

RIHCA RHTP Finance Manager RFP – Response to Questions

Questions due: October 7, 2026

Responses Posted by: October 9, 2026

1. What accounting system is being used by RIHCA?

Answer – Internally, RIHCA uses QuickBooks Online (QBO).

The State of Rhode Island's RHTP is using EUNA for financial tracking.

2. Is the current system configured to track the RHTP funding stream (department, chart of accounts, etc.)?

Answer – Yes, QBO is configured to track the RHTP funding stream using the Class function.

3. Amount of RHTP funds received contract to date

Answer – RIHCA has received an initial allocation of \$2.8M.

4. Who is currently responsible for identifying, coding, and processing of RHTP program transactions (funds received, payroll allocations, vendor bill pay, etc.)?

Answer – Currently the RIHCA CFO is responsible for these tasks.

5. Provide job description for the Finance Manager position

Answer – The responsibilities of the Finance Manager are included in the Scope of Services section of the RFP.

6. Can you provide additional details on item 2b expectations for "other RIHCA financial programmatic support"?

Answer – The Finance Manager may be asked to support other workstreams in addition and separate from RHTP work including audit support, financial statement support and general financial management support.

7. May an independent/solo consultancy submit a proposal if the proposed Finance Manager would deliver the services remotely from Mexico?

Answer – No, this would not be allowed.

8. Does the engagement require the consultant to be based in the United States or Rhode Island, or to attend on-site meetings?

Answer – The consultant must be based in Rhode Island and may be asked to attend on site meetings as necessary.

9. Provide a copy of the latest completed audit and Form 990

These documents can be found here: [Rhode Island Health Center Association Incorporated - Nonprofit Explorer - ProPublica](#)

RIHCA RHTP Finance Manager RFP – Response to Questions

10. Provide a copy of the RHTP contract or award

The RHTP Scope of Services can be found below in Exhibit 2.

Exhibit 2

Scope of Services, Reporting, Compensation and Other Terms & Conditions

1. **Scope**

Subrecipient agrees to provide the following services to EOHHS in relation to the Award.

EOHHS will subaward to the Rhode Island Health Center Association (RIHCA), the statewide primary care association that represents and supports Federally Qualified Health Centers (FQHCs) and community health centers across Rhode Island. RIHCA will carry out activities related to the implementation of *Initiative #10: Rural Workforce Program* and *Initiative #11: Supporting Hospitals and Primary Care in Value-Based Payment Transition*. For Initiative #10, RIHCA will administer the rural-focused Family Medicine Residency Program, managing the design, development, and deployment of the program to expand training opportunities in rural areas and increase the supply of providers serving these communities. RIHCA will collaborate closely with Thundermist Health Center throughout the program period to ensure successful implementation. Additionally, all work on APMs (through Initiative #11) must be coordinated closely with all relevant state authorities, including EOHHS, the Rhode Island Medicaid program, and the Office of the Health Insurance Commissioner (OHIC) and clearly aligned to requirements set by the state. All work will be targeted to meet the needs of rural Rhode Islanders.

The Scope set forth in this Agreement aligns with that which was proposed by EOHHS and approved by CMS in the Award. The parties recognize they may want to provide more detail to the matters set forth in this Exhibit 2 and agree to consider such changes in good faith. The parties also recognize any changes to the scope and budget previously approved by CMS, including as reflected in this Exhibit 2, must be approved by CMS prior to going into effect.

2. **Term**: February 26, 2026, to October 30, 2030, subject to the Disclaimer below and unless terminated earlier as permitted by this Agreement.

3. **Compensation**

Total amount for RHTP Year 1 (ending October 30, 2026): \$2,802,489.90, with expenditure deadline of 9/30/2027

Subsequent years: subject to Disclaimer below.

EOHHS approved budget, no other costs allowed without EOHHS written consent:

RIHCA RHTP Finance Manager RFP – Response to Questions

Subrecipient Budget - Year 1 Fund Compliance						
Budget Category	Funds N/A to Capped Category	Provider Payment (Capped)	IT Investment (Capped)	Capital Expenditure (Capped)	Administrative Cost (Capped)	Total
A. Salary	\$0.00	\$0.00	\$0.00	\$0.00	\$15,312.60	\$15,312.60
B. Fringe	\$0.00	\$0.00	\$0.00	\$0.00	\$3,827.70	\$3,827.70
C. Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E. Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
F. Contractual	\$2,557,293.99	\$0.00	\$0.00	\$0.00	\$144,811.61	\$2,702,105.60
G. Construction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
H. Other	\$45,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$45,000.00
I. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$36,244.00	\$36,244.00
Total	\$2,602,293.99	\$0.00	\$0.00	\$0.00	\$200,195.91	\$2,802,489.90

