COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES
RURAL HEALTH TRANSFORMATION PROGRAM
RAPID RESPONSE STABILIZATION PROGRAM – Round 2
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 one of the following six initiatives in the Department's federally approved RHTP application: Aging and Access; Behavioral Health; Emergency Medical Services ("EMS") and Transportation; Maternal Health; Technology and Infrastructure; and Workforce.

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.

Entities who were authorized a rapid response stabilization program payment through the Rapid Response Stabilization funding opportunity that was announced in in the public notice at 56 Pa.B. 2336 (April 25, 2026) are not eligible for a payment under this funding opportunity. If an entity is applying for multiple locations, the request must explicitly **exclude** locations that were authorized for an RHTP Rapid Response Stabilization Program Payment though the funding opportunity announced in in the public notice at 56 Pa.B. 2336 (April 25, 2026). If an ineligible location is included, the entity will not be eligible for the program payment.

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

SECTION II – GUIDELINES AND INSTRUCTIONS

Payment Guidelines

Entities must complete sections III through XI **in full**. Prior to submission, entities should verify that they have fully completed all the sections below and have attached all documents requested in those sections.

This program payment is limited to **one payment per location** that is at least $10,000 and does not exceed $1,000,000. Qualified entities, as outlined in Section IV, shall use payments only **for the purchase of supplies and equipment** as described in the submitted Budget Narrative, that stabilize or enhance rural health care access, promote rural well-being, fall under at least one of the six initiatives outlined in the Department's federally approved RHTP application, and is used in accordance with federal and state law. Qualified entities shall not use payments for ongoing projects that require monitoring by the Department following incursion of the costs.

The Centers for Medicare & Medicaid Services imposes a twenty percent annual cap on funding for capital expenditures and infrastructure. Due to this cap, no additional funding for renovations and structural improvements is available through this funding opportunity.

The total funding available for all program payments under this certification is capped at $35,000,000. The Department, in its sole discretion, may increase the funding cap. A funding cap increase will not change the submission deadline dates.

If the supplies and equipment are shared between multiple locations under one corporate structure, each location must meet the requirements outlined in Section IV and each location shall complete the Program Payment Request and Eligibility Certification form. The purpose of each location completing the Program Payment Request and Eligibility Certification form is for the Department to confirm eligibility and verify where the supplies and equipment will be utilized.

If equipment and supplies are shared between locations, the entity shall submit one Budget Narrative and Budget Worksheet to the Department. The Budget Narrative must explain why and how the supplies and equipment will be shared. The Budget Worksheet must provide the supplies and equipment that will be shared between eligible locations and identify each of the eligible locations. If there are supplies and equipment in the request that are not shared and are intended for a single location, the expense must be documented and assigned to the applicable location, so the Department has a clear understanding of funding distribution.

Example: There are three long-term care nursing facilities all located and operating within an eligible Pennsylvania RHTP rural area that are owned and operated by the same corporate entity. The nursing facilities would like to purchase critical training supplies and equipment that will be used between the three locations for the purposes of onsite staff training and certification. The submission must include three separate and complete Program Payment Request and Eligibility Certification forms and entity-specific documentation (such as license for each location); however, the submission must include one Budget Narrative and one Budget Worksheet that reflects shared training supplies.

The budget must be at least $30,000 and may be up to $3,000,000 because there are three locations. Additionally, if there are supplies and equipment needed for each location that cannot be shared, the Budget Worksheet and Budget Narrative must itemize non-shared purchases needed for the project and identify the specific location that will be receiving the supplies. This may mean that the Budget Worksheet and Budget Narrative has three lines for the same item to specify the location where the supplies are being used if limited to one location. Expenses (both shared and non-shared) may not exceed the original funding cap per location (for instance, if an entity has three locations, none of the locations may exceed $1,000,000 in purchases, whether shared, non-shared, or both).

The Department will authorize program payments in the order received by the Department, as evidenced by the date and time of the most recent email containing all required documents. The Department will accept submissions beginning **August 17, 2026, at 8:00 AM, through August 24, 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.**

The Department's federally approved RHTP application identifies eight regions. Each region will be limited to two payments through this funding opportunity until all regions have two payment authorizations or until the Department is no longer accepting submissions, whichever is earlier. Once this has occurred, program payments will not be limited by region.

