

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

Project-Specific FAQs

Year 1 Digital Health & Telehealth Funding Opportunities

Updated October 16, 2026

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 weekly. Please send additional questions to: RHTP-DH@mcd.org. Solicitations, application portals, and background materials are available at: <https://mcd.org/focus-areas/maine-rhtp/digital-health>

Nursing Home Telehealth

Q1. We'd like to learn more about the Nursing Home Telehealth grant opportunity before submitting an application. Could we schedule time with you to discuss?

Thank you for your email. To ensure a fair and transparent procurement process, we are not conducting individual meetings or one-on-one discussions with prospective applicants regarding active funding opportunities. We ask that all questions be submitted through the formal question process outlined in the applicable RFP(s)/RFA(s).

Further, we are planning to host informational sessions and/or opportunities for applicants to submit questions; however, the dates and format are still being finalized. We encourage interested organizations to monitor the RHTP Digital Health webpage for the most current information, including solicitation updates, FAQs, and any upcoming informational session announcements:

<https://mcd.org/focus-areas/maine-rhtp/digital-health>

Q2. We have some questions around this funding opportunity: (Nursing Home Telehealth – Nursing Facilities Partner Sites). I am hoping you can help or direct me to the answer? The materials mention:

...If the Nursing facility or long-term care facility has a preferred Provider, please identify that Provider and address the proposed relationship, rationale, and any relevant implementation considerations as directed in the application. Please note that identifying a preferred provider does not guarantee that MCD will select that organization for implementation. Provider selection will be made through MCD's competitive procurement process, and MCD may select a different provider to support implementation.

Is the "competitive procurement process" referenced above the "Adult Remote Patient Monitoring" opportunity listed on the website?

Yes, the funding opportunity is listed on here: <https://mcd.org/focus-areas/maine-rhtp/digital-health> with proposal submission information listed here: <https://mcd.org/rhtp-apps/rfp-portal>

For the preferred provider to be selected, will they need to submit an application for the competitive procurement process?

If your preferred provider would like to receive funding, then yes, they would need to submit a proposal for the Nursing Home Telehealth – Specialty Telehealth Service Provider.

Q3. What is the estimated grant amount per site for this opportunity Nursing Home Telehealth – Nursing Facilities Partner Sites? I do not see this listed with the other key information (i.e. dates).

Anticipated Funding Amount for this award can be located on the Project Info portion of the solicitation. The anticipated funded amount per award for this solicitation is up to \$15,000 per award. the Nursing Home Telehealth – Nursing Facilities solicitation is meant to support new or existing telehealth initiatives in place at an Skilled Nursing Facilities.

This opportunity is not limited to new telehealth projects. Facilities with existing telehealth services may apply; however, RHTP funding is intended to expand access to geriatric specialty and/or geriatric psychiatry telehealth services through this initiative, not to pay for or replace funding for existing services. Funding may support activities needed to implement or expand these services, such as workflow integration, staff training, implementation coordination, and required reporting.

Perinatal Specialty Telehealth

Q4. I am inquiring if this would simply be a planning grant in attempts of standing up tele-health or if it would require partnership with a tertiary center for implementation? Could you please provide more detail to the extent of its use?

Implementation sites are provided funding to help support the incorporation of consultation services into their clinical and operational workflows, but there will be a telehealth consultation provider who provides the MFM/OB specialists. Participation as an implementation site would require partnership with the selected consultation partner. Awarded Grantees will not be expected to develop a telehealth consultation program but rather, incorporate the necessary technology and recommended workflows into their clinical practice. In short, implementation sites will be the users of the consultation services, not the providers.

The Perinatal TH consultations are designed to connect rural/local providers with specialist insight for acute pregnancy concerns. While appropriate use cases will be clearly defined in partnership with the consultation partner and local sites, local clinical providers should use these services when they encounter a perinatal patient with a condition/symptom they feel is above their ability to treat. For example, an ER physician can use the consultation service to help them treat a perinatal patient who arrives at the ED with an acute pregnancy related condition that the provider is unsure about how to treat.

Q5. I'm reaching out to see what time the Pre-Application Briefing/Q&A is scheduled for on October 15, 2026. I'd love to learn more about Telehealth Expansion: Provider-to-Provider opportunity. Maine's Rural Health Transformation Program recently announced this funding opportunity for perinatal health providers across Maine and I'd love to attend to learn more if you can send me the invite.

The Application Briefing Session for the Perinatal Specialty Telehealth – Healthcare Organizations is scheduled from 12 pm – 1 pm ET on October 14th. The Applicant Briefing Session for the YTBH – Providers RFA is scheduled from 12 noon – 1 pm ET on October 15th.

