

Maine RHTP Funding Opportunities: Universal Requirements for Funding Eligibility

Introduction: Multiple State of Maine Departments and DHHS Offices are managing a wide range of RHTP projects and funding. To ensure consistency across the program, support efficiency, and leverage best practices, this document provides guidance on eligibility for RHTP funding for all Maine RHTP projects. The guidance is intended to guide State personnel in planning and implementation of funded Initiatives and Activities outlined in Maine's RHTP plan as well as inform interested parties of how Maine is approaching prioritization of funds to benefit rural residents.

1. **General Eligibility:** Recognizing that Maine is a highly rural state and that virtually all Maine providers and organizations (i.e., healthcare, social service, public health, etc.) serve individuals living in rural Maine communities, all relevant Maine providers and organizations are potentially eligible to receive RHTP funds if they meet the following criteria:
 - a. Be physically located in Maine (EXCEPT for telehealth-only providers)
 - b. Be in good standing with the Department¹
 - c. Serve rural populations (see below)

Additionally, for Provider Funding Opportunities², as appropriate and dependent on the scope of work, providers must also...

- d. Hold a valid Maine provider license
 - e. Be currently enrolled as a provider in Maine's Medicaid (MaineCare) program and actively serving MaineCare members
2. **Eligible Provider or Organization Types:** Each Maine RHTP project/activity and funding opportunity will be responsible for defining Eligible Provider Types for that project/activity/ or funding opportunity. Eligible Provider Types generally must serve rural patients and communities to qualify for RHTP funding (see below) and meet the general eligibility criteria outlined above. Maine RHTP project overviews and funding announcements should provide clear and concise justification of why a Provider Type is (or is not) considered to be eligible for participation.
3. **Rural definition:** RHTP funding is intended to support rural communities by improving healthcare access, quality, and outcomes by strengthening rural health and healthcare delivery systems. Maine RHTP projects should use a common set of parameters and criteria to determine what is (and is not) considered rural.

- **Rural populations:** Generally, for Maine RHTP purposes, the Department has defined Maine rural areas and populations in accordance with the Federal Office of Rural Health Policy (FORHP)³.

- **Providers serving rural populations:** Maine RHTP funding awardees - either healthcare providers or other organizations that support RHTP goals - will be considered to be serving rural populations if they meet *any one of the following*:
 - a. Are located in one of Maine's 12 fully rural counties as defined by HRSA (Aroostook, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Piscataquis, Sagadahoc, Somerset, Waldo, and Washington); 100% of these populations are considered rural.
 - b. For providers or organizations located in one of Maine's four partially rural counties (i.e. Androscoggin, Cumberland, Penobscot, York), those that are
 - i. Located within a rural census tract as defined by the HRSA County and Census Tract Excel file, *OR*
 - ii. Located within a rural census tract (with tract not part of an urban core) as defined by the USDA Economic Research Service's (ERS) Rural-Urban Commuting Area (RUCA) codes, *OR*
 - iii. Included in the CMS RHTP Notice of Funding Opportunity definition of "rural providers" (e.g. Critical Access Hospital, FHQC, etc.)
 - c. Providers/organizations not located in a rural area or otherwise meeting one of the criteria above *will be considered to be serving rural populations* if they serve a meaningful number of rural patients *OR* can otherwise demonstrate that they support the health of one or more rural communities. In these cases, State personnel and Maine RHTP project staff will identify *a priori* specific providers/organizations eligible for the project/activity funding and reason/s for eligibility. Of note, not all providers should be automatically considered to be eligible unless documentation is available to demonstrate how they are serving rural populations.

¹ **Definition of being "in good standing" with the State:**

In order to be considered in good standing with the Maine Department of Health & Human Services (DHHS), the provider should:

1. Have successfully complied with the terms and conditions of its most recent DHHS-issued contract and have no unresolved or outstanding compliance concerns.
2. Not received letters for performance concern, corrective action plans, breach of contract, terminations, or other similar actions for the past two years related to contractual agreements between DHHS and the Provider.
3. Not have any past due reporting or deliverables for DHHS-issued contracts in the past two years, including financial reports sent to DHHS Audit, closeout reports for subrecipient contracts, programmatic reports, and up-to-date certificate of insurance on file.
4. Not be under payment suspension based on credible allegations of fraud or otherwise according to MaineCare's Program Integrity.
5. Not be on a conditional license, a directed plan of correction, or other disqualifying DHHS Division of Licensing & Certification (DLC) engagement.

² **Maine RHTP Year 1 Provider Funding Opportunities include the following:**

- Electronic Medical Records (EMRs)
- Advanced Payment Models (APMs)
- Hospital Efficiency

In Year 1, DHHS determined Eligible Provider Types for each of the three Provider Funding Opportunities. Of note, these Eligible Provider Types are based on descriptions of “rural providers” in the RHTP Notice of Funding Opportunity (NOFO) with limited variations. Eligible Provider Types will vary by RHTP activity, funding opportunity, and funding year.

Provider Type	Electronic Medical Record (EMR) Funds	Alternative Payment Model (APM) Transition Funds	Rural Hospital Efficiency Fund (RHEF)
<i>Hospitals (All)</i>	X (including hospital-owned primary care practices)	X (including hospital-owned primary care practices)	11 invited hospitals
<i>FQHCs</i>	X	X	n/a
<i>RHCs</i>	X		n/a
<i>Other Primary Care Practices located in rural areas**</i>	X		n/a
<i>CCBHCs</i>	X	X	n/a
<i>Opioid Treatment Programs (OTPs)</i>	X		n/a

³ **Rural Populations were defined in Maine’s RHTP Proposal as follows:**

“For the purposes of the RHTP, rural areas and populations of Maine are defined in accordance with the Federal Office of Rural Health Policy (FORHP). Under this classification, over 690,000 Maine residents, equating to 51% of the state’s total population, live in rural areas, as compared to 19% of the U.S. population. **Twelve of Maine’s 16 counties are considered “fully rural,” with 100% of their populations in rural areas. The remaining four counties are designated as “partially rural,”** with a mix of rural and non-rural populations. Significant portions of the populations of several counties, including Aroostook (99%), Washington (99%), and Knox (78%), reside in areas deemed “frontier and remote” (FAR) by the United States Department of Agriculture. Additionally, Maine’s rural population includes year-round residents of 15 offshore islands, with populations ranging from a few dozen to over a thousand residents. Many have no healthcare facilities while others are served by a single small clinic.

The target population for Maine’s RHTP funding is rural residents and the health care providers that serve these communities, as defined by FORHP’s rural classification criteria. This includes all residents in Maine’s 12 fully rural counties and residents living in rural areas within the State’s four partially rural counties. Because health care providers throughout the State, including those that operate in non-rural areas, serve rural communities, we anticipate that providers located in both rural and non-rural areas will benefit from the program.”