

Georgia Rural Enhancement And Transformation of Health (GREAT Health) Program

Introducing the Team



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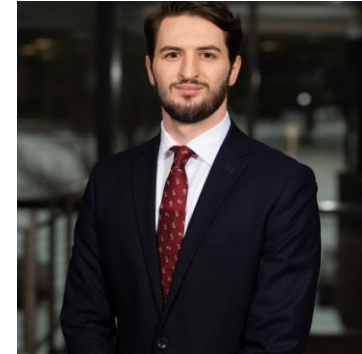
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Agenda

- 01 Program Overview
- 02 Key Initiatives
- 03 How to Apply for Funding
- 04 Application Review Process
- 05 Grant Management & Compliance
- 06 Performance Measurements
- 07 Questions

Georgia - GREAT Health Program

Purpose

The GREAT Health Program supports rural communities in transitioning to value-based care to strengthen healthcare access, workforce capacity, and long-term sustainability through technology-enabled, patient-centered solutions.

Vision

Healthier rural populations with better access, quality, and outcomes.

Overview

- Statewide initiative led by the Georgia Department of Community Health
- \$218.9M investment from CMS for year 1 to transform rural healthcare
- Focus on 126 HRSA-designated rural counties
- Aligns with transition to value-based care (Achieving Healthcare Efficiency through Accountable Design (AHEAD) Model)

Challenges the program will address

Access gaps, workforce shortages, poor outcomes, and infrastructure limitations.

Key Initiatives

Key Initiatives



- Transforming for a Sustainable Health System



- Strengthening the Continuum of Care



- Connecting to Care to Improve Healthcare Access



- Growing a Highly Skilled Healthcare Workforce



- Leveraging Technology for Healthcare Innovation

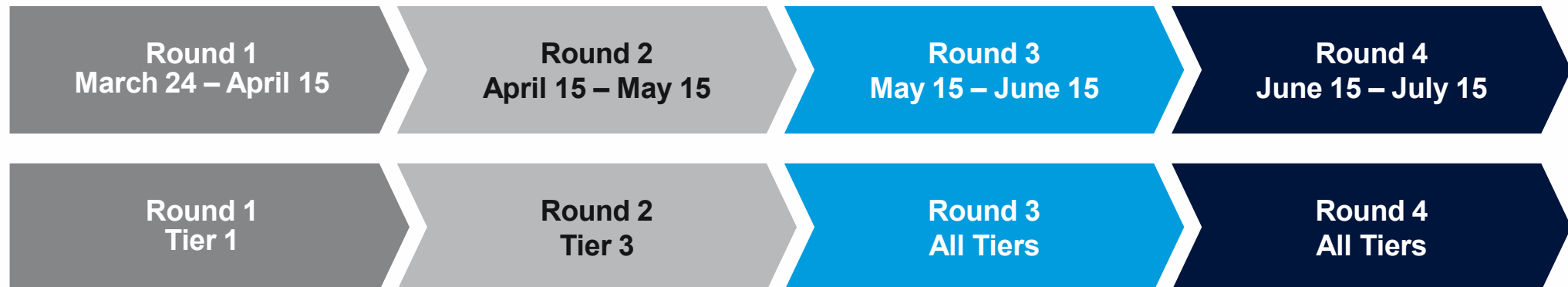
Strategies by Initiative

Transforming for a Sustainable Health System in Rural Georgia	Strengthening the Continuum of Care in Rural Georgia	Connecting to Care to Improve Healthcare Access	Growing a Highly Skilled Healthcare Workforce	Leveraging Technology for Healthcare Innovation
<ul style="list-style-type: none"> • AHEAD Model Assessment • Gap Analysis • Pre-implementation • Hospital Technical Assistance • Risk Mitigation 	<ul style="list-style-type: none"> • Georgia Newborn Screening Program • Support for Acquired Brain Injury Survivors • Inter-hospital Transportation • Transportation to Treatment for Mental Health Crisis • Building Bridges • Regional Nursing Home Transportation Enhancement • Rural Provider Nutrition Training for Autism Spectrum Disorder (ASD) • Emergency Preparedness – Shelter-in-Place • Planning for Healthy Babies 	<ul style="list-style-type: none"> • Rural Stabilization Grants • Point-of-Care Telepods & Mobile Clinics • Strengthening Perinatal Systems of Care • Telehealth Multi-Hub Model • Public Health Telehealth Infrastructure • Rural Telepsychiatry 	<ul style="list-style-type: none"> • Nursing Care Improvements • Rural Medical Workforce & Graduate Medical Education (GME) Enhancements • Telehealth Mentoring for Dementia • Area Health Education Center (AHEC) Training & Housing • Emergency Services Scholarships 	<ul style="list-style-type: none"> • Cybersecurity Enhancements • EMS Treat-versus-Transport (TVT) • Advancing Access to Robust Care and Health in Rural Georgia (ARCHER) Tech Catalyst Fund • Workforce Retention technology • Eligibility System Enhancements • Consumer Engagement Enhancements • Behavioral Health State Assessment of Technology (BHSAT) • EMR Enhancements

Strategy-Specific Application Submissions

Each strategy is aligned with specific application rounds as determined by DCH, and submissions will be accepted during those designated application periods.