Links are available via the website here: <https://mcd.org/focus-areas/maine-rhtp/digital-health>

Q6. In regard to Perinatal Specialty Telehealth RFA, please provide additional information as to what qualifies as a "site" for the purposes of this RFA – would a rural hospital with associated rural health clinics or PCP practices count as one site or would each associated RHC/PCP location count as an additional site?

We can confirm that each associated RHC/PCP location would count as an additional site.

- Q7. Our organization provides community lactation services for prenatal and postpartum parents, as well as a weekly support group addressing lactation, maternal mental health, safe sleep, perinatal mood disorders, home safety, and community resources. We periodically offer the ROSE (Reach Out and Stay Strong Essential) program to address maternal mental health. Although based in Bangor, we serve families from surrounding rural communities. We are interested in expanding our outreach and collaborating with providers in rural areas to increase access to perinatal education and support. Would these types of services fall under the definition of “perinatal patient care” for purposes of this grant?**

Based on the services you described, these services would not qualify under this Perinatal Specialty Telehealth work. The perinatal specialty telehealth consultations are meant to provide specialist insight into acute clinical cases. While lactation and maternal mental health support services serve perinatal patients, they would not be an appropriate case for specialist consultation services. The perinatal specialty telehealth consultations are designed more for acute pregnancy concerns that local clinical providers feel is above their ability to treat. For example, an ER physician can use the consultation service to help them treat a perinatal patient who arrives at the ED with an acute pregnancy related condition that the provider is unsure about how to treat.

Please continue to keep an eye out on our website for any additional future funding opportunities that may be better aligned with the critical services that you are providing.

Provider-to-Provider Specialty Consultations: Synchronous and Asynchronous Solutions

- Q8. We are interested in applying for the Provider-to-Provider Specialty Consultation synchronous and asynchronous opportunity, how do we submit a proposal?**

Please access the RFP portal through <https://mcd.org/rhtp-apps/rfp-portal> and additional information through <https://mcd.org/focus-areas/maine-rhtp/digital-health>.

- Q9. I noticed that if we indicate that we are not a primary care provider, the system shows that we are ineligible for the “Provider-to-Provider Specialty Consultations: Synchronous and Asynchronous Solutions – Primary Care Organizations” opportunity.**

Regarding the Provider-to-Provider Specialty Consultations: Synchronous and Asynchronous Solutions – Primary Care Organizations RFA, yes, your entity must be an existing primary care provider (PCP) or PCP organization with experience serving MaineCare patients prior to the submission of the application. The purpose of this RFA is to solicit primary care organizations to support integration and utilization of synchronous and/or asynchronous P2P specialty consultation services to expand access to specialty expertise through complementary consultation modalities.

- Q10. Our organization is hoping to apply for the open P2P opportunity for primary care organizations. We are an accountable care organization/population health network comprised of multiple healthcare orgs in Maine. We are not enrolled directly as a provider with MaineCare, but are a network of providers who are enrolled with MaineCare. We also participate as a network in the Medicare Shared Savings Program (MSSP) and are in good standing. Given the composition of our network and our mission, a lot of MaineCare patients benefit through our centralized services and resources. My**

question is, given this background, could you support me in how we should answer questions/information around MaineCare enrollment and Certificate of Good Standing for DHHS?

Thank you for reaching out and expressing interest in the P2P RFA. This solicitation is intended to award unique primary care organizations who serve MaineCare patients. The anticipated funding ceiling amount is \$15,000 per award, or per unique primary care organization. With that, we would advise that your member primary care organizations apply individually for funding, as opposed to being included under one application for funding.

We have recently scheduled an Application Briefing Session for this solicitation, being held on October 20th from 2 pm – 3 pm ET. We strongly encourage you and/or your members interested in applying to attend this session, where we may be able to offer additional guidance if needed. Please view the website to access the meeting link: <https://mcd.org/focus-areas/maine-rhtp/digital-health>

I am also wondering if you could provide me with guidance on if there are specific SOPs of interest you are interested in seeing. We have several spanning multiple departments so want to know what we should prioritize uploading.

Regarding SOPs – besides the specifically indicated SOPs listed in the Risk Review, please feel free to upload any additional SOP(s) that you feel are relevant to this solicitation. Please note that we may request information, documentation, and/or further clarification during the review process based on your application responses.

Q11. We are interested in the Provider-to-Provider Specialty Consultations Partner Service Agreement listed on your Digital Health page. Four questions: 1. Can you add me to any provider notice list for that opportunity? 2. Is there an expected release date? 3. The page says 'How to Apply: Website.' Where will the solicitation post, and do providers need to register with MCD before it opens? 4. Was the September 17 information session recorded? If so, where can I find it?

