _____

Organization Type: Non-Profit or For Profit

State Licensure / Certificate of Compliance Status:

Entity is a Licensed / Certified Compliant Entity/Program

Licensure/Certificate Number: _____

Licensure or Regulatory Authority: _____

Select the applicable qualified entity designation:

Hospital licensed as a general acute care hospital by the Pennsylvania Department of Health.

Long-term care nursing facility as defined in 35 P.S. § 448.802a.

Home health care agency as defined in 35 P.S. § 448.802a.

Behavioral health provider, identified by either a license or certificate of compliance from the Department of Human Services, Office of Mental Health and Substance Abuse Services or a psychiatric hospital licensed by the Pennsylvania Department of Health.

Community home for individuals with an intellectual disability or autism licensed under 55 Pa. Code Chapter 6400 and serving at least 11 residents.

Intermediate care facility for individuals with an intellectual disability licensed under 55 Pa. Code Chapter 6600 and serving at least 11 residents.

If the qualified entity is a behavioral health provider, select the applicable designation:

Integrated Community Wellness Center (“ICWC”) recipient defined in [PA DHS HealthChoices PSR, Appendix A, § A](#)

Certified Community Behavioral Health Clinic (“CCBHC”) defined as a provider currently in receipt of a Substance Abuse and Mental Health Services Administration (“SAMHSA”) CCBHC – Expansion (CCBHC E) grant to develop, establish, improve, or sustain services that meet SAMHSA’s defined CCBHC Certification Criteria

None of the above

Please note that selection of the behavioral health provider designations immediately above is for informational purposes only. Behavioral health providers are not required to have either designation in order to be considered a qualified entity within the meaning of this program request and eligibility certification.

SECTION IV: QUALIFIED ENTITY CERTIFICATION

For this program payment, a “qualified entity” is a Medicaid-enrolled provider that is a(n):

- Hospital licensed as a general acute care by the Pennsylvania Department of Health.
- Long-term care nursing facility as defined in 35 P.S. § 448.802a.
- Home health care agency as defined in 35 P.S. § 448.802a.
- Behavioral health provider, identified by either a license or certificate of compliance from the Department of Human Services, Office of Mental Health and Substance Abuse Services or a psychiatric hospital licensed by the Pennsylvania Department of Health.
- Community home for individuals with an intellectual disability or autism licensed under 55 Pa. Code Chapter 6400 and serving at least 11 residents.
- Intermediate care facility for individuals with an intellectual disability licensed under 55 Pa. Code Chapter 6600 and serving at least 11 residents.

The entity certifies that both of the following apply (check the boxes):

- The entity meets the definition of at least one qualified entity as indicated above.
- The entity is an enrolled Medicaid provider in Pennsylvania’s Medical Assistance Program.

Required Attachments:

- Licensure or Certificate of Compliance
- Attachment 1: Entity Location List

SECTION V: PENNSYLVANIA AND RURAL ELIGIBILITY

The entity certifies that all of the following apply (check the boxes):

- The entity currently operates in the Commonwealth of Pennsylvania. Current operation means that the entity provides health care services, has at least one physical location in Pennsylvania, and has been in operation since at least December 29, 2025.
- The entity will be in full operation in the Commonwealth of Pennsylvania on the date funding is received and is not at risk of reduced service or closure.

The entity operates in one or more of the following Pennsylvania RHTP regions¹ (check applicable boxes):

- Central
- North Central
- Northern Tier
- Northeast
- Northwest
- Southern Alleghenies
- South Central
- Southwest

The entity is located in RHTP-eligible rural counties classes 2A-8 (check applicable boxes):

- A county of the second-class A containing a Health Resources and Services Administration (“HRSA”)-defined rural census tract

Identify County(ies): _____

- A county of the third class containing a HRSA-defined rural census tract

Identify County(ies): _____

- A county of the fourth class containing a HRSA-defined rural census tract

Identify County(ies): _____

- A county of the fifth class containing a HRSA-defined rural census tract

Identify County(ies): _____

- A county of the sixth class

Identify County(ies): _____

- A county of the seventh class

Identify County(ies): _____

- A county of the eighth class

Identify County(ies): _____

¹ [Rural Health Transformation Project February 2026](#)

The entity provides services to residents of RHTP-eligible rural counties classes 4-8 or in a HRSA rural health area in RHTP-eligible rural counties classes 2A and 3 (check applicable boxes):