If you are unsure which round best aligns with your strategy or initiative, please contact the Technical Assistance Team at GREATgrant@rsmus.com for guidance.



Applying for Funding

GREAT Health Program

Pre-Implementation Funding Opportunity

Assists rural hospitals that have signed the LOI in preparing to adopt the AHEAD model by enhancing their readiness for value-based payments, broadening primary care access, and fostering better regional cooperation.

- Key Funding Details
 - Award Amount: \$750,000 per hospital (Year 1 only)
 - Awards Available: 87
 - Budget Period: From award date through October 30, 2026
 - Funds Must Be Spent By: September 30, 2027
- Application Window
 - Portal Opens: May 15, 2026
 - Portal Closes: June 15, 2026
 - Round / Tier: Round 3, Tier 3
- Eligible & Allowable Uses
 - Technology & infrastructure modernization
 - Workforce recruitment & retention
 - Innovative care models & service delivery
 - Strategic partnerships
 - Technical advisors (Year 1 only)
- Key Restrictions
 - No new construction (limited minor renovations only, CMS-approved)
 - Minor renovation funds are limited across the state and are distributed on a first-come, first-served basis, as available.
 - No clinical services reimbursable by insurance
 - No pre-award costs or duplicative funding
 - EMR replacement capped and CMS-controlled
- Required Emphasis
 - Clear sustainability plan demonstrating long-term viability without ongoing external funding.

Application Review Process

Application Review Process

Reviews focus on completeness, compliance, and program alignment.

01

Administrative review for completeness

02

Eligibility verification

03

Evaluation based on scoring, completeness, eligibility, and applicable criteria for each round.

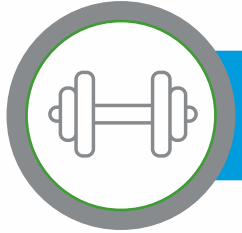
04

Recommendation for award

05

10-day appeal window

Application Review



Strengths

- ✓ Strong alignment with program initiatives
- ✓ Clear and data-driven needs assessment
- ✓ Realistic and measurable outcomes
- ✓ Well-justified and compliant budget
- ✓ Timely and complete submission



Weaknesses

- ✓ Incomplete applications
- ✓ Weak justification of the budget
- ✓ Misalignment with program initiatives
- ✓ Failure to demonstrate capacity
- ✓ Non-compliance with federal requirements

Open Records

- All written information (including contact information) and records received by Applicant are subject to the Open Records Act (ORA) of Georgia (O.C.G.A. §§50-18-70 et seq.) and open to public inspection.
- If any portion of its material submitted with the application is a proprietary trade secret or subject to another lawful exemption under ORA, It must be clearly identified at the time of submission, and those portions of the material via a redacted copy of materials submitted as part of its application, along with a legally sufficient trade secret affidavit.
- All claims regarding exceptions under the ORA are subject to final review by DCH.

Grant Management & Compliance

Eligibility Requirements



Must serve 126 HRSA-designated rural counties.



Comply with federal (2 CFR 200), state regulations, and CMS award conditions.



Align to approved initiatives and strategies.



Demonstrate alignment to allowable activities.



Costs that duplicate or supplant existing federal, state, or local funding are not eligible.



All costs must be reasonable, incurred specifically for the program, and allowable under 2CFR200 Subpart E.

Compliance Expectations

As with all federally funded programs, participation in the GREAT Health Program carries defined compliance responsibilities. Grantees must comply with all applicable federal statutes, regulations, and award conditions, including but not limited to the key compliance requirements outlined below.

