

## MAINE RURAL HEALTH TRANSFORMATION PROGRAM (RHTP) · MAINE DHHS · MCD GLOBAL HEALTH

# Year 1 Digital Health & Telehealth Funding Opportunities

### Questions & Answers

MCD Global Health, as a subrecipient of Maine DHHS under the federal Rural Health Transformation Program (RHTP), is issuing Year 1 funding opportunities — grants, subawards, and contracts — for telehealth and digital health projects serving rural Maine. The following answers questions from prospective applicants and partners and is updated as new questions come in; each entry shows the date it was added. Please send additional questions to: [RHTP-DH@mcd.org](mailto:RHTP-DH@mcd.org). Solicitations, application portals, and background materials are available at: <https://mcd.org/focus-areas/maine-rhtp/digital-health>

#### Update log:

Sept 22, 2026 — Initial release, 60 questions.

## Background and Materials

### Q1. Where can I find background on the program and these opportunities? Added Sept 22, 2026

On the Maine RHTP Digital Health Projects webpage: <https://mcd.org/focus-areas/maine-rhtp/digital-health>. It hosts the project overviews, each solicitation with its application portal, and the materials from the informational sessions MCD Global Health and Maine DHHS held on September 17 and 22, 2026 — the recording, slide deck, and brief project summaries covering RHTP background, the nine project areas, the three funding mechanisms, what to expect in the RFAs and RFPs, evaluation criteria, budget and cost rules, the pre-award risk review, and the Year 1 timeline. All these materials are public and may be shared freely with colleagues and prospective partners.

## Finding and Applying for the Opportunities

### Q2. When are the solicitations being released? Added Sept 22, 2026

On a rolling basis between **September 18–30, 2026**. The Youth Tele-Behavioral Health RFA was the first to be posted on September 18.

### Q3. Where can I find the solicitations? Added Sept 22, 2026

On the Maine RHTP Digital Health Projects webpage: <https://mcd.org/focus-areas/maine-rhtp/digital-health>. Each open opportunity will be highlighted at the top of the page, along with the due date.

You can also click on each project button you are interested in and expand its funding opportunity to reach the respective application portal. If an application link is not included, the opportunity has not yet been posted. The Youth Tele-Behavioral Health Provider RFA is at: [Youth TBH RFA](#)

### Q4. How will I be notified as new opportunities are posted? Added Sept 22, 2026

MCD sends an email announcement with a direct link as each solicitation is posted. Everyone who registered for an informational session is already on the RHTP Digital Health email list; if you did not attend, email [RHTP-DH@mcd.org](mailto:RHTP-DH@mcd.org) to be added. Please also be sure to check the Digital Health Projects webpage regularly for updates: <https://mcd.org/focus-areas/maine-rhtp/digital-health>

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**Q5. Where do I find the program description and scope of work?** Added Sept 22, 2026

Inside each solicitation. RFAs (grants and subawards) include a **program description**— the why: need, goals, objectives, beneficiaries, outcomes, approach, activity details, M&E, deliverables and milestones. RFPs (contracts) include a **scope of work** — the what and how: activities, deliverables, timelines, performance expectations, and responsibilities. The webpage carries only high-level project overviews.

**Q6. Is there an application form to download?** Added Sept 22, 2026

No. Each opportunity has its own online portal where you review the full requirements, complete the budget template, and submit. Applications or proposals emailed to MCD will not be reviewed.

**Q7. Do we need to pre-register before applying?** Added Sept 22, 2026

No separate step. The first time you enter a portal you complete a one-time registration for your organization.

**Q8. How long will we have to respond?** Added Sept 22, 2026

Four weeks for most opportunities, some closer to three, counted from each solicitation's release date so every opportunity gets a comparable window. The exact deadline is in each solicitation. Some organizations asked for four weeks or more; MCD is providing as much time as the Year 1 implementation period allows.

**Q9. Can we apply for — and be awarded — more than one solicitation?** Added Sept 22, 2026

Yes. Apply for as many as fall within your scope and capacity; each submission is reviewed on its own merits.

**Q10. Can we ask questions once we have read a solicitation?** Added Sept 22, 2026

Yes. A Q&A period runs during each solicitation window — email [RHTP-DH@mcd.org](mailto:RHTP-DH@mcd.org) the Digital Health team. Questions can be about the process or the project activities. Answers are posted publicly in this list so all applicants have the same information.