- A census tract in a HRSA rural health area in a county of the second-class A
Identify County(ies), Zip code(s): _____
- A census tract in a HRSA rural health area in a county of the third class
Identify County(ies), Zip code(s): _____
- A county of the fourth class containing a HRSA-defined rural census tract
Identify County(ies): _____
- A county of the fifth class containing a HRSA-defined rural census tract
Identify County(ies): _____
- A county of the sixth class
Identify County(ies): _____
- A county of the seventh class
Identify County(ies): _____
- A county of the eighth class
Identify County(ies): _____

Required Attachments:

- Proof of Pennsylvania registration or incorporation.
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SECTION VI: PAYMENT ELIGIBILITY CRITERIA

To be eligible for this program payment, an entity must be a qualified entity as outlined in Section IV, have Pennsylvania and Rural Eligibility as outlined in Section V, and the program payment must be used for:

- Updating to or implementing a CEHRT system in accordance with 45 CFR § 170.315 and becoming a participant in one of the Commonwealth’s five certified HIOs and fully onboarding to the P3N; or
- Becoming a participant in one of the Commonwealth’s five certified HIOs and fully onboarding to the P3N.

To be eligible for this program payment, the qualified entity certifies the program payment will be used for the following designated activities and locations (complete *Table 2*):

Table 2: Qualifying Activity

Category	Provider Type	Activity	Number of locations
A	Hospitals	HIO Onboarding Only	
	Long-Term Care Nursing Facilities	HIO Onboarding Only	
	Home Health Care Agencies	HIO Onboarding Only	
	Behavioral Health Providers	HIO Onboarding Only	
	ID/A Adult Homes	HIO Onboarding Only	
	ID/A Intermediate Care Facilities	HIO Onboarding Only	
B	Long-Term Care Nursing Facilities	Update current EHR system to a CEHRT system & HIO Onboarding	
	Home Health Care Agencies	Update current EHR system to a CEHRT system & HIO Onboarding	
	Behavioral Health Providers	Update current EHR system to a CEHRT system & HIO Onboarding	
	ID/A Adult Homes	Update current EHR system to a CEHRT system & HIO Onboarding	
	ID/A Intermediate Care Facilities	Update current EHR system to a CEHRT system & HIO Onboarding	
C	Long-Term Care Nursing Facilities	Implement CEHRT system & HIO Onboarding	
	Home Health Care Agencies	Implement CEHRT system & HIO Onboarding	
	Behavioral Health Providers	Implement CEHRT system & HIO Onboarding	
	ID/A Adult Homes	Implement current EHR system to a CEHRT system & HIO Onboarding	
	ID/A Intermediate Care Facilities	Implement current EHR system to a CEHRT system & HIO Onboarding	
Total Number of Locations			

The entity certifies that all of the following apply (check the boxes):

- The entity certifies that it shall use the funding for the qualified activities described above.
- The entity has reviewed the ongoing financial commitments for the quoted CEHRT system and attests they have the financial means to maintain any needed software maintenance and user fees.
- The entity is compliant with applicable federal and state requirements.

For qualified entities requesting a program payment for **Category A** (HIO Onboarding Only), the entity certifies that the following applies (check the boxes):

- The entity is not fully onboarded to the P3N (select applicable status by checking the box):
- The entity is not a participant of one of Pennsylvania's five HIOs and therefore not part of the P3N;
 - or**
 - The entity is a participant of one of Pennsylvania's five HIOs but only has limited interoperability.

For qualified entities requesting a program payment for **Categories B and C** (CEHRT system update and implementation, along with HIO Onboarding) the entity certifies that the following applies (check the boxes):

- The entity does not have a CEHRT system, in accordance with [45 CFR § 170.315](#) (select applicable status below by checking the box):
- The entity does not have an EHR system;
 - or**
 - The entity's current EHR system does not meet CEHRT standards.

Required Attachments:

- Attachment 2: CEHRT Worksheet
This worksheet is only required for qualified entities requesting funds for Categories B and C (CEHRT system updates or implementation);
- Quote or estimate from a CEHRT system technology vendor.
This is only required for qualified entities requesting funds for Categories B or C (CEHRT system updates or implementation);
- Quote or estimate from an HIO for HIE onboarding work
This is only required for qualified entities requesting funds for Category A (HIO Onboarding Only).
- Attachment 3: Completed budget narrative; and
- Attachment 4: Completed budget worksheet

SECTION VII: USE OF FUNDS CERTIFICATION

The entity certifies that all of the following apply (check the boxes):

The requested funds are allowable under the CMS Rural Health Transformation Program Notice of Funding Opportunity.²

All public statements, press releases, publications the entity makes to announce funding or advertise the EHR update or implementation and HIO onboarding must include the following statement in accordance with federal requirements: *This project 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 \$XX with XX percentage funded by CMS/HHS and \$XX amount and XX percentage funded by non-government source(s). 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.*

The entity shall use funding in accordance with federal and state law and the Department's federally-approved RHTP application.