Subrecipient Budget - Year 1 Funds by State Fiscal Year				
Budget Category	SFY26 Budget Split	SFY27 Budget Split	SFY28 Budget Split	Budget Yr 1 Total
A. Salary	\$6,805.60	\$8,507.00	\$0.00	\$15,312.60
B. Fringe	\$1,701.20	\$2,126.50	\$0.00	\$3,827.70
C. Travel	\$0.00	\$0.00	\$0.00	\$0.00
D. Equipment	\$0.00	\$0.00	\$0.00	\$0.00
E. Supplies	\$0.00	\$0.00	\$0.00	\$0.00
F. Contractual	\$390,257.86	\$2,245,118.44	\$66,729.30	\$2,702,105.60
G. Construction	\$0.00	\$0.00	\$0.00	\$0.00
H. Other	\$0.00	\$45,000.00	\$0.00	\$45,000.00
I. Indirect	\$6,040.66	\$24,162.67	\$6,040.67	\$36,244.00
Total	\$404,805.32	\$2,324,914.61	\$72,769.97	\$2,802,489.90

Specifically, funds are to be used for:

- 2 part-time RIHCA positions, as detailed in the table below and specified in the RHTP budget narrative approved by CMS

Item	Detail	Budget Year 1
FTE Support Salary	2 Positions	\$15,312.60
FTE Support Fringe	2 Positions	\$3,827.70
Grand Total		\$19,140.30

RIHCA RHTP Finance Manager RFP – Response to Questions

- Contractual Professional Services, as detailed in the table below and specified in the RHTP budget narrative approved by CMS

Item	Detail	Budget Year 1
Contractual	RHTP Project Manager	\$96,353.60
	RHTP Project Manager Health Center Visits	\$1,285.00
	RHTP Finance Manager	\$67,500.00.00
	Rural Family Medicine Residency Program: includes funding for 4 residency slots and fringe benefits (\$359,821), program staff salaries and fringe benefits (\$432,837), and program costs (\$419,309)	\$1,211,967.00
	Contract for Baseline Assessment of Community Health Center costs	\$82,122.00
	Contract for Legal Services	\$114,246.00
	Contract(s) to Support Alternative Payment Methodology Development and Changes to Clinical Workflows and Practice	\$150,000.00
	Incentives for nine (9) Community Health Centers to adopt new payment methodologies and changes to clinical practice	\$978,632.00
	Total	\$2,702,105.60

- Other miscellaneous RHTP expenses and indirect charges.

Item	Detail	Budget Year 1
Other	IT system assessments & updates across 9 Community Health Centers (\$5,000 each)	\$45,000.00
Grand Total		\$45,000.00
Item	Detail	Budget Year 1
Indirect	INDIRECT (CALC ON DIRECT LESS EQUIP&CONTRACT)	\$36,244.00

The RHT Program is appropriated for a five-year period of performance, spanning federal fiscal years (FFY) 2026 through 2031.

Below is a breakdown of each RHTP budget period:

FFY 2026 (RHTP Year 1): 12/29/2025 – 10/30/2026; expenditure deadline 9/30/2027

FFY 2027 (RHTP Year 2): 10/31/2026 – 10/30/2027; expenditure deadline 9/30/2028

FFY 2028 (RHTP Year 3): 10/31/2027 – 10/30/2028; expenditure deadline 9/30/2029

RIHCA RHTP Finance Manager RFP – Response to Questions

FFY 2029 (RHTP Year 4): 10/31/2028 – 10/30/2029; expenditure deadline 9/30/2030

FFY 2030 (RHTP Year 5): 10/31/2029 – 10/30/2030; expenditure deadline 9/30/2031

4. Additional terms and conditions:

Disclaimer: Funding amounts for Years 2–5 is subject to federal review of program performance, availability of funds, and annual Notice of Award determinations in addition to EOHHS and RHTP governance review of performance. Scope of work and funding amounts described in this agreement address only Year 1 and will be amended for subsequent years as appropriate after receiving federal review.

A few important notes regarding the funding structure:

All distribution of funds is contingent upon approval from the Centers for Medicare & Medicaid Services (CMS). For RHTP Year 1, the Subrecipient may perform work under this agreement beginning February 26, 2026, until September 30, 2027 (expenditure deadline), with any additional exceptions as required by CMS. Expected period of work and expenditures for subsequent years are yet to be determined and will not begin until after CMS has granted approval for that year.

For each RHTP budget period, the state will have until the end of the following federal fiscal year to expend the awarded funds (as described above).

For example, RHTP Year 4 funds provided on 10/31/2028 (or in early November) will be available for drawdown through 9/30/2030. Similarly, RHTP Year 5 funds may be spent through 9/30/2031.

Additional considerations regarding redistributed funds:

Funds not expended by the end of the following fiscal year (within the 23-month window), or funds not allocated by CMS, will be redistributed beginning on 10/31/2027 (RHTP Year 3). These redistributed funds will be in addition to the state's annual award, and the state will again have approximately 23 months to expend them. If Rhode Island receives redistributed funds, CMS will issue updated Terms and Conditions, and EOHHS will determine how to spend these funds to achieve program goals accordingly.

RIHCA RHTP Finance Manager RFP – Response to Questions

5. Administrative and Financial Responsibility:

For the duration of this Agreement, and within ten (10) days following the close of each month of the state fiscal year, Subrecipient shall submit a monthly expenditure report with backup documentation. Backup documentation submitted to EOHHS may include contracts, payroll detail, invoices, semi-annual staff certification form and ERP financial data. All financial records shall be maintained in an accessible form and shall be subject to monitoring, inspection, and audit by EOHHS. All program records and financial documents must be maintained for a minimum of three (3) years from the date of the final financial report for the fiscal year.