A program payment may not be used for costs that have already been incurred or to supplant any other RHTP allocation, stabilization award, federal or state funding, or insurance reimbursement. The program payment must be expended **before July 31, 2027**. As part of the eligibility certification, the qualified entities shall initially provide a quote or estimate for the purchase of the supplies, equipment, or both. After receiving a program payment, a qualified entity shall submit further 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. Failure to provide adequate documentation may result in withholding, reduction, or recovery of payments.

A program payment may not be used for educational awards, Pennsylvania Patient Provider Network Health Information Organization (P3N HIO) onboarding, or the purchase of electronic health record systems, mobile health units, ambulances, or ambulance enhancements.

Submission Instructions

Entities may 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] Rapid Response 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] Rapid Response 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 Wednesday, August 7th at noon**. Responses will be posted on the Department's website. The Department may, in its sole discretion, respond to questions after the August 7th 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: _____

Promise ID/Medical Assistance Provider ID number (if applicable): _____

Organization Type (check the applicable box): ☐Non-profit or ☐ For Profit

The qualified entity is required to hold a Pennsylvania License or Certificate of Compliance to operate (check the applicable box):

☐Yes
☐No

Qualified entity information (check the applicable box):

☐ Hospital licensed as a general acute care by the Pennsylvania Department of Health.
☐ Health care provider as defined in 42 U.S.C. §1397ee (h)(9)
☐ Rural health facility as defined in 42 U.S.C. §1397ee (h)(3)(D)

Anticipated Number of People served: _____

Total funding requested for the project across all locations cumulatively: _____

Total number of locations in request: _____

SECTION IV – QUALIFIED ENTITY CERTIFICATION

For this program payment, a "qualified entity" is a

- Hospital licensed as a general acute care by the Pennsylvania Department of Health
- Health care provider (as defined in 42 U.S.C. § 1397ee(h)(9)), or
- Rural health facility (as defined in 42 U.S.C. § 1397ee(h)(3)(D)) and meets the definition of "qualified entity" under Section 201-H of the Fiscal Code (72 P.S. § 201-H).

Eligible entities who were authorized for RHTP Rapid Response Stabilization Program Payments through the Rapid Response Stabilization funding opportunity that was available May 1, 2026, through June 1, 2026, are not eligible for a second RHTP Rapid Response Stabilization Program Payment through this eligibility certification.

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

☐ The entity meets the definition of a qualified entity as indicated above.

☐ The entity shall administer a component of the Department's federally approved RHTP application in one of the six identified and federally approved initiatives: Aging and Access; Behavioral Health; EMS and Transportation; Maternal Health; Technology and Infrastructure; and Workforce.

☐ If required by Pennsylvania law, the entity is licensed or approved by the appropriate Commonwealth of Pennsylvania licensing or regulating authority.

☐The locations listed in the entity's submission were **not** authorized for an RHTP Rapid Response Stabilization Program Payment through the Rapid Response Stabilization funding opportunity that was available May 1, 2026, through June 1, 2026.

Required Attachments:

- Attachment 1: Entity Location List (only required if project includes multiple locations)
- If applicable, license or certificate of compliance
- If not required to be licensed or have a certificate of compliance, documentation confirming the entity's status as a health care provider or rural health facility

SECTION V – PENNSYLVANIA AND RURAL ELIGIBILITY

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

☐ The entity currently operates in the Commonwealth of Pennsylvania. Current operation means that the entity already provides health care services 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 closure.

The entity is located in the following Pennsylvania RHTP region(s) (check applicable boxes):

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

The entity is located in one of the following Pennsylvania RHTP-eligible rural counties class 4-8 or in a Health Resources and Services Administration ("HRSA")-defined rural census tract of a county of the second class A or third class (check applicable boxes and fill in county and zip code where requested):

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

The entity shall use the program payment to provide supplies or equipment that stabilize or enhance rural health care access, promote rural well-being, and fall under at least one of the six initiatives outlined in the Department's federally approved RHTP application to one or more of the following RHTP-eligible rural counties in Pennsylvania (check applicable boxes and identify counties where requested):

☐ A county of the second class A containing a HRSA-defined rural census tract
Identify Counties: _____

☐ A county of the third class containing a HRSA-defined rural census tract
Identify Counties: _____

☐ A county of the fourth class containing a HRSA-defined rural census tract
Identify Counties: _____

☐ A county of the fifth class containing a HRSA-defined rural census tract
Identify Counties: _____

☐ A county of the sixth class
Identify Counties: _____

☐ A county of the seventh class
Identify Counties: _____

☐ A county of the eighth class:
Identify Counties: _____

Required Attachments:

- Proof of Pennsylvania registration or incorporation

SECTION VI – PAYMENT ELIGIBILITY CRITERIA

To be eligible for this program payment, an entity must be a qualified entity as outlined in Sections IV and V. The program payment must be for supplies or equipment that stabilize or enhance rural health care access, promote rural well-being, fall under at least one of the six initiatives outlined in the Department's federally approved RHTP application, and is used in accordance with federal and state law. For example, the project targets preserving essential hospital and EMS capacity or making foundational investments in technology and workforce that will catalyze the Department's federally approved RHTP initiatives.