The entity shall not use funds for purposes outside authorized RHTP activities detailed in this form.

SECTION VIII: NON-DUPLICATION CERTIFICATION

All funding that the entity has received for the purposes of the qualified activities outlined in Section VI must be disclosed to the Department.

The entity certifies either of the following applies (check a box):

The entity has disclosed all funding related to the supported activity;

OR

The entity has no applicable funding to disclose

The entity certifies the following applies (check the box):

This program payment will not supplant any other allocation, stabilization award, federal or state funding, or insurance reimbursement.

Required Attachments:

- Attachment 5: Public funding table, if applicable.

² <https://grants.gov/search-results-detail/360442>

SECTION IX: MONITORING, AUDIT, AND RECOVERY

Pursuant to 72 P.S. § 203-H, the Department may monitor, inspect, and audit the records of a qualified entity and withhold, recover, or reduce payment for a program violation.

The entity acknowledges that all of the following apply (check the boxes):

- The Department may monitor, inspect, and audit records related to this payment. The entity shall cooperate with the Department's monitoring, inspection, and audit requests.

- The entity shall submit documentation supporting use of the full amount of the program payment to the Department within 30 days after incurring a cost attributed to this funding. Acceptable documentation includes an itemized receipt or invoice.

- The entity shall maintain documentation sufficient for audit through February 27, 2031, and provide that documentation, unredacted, to the Commonwealth, federal government, and their representatives upon request.

- The entity's failure to comply with program requirements, including, but not limited to, those related to monitoring, inspection, and audit, may result in withholding, reduction, or recovery of payments.

- The entity shall return any unused funds to the Department if the funding is unspent on June 30, 2027, and return funding by July 31, 2027.

SECTION X: DOCUMENT CHECKLIST

All documentation listed below must be submitted and complete. If a document is missing or if the information provided is not sufficient to confirm the program payment requirements, the entity will not be eligible for a payment. Identify each attachment submitted with the certification form.

Section IV: Qualified Entity Certification

- Licensure and/or Certificate of Compliance
 - Hospitals (including psychiatric hospitals), Long-Term Care Nursing Facilities, and Home Health Care Agencies: DOH license
 - Behavioral Health Providers (including psychiatric hospitals): OMHSAS Certificate of Compliance or license
 - ID/A Adult Homes and ID/A Intermediate Care Facilities: ODP license
- Attachment 1: Entity Location List

Section V: Pennsylvania and Rural Eligibility

- Proof of Pennsylvania registration or incorporation. **At least one** of the following allowable documents must be submitted:
 - Articles of Incorporation
 - Certificate of Organization
 - Certificate of Limited Partnership
 - Tax Documentation such as Form 990, Form 8879-TE
 - Subsistence Certificate
 - Docketing Statement

Section VI: Payment Eligibility Criteria

- Attachment 2: CEHRT Worksheet
 - This worksheet is only for entities requesting funds for Categories B and C (CEHRT system update and implementation activities). Those who are requesting funds for Category A Only (HIO Onboarding Only) do not need to complete this worksheet.);
- Quote or estimate from an EHR technology vendor if requesting funds for CEHRT system activities;
- Quote or estimate from an HIO for HIE onboarding work if requesting funding for HIO onboarding only;
- Attachment 3: Completed Budget Narrative; and
- Attachment 4: Completed Budget Worksheet

Section VIII: Non-Duplication Certification

- Attachment 5: Funding Disclosure Table if applicable, or
- The entity certifies there is no applicable funding to disclose.

SECTION XI: EXECUTIVE CERTIFICATION

I certify under penalty of perjury that:

- The entity meets the definition of a qualified entity as described in Section IV and has been in operation since at least December 29, 2025.
- The entity satisfies all eligibility criteria for this program payment.
- All information submitted is true, complete, and accurate.
- The entity understands and agrees that the Department may monitor, inspect, and audit the entity, and, in the event of noncompliance, withhold, recover, or reduce funding.
- The individual signing below has the legal authority to bind the entity to the terms of this document.

Authorized Signature: _____

Printed Name: _____

Title: _____

Date: _____

Phone: _____

Email: _____