**Q11. Is there a letter-of-intent step, or a way to check whether our idea fits before we apply?** Added Sept 22, 2026

No letter of intent is required. If you are unsure whether your organization or approach fits an opportunity, email a brief description to [RHTP-DH@mcd.org](mailto:RHTP-DH@mcd.org) and the team will talk it through with you.

## Eligibility

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**Q12. Are the opportunities open to for-profit organizations?** Added Sept 22, 2026

Yes — for-profit and nonprofit organizations alike, provided they meet the eligibility requirements of the specific solicitation.

**Q13. Can out-of-state vendors apply directly?** Added Sept 22, 2026

Yes. There are no geographic restrictions on contractors responding to RFPs. Respondents must meet the scope of work, hold or obtain any Maine licensure the solicitation requires, and describe how they will ensure continuity of care within Maine's existing health systems.

**Q14. Will telehealth vendors and specialist networks need a Maine-based partner?** Added Sept 22, 2026

Each RFP states its own requirements. Across all opportunities, proposals are expected to address sustainability, continuity of care, and reach into underserved rural communities. Maine-based

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partnerships are encouraged, and proposals showing existing relationships with Maine providers — or a clear understanding of the gaps those providers face and how the service will help rather than compete — will be viewed favorably.

**Q15. Do we need to be a nursing facility (or another specific provider type) to apply?** Added Sept 22, 2026

Only where a solicitation requires it. The eligibility examples shown during the informational sessions were illustrative; each RFA and RFP has its own criteria. In general, applicants should either have experience providing the specific service requested (for example, a specialty practice responding to Provider-to-Provider Specialty Consultations) or be a care delivery site that will implement it (a nursing facility for Nursing Home Telehealth). Confirm eligibility before investing time in a response.

**Q16. How do technology vendors and telehealth service providers apply?** Added Sept 22, 2026

The same way as any applicant — by responding to the RFA or RFP that matches your interests and capacity. Seven of the 16 opportunities are contracts (RFPs) intended for service providers and vendors. There is no separate vendor pre-qualification process.

**Q17. Our product has no direct competitor and is typically sole-sourced. How should we approach this?**

Added Sept 22, 2026

Contracts are issued through a competitive RFP process under federal procurement standards (2 CFR 200.317–.327), and vendors respond like any other respondent. Use the proposal to make your case against the evaluation criteria — experience and past performance, organizational capacity, personnel, technical approach, and cost.

**Q18. Are there opportunities for community-based organizations (CBOs), including those using community health workers (CHWs)?** Added Sept 22, 2026

Yes. The grant (RFA) opportunities are for local care delivery and community partners, and several projects name CBOs explicitly — Virtual Quick Care (community organizations connecting patients to services), Youth Tele-Behavioral Health (local partners providing individual and family support), and Mammha (CBOs serving rural pregnant and postpartum people). Separately, under RHTP's Population Health initiative, the University of New England plans a competitive solicitation for grants to organizations that employ CHWs; watch for Maine DHHS announcements.

**Q19. We received Year 1 EMR Modernization funds. Does that affect our eligibility?** Added Sept 22, 2026

No.

**Q20. We are an existing health system with a telehealth program. Is this only for new entrants?** Added Sept 22, 2026

No — existing Maine providers and health systems are eligible to apply. The opportunities are also open to organizations outside the current system where they help fill gaps. Year 1 is limited to the approved projects (see next section).

**Q21. Our offering does not fit neatly into one of the project categories. What are our options?** Added Sept 22, 2026

Year 1 funding is limited to the projects CMS approved. That includes platforms that would serve as underlying infrastructure for several projects, such as data integration or clinical decision support tools — they can be part of a proposal only where a funded project's scope calls for them. If you are unsure, email [RHTP-DH@mcd.org](mailto:RHTP-DH@mcd.org) and the team will follow up directly. Ideas outside the Year 1 portfolio help inform Year 2 and beyond.

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## Program Scope and Project-Specific Questions

**Q22. What is in scope for Year 1? Can funding support upgrades to an existing telehealth, scheduling, or appointment system?** Added Sept 22, 2026

Year 1 funding is limited to the nine projects Maine DHHS proposed and CMS approved. A stand-alone upgrade to an existing platform, scheduling system, or pre-registration workflow is not a Year 1 opportunity on its own; technology costs are allowable when necessary to deliver one of the funded projects. Maine DHHS has submitted its Year 2 workplan and welcomes input on additional solutions for future years.