To be eligible for this program payment, the qualified entity must certify all of the following (check the boxes):

☐ The entity shall use the one-time program payment to fund a project that stabilizes rural health care by maintaining or expanding capacity or services.

☐ The program payment will accomplish at least one of the following:

- Halt a suspension, reduction, or termination of a rural health care service,
- Reinstate a suspended, reduced, or terminated service, or
- Expand services or establish new services.

☐ The entity is compliant with applicable federal and state requirements.

☐ The entity shall use the funding for one of the following purposes through payment for supplies and equipment. Sub-bullets are examples of purposes approved in the federally approved application. (Select all boxes that apply.)

- ☐ Aging and Access
  - i. Hospital-to-Home Community Paramedicine
    - a. Non-reimbursable supplies and equipment needed to support a person at home after hospital discharge
  - ii. Nurse Aide Training
    - a. Expand clinical training sites
- ☐ EMS and Transportation
  - i. Invest in EMS Infrastructure
  - ii. Increase Reliable Nonemergency Transportation
- ☐ Behavioral Health
  - i. Remote Behavioral Health Consultation
- ☐ Maternal Health
  - i. Remote Monitoring
- ☐ Technology and Infrastructure
  - i. Digital Infrastructure and Next-Generation AI to Improve Access, Quality and Experience
  - ii. Mobile and Digital Health That Reaches Every Community

☐ Workforce

i. Supporting Rural Clinic Training
ii. New and Expanded Workforce Models for Rural Pennsylvania
    a. Primary care medics
    b. Community paramedicine

Required Attachments:

- Attachment 2: Budget Narrative – Complete using the provided template that describes the use of the program payment and includes how the payment will:
    - Halt a suspension, reduction, or termination of a rural health care service,
    - Reinstate a suspended, reduced, or terminated service, or
    - Expand services or establish new services;
- Third party quote or estimate;
- Attachment 3: Budget Worksheet – Complete using the provided template; and
- Attachment 4: Federal Funding and Accountability & Transparency Act Sub-Recipient Data Sheet (FFATA) for all requests larger than $30,000.

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 Rural Health Transformation Program Notice of Funding Opportunity.[1]

☐ The entity shall use program 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 the Program Payment Request and Eligibility Certification and attachments.

☐ The entity shall use funds for the purchase of items such as supplies or equipment and shall not use funds ongoing projects that require monitoring by the Department following incursion of the costs.

[1] https://grants.gov/search-results-detail/360442

SECTION VIII – NON-DUPLICATION CERTIFICATION

All public funding that the entity has received for the purposes of the 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 Attachment:

- Attachment 5: Funding Disclosure Table – list all related public funding received or pending within the past 24 months.

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 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.

Section IV: Qualified Entity Certification

☐ Attachment 1: Entity Location List (if project includes multiple locations)

OR

☐ Project is for one location so Attachment 1 is not applicable

AND

☐ If applicable, license or certificate of compliance

OR

☐If not required to be licensed or have a certificate of compliance, documentation confirming the entity's status as a health care provider or rural health facility

Name of document: _____

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

☐ Third party quote or estimate;

☐ Attachment 2: Budget Narrative – Complete the provided template that describes the use of the program payment and includes how the payment will:

- Halt a suspension, reduction, or termination of a rural health care service,
- Reinstate a suspended, reduced, or terminated service, or
- Expand services or establish new services;

☐ Attachment 3: Budget Worksheet – Complete the provided template;

☐ Attachment 4: Federal Funding and Accountability & Transparency Act Sub-Recipient Data Sheet (FFATA) for all requests larger than $30,000.

OR

☐The request is for less than $30,000 and does not require a FFATA form.

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 under Section 201-H of the Fiscal Code (72 P.S. § 201-H) and is a hospital, health care provider (as defined in 42 U.S.C. § 1397ee(h)(9)), or rural health facility (as defined in 42 U.S.C. § 1397ee(h)(3)(D)) that 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: _____