If Subrecipient determines that modifications to the Budget, modifications to the approved scope of work, and/or an extension to the term under the Project are appropriate but require the approval of CMS, Subrecipient shall bring such modification(s) to the attention of EOHHS, and the parties shall cooperate to seek the necessary CMS approval.

If federal funding changes during the term of this Agreement, EOHHS and Subrecipient agree to make the appropriate modifications to this Agreement, including but not limited to, the corresponding budget and modification/reduction to requirements to provide services under this Agreement. In the event of federal recapture of funds obligated through this Agreement, responsibility for funds may be shared in a manner to be determined based upon the circumstances of recapture. Subrecipient will be responsible for no more than the total funding provided through Centers for Medicare and Medicaid Services (CMS), FAIN RHTCMS332045, Assistance Listing 93.798. federal grant supporting Rural Health Transformation (RHT) Project.

EOHHS will share additional details about budgeting and drawdown of funds in the future, in accordance with state and federal requirements.

6. Rural Health Transformation Expectations & Limitations

- a. **Rural Health Transformation Overall Requirements:** Subrecipient acknowledges that the Rural Health Program is structured as a cooperative agreement with CMS and agrees to abide by any changing expectations that may arise from updated federal guidance or requirements.
 - a. All communication with CMS will be led solely by EOHHS. If Subrecipient has questions or other items to raise with CMS, these shall be coordinated through EOHHS.
- b. **Coordination & Collaboration:** Subrecipient shall work closely with EOHHS to administer programs under the Rural Health Transformation Program cooperative agreement. This includes, but is not limited to:
 - a. Participating in all meetings set by designated EOHHS liaison(s) to monitor progress, share information, and collaborate on implementation of work impacting multiple agencies;

RIHCA RHTP Finance Manager RFP – Response to Questions

- b. Coordinating with other agencies and organizations supporting RHTP implementation, as needed or required by EOHHS;
- c. Reporting:
 - i. Sharing all successes with designated EOHHS liaison(s) to highlight in both federal reporting and internal monitoring of RHTP work;
 - ii. Raising any risks – including failure to meet program implementation or spending benchmarks – designated EOHHS liaison(s) within one (1) business day of identification; and
 - iii. Completing all reporting (including related to finances, outcomes, and implementation timelines) by established deadlines, as required by EOHHS, to support RHTP goals and compliance
- d. Coordinating with Rural Stakeholder Advisory Committee and Healthcare System Planning Cabinet representatives, as needed, to ensure alignment across goals.
- c. **Payment Structure:** Reimbursement structure shall be determined on a by-project basis. Subrecipient shall work in coordination with EOHHS as needed to support development of appropriate payment terms and accountability mechanisms.
- d. **Changes:** In addition to the scope of work and budget included in the Subaward Agreement, Subrecipient shall abide by commitments made in the RHTP project narrative and budget narrative approved by CMS. Any request to change, including updates to line items in the budget narrative, shall follow the process outlined in Appendix I Section 1.12 Notice of Change. If EOHHS approves change request, EOHHS will be responsible for requesting approval from CMS when required by the terms of award.
- e. **Communications:** Subrecipient shall share any proposed public communications with EOHHS at least three (3) business days prior to required federal review (as defined in Section 29F of the Standard Terms & Conditions in the Notice of Award). EOHHS must approve any materials before submission to CMS. This requirement supersedes Appendix I Section 1.20 Prior Notification/Release of Information.
- f. **Spending Limits & Documentation:** Subrecipient shall provide documentation as requested by EOHHS to support compliance with federal reporting and spending limit requirements and other terms of the cooperative agreement. To assist EOHHS in documenting compliance with Award spending limits:
 - a. Clear documentation must be provided to distinguish administrative costs from program costs.
 - b. Subrecipient shall provide documentation, as requested, to support demonstration of compliance with limits on:
 - i. Payments to providers;
 - ii. Funding for a replacement electronic medical record; and
 - iii. Allowable capital expenditures.
- g. **Disallowance of Supplanting Funds:** RHTP funds may not supplant existing State, local, tribal, or private funding of infrastructure or services, such as staff salaries. Subrecipient shall provide appropriate documentation to demonstrate compliance with this provision, as requested by CMS and EOHHS.
- h. **Procurement:** Subrecipient shall make its procurement processes, consistent with Federal requirements, available to EOHHS upon request. If these do not yet exist, Subrecipient shall work with EOHHS to establish processes compliant with the terms of

RIHCA RHTP Finance Manager RFP – Response to Questions

this Agreement and all applicable Federal regulations. In addition, Subrecipient shall submit all procurement details required for Federal reporting, to EOHHS upon request and at specified cadence.

- i. **Close-out Costs:** All costs must be invoiced to EOHHS at least 30 days prior to the spending deadline for the applicable RHTP Year in order to support compliance with federal requirements. This supersedes Appendix I Section 3.8 Administrative Close-out Costs.