**Q23. Do these opportunities include EMR support or the AI activities?** Added Sept 22, 2026

No. Both are part of MCD's role under Maine's Technology & Innovation initiative, but this round of solicitations covers telehealth expansion and patient-facing digital tools only. The Year 1 EMR Modernization Fund ran through a separate application process, now complete, with contracts being finalized for distribution this fall. MCD is developing an AI Resource Hub to serve the state, including releasing a funding opportunity for an AI Innovation Institute. Additional information will also be posted on <https://mcd.org/focus-areas/maine-rural-health-transformation-program>

**Q24. Does access to behavioral health services fall within the priority areas?** Added Sept 22, 2026

Yes, in two projects: Youth Tele-Behavioral Health (ages 12–18 in rural areas) and Mammha (perinatal behavioral health). Behavioral health providers can partner in the youth project. The specialty telehealth service provider role will be a subaward RFA, schools and other youth serving organizations will be a grant RFA, and local community partners providing individual and family support are named partners. Broader adult behavioral health, recovery, and mental health access is not a stand-alone Year 1 project; stay engaged as the Year 2 portfolio develops.

Whether a specific condition such as opioid use disorder fits within the chronic-condition Remote Patient Monitoring or Automated Text Messaging projects depends on the scope in those solicitations. MCD is not restricting the chronic conditions those projects can address; applicants should make a clear case for the condition and population they propose to serve.

**Q25. Will RPM vendor selection be specific to chronic conditions, perinatal care, or both?** Added Sept 22, 2026

Both, treated as two distinct populations within one project. MCD is not restricting which chronic conditions can be addressed — hypertension is a strong CMS focus; diabetes, heart failure, and other high-risk conditions are appropriate — but applicants should make a clear case for their focus. The perinatal focus reflects Maine data showing high need in this area.

**Q26. Is the chronic-disease RPM opportunity limited to home-health-eligible patients?** Added Sept 22, 2026

No. Applicants will be asked to consider the current policy and reimbursement landscape for RPM and how they will sustain the program beyond RHTP.

**Q27. Is the state selecting a single RPM vendor, or can a provider work with an RPM vendor of its choice?**

Added Sept 22, 2026

The RPM project has two opportunities: an RFP for an RPM vendor and connected-device partner (contract) and an RFA for participating healthcare organizations and home health agencies (grant). The goal is to reach as many rural patients as possible — whether you are a local or regional provider planning to serve a large swath of rural communities or a provider proposing to work with an RPM vendor, explain how you would achieve that reach. The number of vendor awards is covered under Budgets, Costs, and Awards.

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**Q28. Can a technology company respond to the RPM opportunity with its platform alone, or does it need a physician network?** Added Sept 22, 2026

The RPM vendor RFP is written for the technology and connected-device role; participating healthcare organizations are funded separately through the RFA, so a vendor is not expected to bring its own clinical network. The RFP states the specific requirements; vendor proposals should describe how the platform can reach rural patients and integrate with participating providers' workflows.

**Q29. If a patient using a teledentistry service is uninsured and is prescribed medication, can RHTP funds cover it?** Added Sept 22, 2026

Yes. Paying for a patient with no insurance is not supplanting another payer. These instances must be tracked and reported so MCD can show CMS that funds are not paying for services reimbursable by MaineCare, Medicare, or private insurance.

**Q30. If recommended services are not available within a reasonable driving distance, could RHTP funds pay for that treatment (for example, through a mobile provider)?** Added Sept 22, 2026

Improving access in that kind of scenario is the point of the program. Applicants do not have to prove they are the only option available to a patient; the "do not supplant" rule concerns payment from state or federal payers, not whether a service exists elsewhere. The focus is rural reach — funding a service where several providers already offer it would not fit. Describe and document any such arrangement in the proposal.

## Funding Mechanisms and Partner Roles

**Q31. What is the difference between a grant, a subaward, and a contract?** Added Sept 22, 2026

All three fall under the Uniform Guidance (2 CFR Part 200); the mechanism reflects the purpose, the relationship, and the partner's role.