The anticipated solicitation release window for this solicitation is October 6, 2026. We encourage you to check the website regularly for updates and newly released solicitations. No, providers are not required to register with MCD beforehand. The video can be found here: <https://mcd.org/focus-areas/maine-rhtp/digital-health>.

Remote Patient Monitoring: Adult Chronic Disease and Perinatal

Q12. Is the activity 3.4 statewide chronic disease rpm contract a separate procurement, and if so when does it post and does it go through mcd or the state vendor portal? On the perinatal rpm opportunity, can one company serve multiple sites as the rpm partner, or is it site by site only?

There are two Remote Patient Monitoring initiatives. The first opportunity, a grant, is open now with information available on the website <https://mcd.org/focus-areas/maine-rhtp/digital-health>.

The opportunity has focused to enable participating clinical organizations to adopt standardized Remote Patient Monitoring workflows that support proactive management of hypertension, heart failure, other high-risk chronic conditions, and pregnancy-related hypertension. Participation will improve chronic disease management and maternal health outcomes, strengthen patient engagement and self-management, support early identification of clinical deterioration and pregnancy-related complications, improve continuity of care, strengthen care coordination, support early intervention, and reduce avoidable emergency department visits, hospitalizations, and adverse maternal and chronic disease outcomes.

The second, a Partner Service Agreement, is not yet published, has an objective to provide a scalable statewide Remote Patient Monitoring service that supports adults with hypertension, heart failure,

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and other high-risk chronic conditions, as well as pregnant and postpartum individuals requiring maternal health monitoring. Services will improve chronic disease management and maternal health outcomes through ongoing monitoring, patient engagement, self-management support, timely intervention, care coordination, expanded access to home-based monitoring services, and delivery of a standardized statewide RPM model. The intent is not to limit participation to a single site.

Based on the current project design, a respondent may propose a service model that supports multiple participating healthcare organizations and sites.

The solicitation will seek vendors with the capacity to support implementation, monitoring, onboarding, reporting, and related RPM services across multiple providers and locations. The final requirements, scope, and evaluation criteria will be detailed in the RFP once it is published here <https://mcd.org/focus-areas/maine-rhtp/digital-health>.

Q13. I was reviewing the Maine Rural Health Transformation Program’s Digital Health initiatives and was particularly interested in the planned Adult Remote Patient Monitoring program and upcoming RPM Provider opportunity. We were especially interested to see heart failure specifically identified among the chronic conditions targeted by the program, along with the goals of earlier identification of clinical deterioration, timely intervention, improved care coordination, and reduced avoidable emergency department visits and hospitalizations.

Our organization is interested in exploring whether we could participate in Maine RHTP either: as part of a structured prospective evaluation of an investigational heart failure early-warning capability within the Adult RPM initiative; or in partnership with a broader RPM provider, adding an HF-specific predictive analytics layer to the monitoring infrastructure.

We would appreciate the opportunity to understand the anticipated structure and timeline for the Adult RPM / RPM Provider procurement and whether there may be an appropriate pathway for our preferred vendor to participate. We would also be grateful to be included in any vendor communications or information sessions related to the upcoming opportunity.

Adult Patient Monitoring: Adult Chronic Disease and Perinatal: RPM Provider was published on October 8, 2026, and the RFP with the final scope, eligibility requirements, evaluation criteria, and implementation expectations are detailed in the published solicitation can be accessed through the RFP Portal here: <https://mcd.org/rhtp-apps/rfp-portal>. Interested organizations are able to review the requirements and determine whether to submit a response, either independently or in partnership with other organizations, as permitted under the solicitation.

The objective of the opportunity is to support a scalable statewide RPM service that serves adults with hypertension, heart failure, and other high-risk chronic conditions, as well as maternal health populations, through ongoing monitoring, patient engagement, self-management support, timely intervention, care coordination, and expanded access to home-based monitoring services.

Q14. Would this RFP cover our planned RPM industry/academia proposal based on the Zana voice recognition platform for Acute Heart Failure, Asthma, and COPD. I can send a few more details if useful. Alternatively, should we wait for anymore RFP coming up?

Based on your brief description, a proposal centered on voice-recognition-enabled Remote Patient Monitoring (RPM) for conditions such as Acute Heart Failure, Asthma, and COPD appears more closely aligned with chronic disease management and remote monitoring services rather than with a same-day acute care model. As additional Digital Health opportunities are published, including RPM-related solicitations, we encourage you to review those opportunities to determine the best fit for your proposed solution.

Please review the <https://mcd.org/focus-areas/maine-rhtp/digital-health> for all opportunities, including those related to Remote Patient Monitoring and other digital health initiatives.

Q15. Is the state selecting a single RPM provider, or can a provider work with an RPM provider of its choice?