- **Grant (RFA)** — assistance to local care delivery organizations integrating digital health into routine care; supported by training and technical assistance; report and incorporate data. Cost is considered but not the determining factor.
- **Subaward (RFA)** — assistance to "thought partners" carrying out a portion of the program alongside MCD; subrecipient requirements (§200.331–.333) flow down. Cost is considered but not the determining factor.
- **Contract (RFP)** — procurement of clinical service providers and technology vendors to deliver a defined scope under 2 CFR 200.317–.327. Price is a key evaluation factor.

**Q32. Can you explain the subaward "thought partner" category?** Added Sept 22, 2026

Subaward partners take on a substantial piece of MCD's scope and implement it directly — co-leading learning collaboratives, co-creating sustainable access approaches, and providing training and technical assistance. They are typically organizations already delivering integrated, technology-enabled services in Maine. By comparison, contracted partners provide defined services under a procurement, and grantees are participating sites whose existing work the funding complements and expands. The Year 1 subawards are the Mammha app vendor and the Youth Tele-Behavioral Health specialty telehealth service provider. MCD's advice: focus on the work described in the opportunity versus the mechanism.

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**Q33. Since MCD is a subrecipient of the state, what is our status — contractor or subrecipient?** Added Sept 22, 2026

It depends on the mechanism, but in every case the funds are federal and your agreement is with MCD, which administers the award or contract on behalf of Maine DHHS (which acts on behalf of CMS) and flows down its terms and conditions. Grant and subaward recipients receive the subrecipient flow-down requirements under 2 CFR 200; contractors are bound by the standard procurement requirements. Put simply, MCD is the funder or the buyer, and the engagement is between your organization and MCD.

**Q34. Can we subcontract a portion of the work?** Added Sept 22, 2026

Under MCD's subaward from the state, partners cannot subcontract a piece of their funded scope of work. Partners can procure goods and services and engage contractors to support the work. The application materials make this distinction explicit.

**Q35. Do we need letters of commitment, letters of support, or MOUs if we are partnering with multiple organizations?** Added Sept 22, 2026

Not required, but encouraged, and the portals allow uploads where applicable. They demonstrate that partners are on board and understand their role — which speaks directly to the care coordination expectations in every solicitation.

## Budgets, Costs, and Awards

**Q36. Will each RFA and RFP state the available funding, a range, or a maximum award amount?** Added Sept 22, 2026

Yes — every solicitation, across all three mechanisms, states the total funding available and the ceiling or range for individual awards. There is no single "digital health" total to budget against; use the amount in the specific opportunity.

**Q37. How many awards will be made per opportunity? If a project describes a statewide "system," does that mean a single awardee — and how many RPM vendors will be selected?** Added Sept 22, 2026

The number of awards will vary by project. A statewide goal does not by itself mean a sole awardee: DHHS's priority is reaching as many rural communities as possible, whether through one partner with statewide reach or several with regional reach. Be specific about the scale of reach you can deliver. All solicitations, including the RPM RFP, will state the total funded ceiling amount.

**Q38. Which budget template do we use, and how is cost evaluated?** Added Sept 22, 2026

Use the template provided in the portal for that opportunity — there are three, varying with award size and level of detail, and each solicitation says which applies. Categories mirror State of Maine budget templates (personnel and fringe, travel, materials and supplies, training, indirect costs). Include every cost needed to perform the scope of work; do not under-budget. For grants and subawards, cost effectiveness and reasonableness are considered but are not the sole or determining factor. For contracts, price is a key evaluation factor.

**Q39. What does "cannot supplant or supplement" mean in practice?** Added Sept 22, 2026

It is CMS's most consistent RHTP requirement and applies to state as well as federal funding. RHTP funds cannot:

- Replace existing state, local, tribal, private, or other funding for the same infrastructure or services, including existing staff salaries (supplanting).

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- Pay for services reimbursable by MaineCare, Medicare, private insurance, or another payer, unless specifically justified and approved under RHTP.
- Top up a lower reimbursement rate — if MaineCare pays \$50 for a service that costs \$100, RHTP cannot cover the difference (supplementing).
- Substitute for billing — an organization cannot decline to bill a payer and ask RHTP to pay instead.

RHTP funds can pay for what payers do not cover: services for uninsured and underinsured patients, care team roles that are not traditionally reimbursed, infrastructure and technology, staffing and training to support expansion, and patient and public outreach.

**Q40. Can we use funds to serve uninsured or underinsured patients?** Added Sept 22, 2026

Yes. Track these services in your metrics so MCD can report to CMS that funds are not being used for reimbursable services.

**Q41. For a service we already deliver and bill, which costs are allowable?** Added Sept 22, 2026

The billing provider's time for a reimbursable service is not allowable; non-billing care team members, infrastructure, outreach, staffing for expansion, and training generally are. Present it in the standard line items and show what share of each cost you anticipate is reimbursable versus not.

**Q42. Could funding support a nurse navigator who helps patients get started, after which they transition to fee-for-service care?** Added Sept 22, 2026

A navigator role that helps patients enroll in and begin a funded service is the kind of non-reimbursed care team function these funds can support, provided it is necessary for the funded project and described in the proposal. Once a patient's services are reimbursable by a payer, RHTP cannot pay for those services. Describe the role, its duration, and the hand-off; MCD will confirm allowability during review.

**Q43. Can funding be used to purchase technology or upgrade computer systems?** Added Sept 22, 2026

Yes — devices, computer systems, software licenses, telehealth technology, and non-capitalized equipment are allowable when used to implement a funded project (for example, equipment needed to deliver tele-behavioral health services to youth). Technology upgrades unrelated to a funded project are not.

**Q44. Is the cost of establishing HIPAA-compliant workflows or the nursing facility technology readiness assessment allowable, or must it be in place before applying?** Added Sept 22, 2026

Two different things. The HIPAA attestations exist because every funded project must run on compliant workflows and secure technology; if you do not have a compliant solution today, the bigger concern is whether there is time to stand one up within Year 1. The readiness assessment costs nothing to complete — it is a questionnaire that helps MCD gauge current capacity to deliver within the Year 1 timeline, and MCD will help applicants through it. If either is a challenge, reach out; MCD provides technical assistance.

Provider organizations applying to deliver services that have established reimbursement policies are expected to be enrolled as MaineCare providers.

**Q45. Are proposal preparation or other pre-award costs allowable?** Added Sept 22, 2026

No. Costs incurred before the award or contract starts — including help developing your proposal — are explicitly unallowable, as are costs incurred after the period of performance ends.

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**Q46. What other costs are unallowable?** Added Sept 22, 2026

Beyond supplanting, reimbursable services, and pre-award costs:

- Construction, new building expansion, and significant renovations (minor renovations require CMS prior approval).
- Costs not allocable to the RHTP project or that are the legal responsibility of another party.
- Lobbying and prohibited legislative or political activities.
- Meals, except in limited circumstances specifically permitted under RHTP.
- Covered telecommunications or video surveillance equipment prohibited under federal requirements.
- Clinician salary or wage support where the clinician is subject to a prohibited non-compete agreement.
- Anything else prohibited under [2 CFR Part 200](#) or the CMS RHTP NOFO (pp. 18–20). Every cost must be necessary and reasonable, allocable to the project, consistently treated under your written policies, adequately documented, and not used as match for another federal award.

**Q47. What if we are not sure whether a cost is allowable?** Added Sept 22, 2026

If it genuinely feels necessary to accomplish the scope of work, include it. MCD will ask clarifying questions during review and tell you if something is not allowable — or ask before you submit.

## Timeline, Period of Performance, and Reporting

**Q48. Are these projects funded for one year or five?** Added Sept 22, 2026

One year. RHTP is a five-year federal program (FY2026–FY2030), but each state's work plan and budget must be approved by CMS year by year; these solicitations are for Year 1 only.

**Q49. When does the work start, and by when must Year 1 funds be spent?** Added Sept 22, 2026

Activities begin when your award or contract is signed — not before. After selection there is a negotiation and co-design step (particularly for grants and subawards) to finalize the program description or scope of work in the agreement, followed by the pre-award risk review. Year 1 spending must be complete by September 30, 2027 across all five RHTP initiatives; individual agreements may set end dates somewhat earlier to allow for final invoicing and reporting.

**Q50. Why does Year 1 run so late, and does Year 2 begin in October 2027?** Added Sept 22, 2026

CMS finalized agreements with states in late December 2025 and approved Maine's work plan and budget at the end of March 2026, then gave states roughly an additional 12 months to spend Year 1 funds. Year 2 does not wait: Maine DHHS has submitted its Year 2 application, expects CMS approval around the end of October 2026, and anticipates Year 2 activities beginning late 2026 into 2027, overlapping the Year 1 spend-down. This applies across all five initiatives.