The RPM project has two opportunities: an RFP for an RPM provider 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 provider, explain how you would achieve that reach. The number of provider awards is covered under Budgets, Costs, and Awards.

Q16. Will RPM provider selection be specific to chronic conditions, perinatal care, or both?

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.

Q17. Can a technology company respond to the RPM opportunity with its platform alone, or does it need a physician network?

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

Q18. Is the chronic-disease RPM opportunity limited to home-health-eligible patients?

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

Teledentistry

Q19. I was just reviewing the application package for the Teledentistry opportunity. Will you please send me a copy of the budget template that is referred to in Section 5: Cost Feasibility?

Thank you for reaching out for the budget template. It can be located here: [MCD RHTP Budget Template - \\$20K and Under](#)

Q20. If a patient using a teledentistry service is uninsured and is prescribed medication, can RHTP funds cover it?

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.

Youth Tele-Behavioral Health

Q21. I have attended session II and want to pursue the grant. I could not find the link on the site. I also want to verify if public schools qualify? We are in need of funding support to continue our virtual counseling and implement Telehealth options as we have one school nurse and two buildings.

Yes, the Youth Tele-Behavioral Health Grant is open to Schools, School Districts, School Units and Youth-Serving Community-Based Organizations. The Funding Opportunities are open, please check the website <https://mcd.org/focus-areas/maine-rhtp/digital-health> for more details.

Q22. What is the total funding available for the Youth Tele-Behavioral Health subaward?

The maximum funding available under this solicitation is \$500,000.

Q23. For the Youth Tele-Behavioral Health subaward, is MCD open to one vendor serving all of rural Maine or are multiple awards intended?

Multiple awards may be issued, although MCD reserves the right to make one or more awards based on the applications received, available funding, project needs, and proposal evaluation results.

Q24. For the Youth Tele-Behavioral Health subaward, approximately how many provider awards are anticipated statewide?

A specific number of awards has not been established. Multiple awards may be issued, and funding decisions will be based on proposal evaluation results, available funding, and project needs.

Q25. For the Youth Tele-Behavioral Health subaward, is there a target award size or number of awards?

The target award size and anticipated number of awards have not been determined and will be based on the applications received and the proposed approaches.

Q26. Youth Tele-Behavioral Health subaward, what is the anticipated funding range per award?

Award amounts have not been determined. Final award amounts will be based on the applications received, the scope of proposed services, geographic reach, demonstrated organizational capacity, and the reasonableness of proposed costs.

Q27. For the Youth Tele-Behavioral Health subaward, does MCD expect the program to last for the 5 years of RHTP?

The current solicitation includes a performance period ending no later than September 1, 2027. Future funding opportunities beyond the current award period will depend on funding availability, project priorities, continued authorization of the project, and applicable other requirements. As such, continuation beyond the current award period cannot be guaranteed at this time.

Q28. For the Youth Tele-Behavioral Health subaward, what is the anticipated contract effective date?

Awards will begin following completion of the application review negotiation and contracting process, and once agreements have been executed by both parties. While a specific effective date has not been established, applicants should anticipate participating in

On a rolling basis between September 18–October 9, 2026. The Youth Tele-Behavioral Health RFA was the first posted on September 18, 2026.

Q29. Regarding the Youth Tele-behavioral Health – Specialty Telehealth Service Provider opportunity, will have some questions about the amount of services that could be offered under this award / the

geographic dispersion of services / strategies for maximizing the program. Will you be offering an Q&A session?

Yes, we are offering a Applicant Briefing Session for this opportunity on Thursday, October 15, 2026, 12 noon - 1 PM ET. Please find more information here: <https://mcd.org/focus-areas/maine-rhttp/digital-health>

Q30. Does access to behavioral health services fall within the priority areas?

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.

Q31. We currently contract with a company for LCSWs and PMHNPs via telehealth from our health centers. The patient is in our building and is communicating with these providers via telehealth. Is this arrangement eligible under this grant?

For the Youth Tele-Behavioral Health (TBH) Provider RFA, we are looking for applicants who provide youth tele-behavioral health services, and that can reach statewide or regional rural populations. If your organization proposes to provide Behavioral Health services on a broad scale, for example across multiple counties, that approach could be a fit for the RFA. The organization that currently provides the Behavioral Health services to your patients may also be eligible to apply, if they meet the requirements outlined in the RFA. We will also be releasing the request for applications for local implementation partners for the Youth Tele-Behavioral project. These opportunities are for local youth serving partner sites (e.g. health centers, schools, etc.) and will provide funding to support integration of new or expanded Youth Tele-Behavioral services, in partnership with the selected Youth Tele-Behavioral Provider org(s).