**Q51. How does this timeline square with CMS's requirement that Year 1 funds be committed before the end of the federal fiscal year? Was the award to MCD sufficient?** Added Sept 22, 2026

Yes. The State of Maine has obligated Year 1 funds to MCD as lead partner for the telehealth and digital health work, which satisfies the commitment requirement. Implementing partners then have through roughly mid-August to early September 2027 to spend down their awards ahead of the September 30, 2027 deadline.

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**Q52. What happens after we submit?** Added Sept 22, 2026

RHTP review committees score submissions against the evaluation criteria and make recommendations; selected applicants work with MCD to finalize the scope; the pre-award risk review is completed; the grant, subaward, or contract is executed and implementation begins.

**Q53. What is the pre-award risk review?** Added Sept 22, 2026

A two-step check, completed before any funds are released, that the organization has the minimum management capabilities to manage the award: (1) an applicant self-assessment questionnaire, then (2) MCD's own assessment of managerial capacity, financial resources, and internal controls. MCD may request supporting documentation on qualifications, financial capacity, compliance status, and other requirements; the scope varies with the funding amount, the activities (data security, licensure, policies and procedures), and the organization type. Some solicitations call for specific licenses, certifications, or policies.

**Q54. Will each partner be responsible for data collection and metrics, or does another party handle CMS reporting?** Added Sept 22, 2026

Both. Every RFA and RFP includes monitoring and evaluation requirements, and partners collect and report data on their activities under their agreement. MCD's monitoring, evaluation, and learning team works with each partner to identify metrics that are meaningful and feasible within the three program goals (access, modernized infrastructure, sustainability), and MCD compiles partner reporting for Maine DHHS and CMS. Specific expectations are defined in each agreement.

## Care Coordination and Rural Reach

**Q55. How will care coordination and transitions of care be managed with primary care?** Added Sept 22, 2026

Seamless transitions and care continuity are built into every RFP and RFA, and applicants must describe how they will coordinate with patients' existing providers. These projects are meant to strengthen Maine's rural health system, not contribute to fragmented care.

**Q56. Will these services recognize patients' existing primary care providers rather than pulling patients away from practices that already offer evening, weekend, same-day, or on-call access?** Added Sept 22, 2026

Absolutely — it is not the intention of these funds to replace local care. The goal is integration, collaboration, and continuity of care; the projects are meant to supplement and support primary care, not compete with it. Proposals that demonstrate partnership with existing providers and explain how the service will help rather than threaten primary care will be viewed favorably.

**Q57. What does the "rural reach" expectation mean for applicants?** Added Sept 22, 2026

MCD and Maine DHHS are committed — and obligated under the award — to reach rural populations and serve as many people as possible. Show how you will reach unserved or underserved rural communities and how the service will be sustained after the funding period. You do not need to prove you are the only option; you do need to show the service improves access where it is limited.

## Support, Vendor Engagement, and Future Input

**Q58. Is there a vendor profile library, a partner registry, or a formal matchmaking process to help applicants and vendors find each other?** Added Sept 22, 2026

Not for Year 1. MCD must remain vendor-neutral, so it does not promote specific vendors; on request, it can neutrally share the list of vendors it is aware of that provide a given type of solution, and vendors may send their information to MCD to keep on file. Participants in the informational sessions suggested a model from other states' RHT programs — a central registry where organizations signal interest in partnering and vendors list their capabilities. MCD has taken it under advisement and will explore with Maine DHHS whether to stand one up for Year 2 and beyond.

MCD does not maintain a directory of Maine hospitals, health centers, and health systems for partner-finding, and there is no formal matchmaking process. Organizations looking for a specific type of partner are welcome to reach out and the team will assist in a neutral capacity.

**Q59. Where can applicants get help with technical questions — for example, whether peripherals, software, or hardware will work with their current infrastructure?** Added Sept 22, 2026

Please contact [RHTP-DH@mcd.org](mailto:RHTP-DH@mcd.org). Technical assistance is part of MCD's role, and the team can neutrally connect applicants with people who can help with technical questions as they prepare applications, as it did during the EMR Modernization process.

**Q60. Will there be a way to give input on what future years of RHTP digital health funding should support?** Added Sept 22, 2026

Yes. Maine DHHS can update its five-year plan each year and has already submitted the Year 2 update. MCD and DHHS welcome ideas on how to tailor and strengthen future activities, and MCD is standing up an advisory group to gather input from community-based partners and others. Reach out anytime.