- Subject to applicable federal statutes, regulations, and terms passed down from the state, including the applicable requirements of O.C.G.A., 2 CFR 200 and 2 CFR 300.
- Maintain an active SAM.gov registration and update responses related to federal award thresholds and integrity disclosure annually. (2 CFR 25.200 and RHTP Specific Terms and Conditions)
- Changes to project scope, key personnel, or significant budget reallocations require prior written approval per 2 CFR 200.308 and CMS Standard Terms and Conditions.
- Program funds may only be used for allowable, reasonable, and allocable costs. Unallowable uses include, but are not limited to:
 - Pre-award expenses
 - Construction of new facilities
 - Lobbying activities
 - Costs reimbursable by other federal or state programs
- Adhere to the program-specific funding limitations, including:
 - Provider payments: No more than 15% of the total budget period
 - Electronic medical records (EMR) replacements: No more than 5% of the budget, limited to replacing certified systems in place as of September 1, 2025
 - Infrastructure/renovation: No more than 20% of budget per period
 - Rural tech catalyst-type initiatives: No more than 10% or \$20 million per period
 - Additional limitations found in SSA Section 2105(c)
- Grantees may be required to participate in CMS learning collaboratives, monthly check-ins, and program evaluations. (per RHTP Program Terms and Conditions)
- Non-compliance may result in enforcement actions such as corrective action plans, funding restrictions, cost repayment, or award termination.

Compliance Requirements

The following 2CFR policy requirements apply to this assistance listing:

- Subpart B, General provisions
- Subpart C, Pre-Federal Award Requirements and Contents of Federal Awards
- Subpart D, Post Federal; Award Requirements
- Subpart F, Audit Requirements
- Subpart E, Cost Principles

Subpart B — General Provisions

- Defines scope and applicability of Uniform Guidance
- Identifies entities required to comply
- Outlines agency authority, exceptions, and waivers
- Framework for federal oversight

Subpart C — Pre-Federal Award Requirements

- Requirements for Notices of Funding Opportunity (NOFOs)
- Defines application and eligibility criteria
- Requires risk assessments of applicants
- Establishes award terms and conditions

Subpart D — Post-Federal Award Requirements

- Financial management system requirements
- Internal controls aligned with COSO
- **Procurement standards** and contract oversight
- Subrecipient monitoring and reporting requirements

Subpart E — Cost Principles

- Defines allowable vs. unallowable costs
- Standards: reasonable, allocable, necessary
- Covers personnel, travel, equipment, indirect costs
- Ensures proper use of federal funds

Subpart F — Audit Requirements

- Establishes Single Audit requirements (\$1M threshold)
- Defines audit scope and responsibilities
- Requires SEFA reporting
- Mandates corrective action plans

2 CFR 200 Lifecycle Overview

- Subparts A–B: Foundation
- Subpart C: Pre-Award
- Subpart D: Post-Award
- Subpart E: Cost Principles
- Subpart F: Audit and Accountability

Financial Management Requirements for Grantees

According to § 200.302, grantees are required to have a financial management system capable of the following functions.

- Separately tracks GREAT Health grant funds.
- Clearly links expenditures to approved budget categories.
- Maintains source documentation (invoices, payroll records, contracts, receipts).
- Allows comparison of actual spending to the approved budget.

Grantees must maintain effective controls over and accountability for all funds, property, and assets. The grantee must safeguard all assets and ensure they are used solely for authorized purposes. (§ 200.302 - § 200.303)

All costs charged to the grant must comply with 2 CFR 200 Subpart E – Cost Principles (CMS NOFO). Grantees must also retain records for at least three years after grant closeout, or longer if audits or reviews are ongoing (§ 200.334).

Required Written Policies Per 2 CFR 200

Grantees are responsible for maintaining the following written policies:

CFR Source	Policy Requirements
Account Payable / Procurement Policy (§ 200.318-327)	<ul style="list-style-type: none"> Describe procurement methods (micro-purchase, small purchase, sealed bids, competitive proposals, noncompetitive). Define competition requirements and cost/price analysis. Address contract administration and oversight.
Accounting policies related to financial management (§ 200.302)	<ul style="list-style-type: none"> Accurate, current, and complete disclosure of financial results. Effective control over and accountability for funds, property, and assets. Written procedures for payment management, including drawdowns and disbursements. Written procedures for determining the allowability of costs in accordance with subpart E and the terms and conditions of the Federal award.
Code of Conduct / Standards of Conduct (§ 200.318(c))	<ul style="list-style-type: none"> Prohibits real or apparent conflicts of interest. Restricts acceptance of gifts, gratuities, or items of value. Requires disclosure of violations or conflicts. Includes disciplinary actions for noncompliance.
Conflict of Interest Policy (§200.318(c))	<ul style="list-style-type: none"> Applies to employees, officers, agents, and governing board members. Prohibits participation in procurement when a real or apparent conflict exists. Covers financial, personal, or organizational interests. Requires disclosure of conflicts and violations; includes procedures for resolution and disciplinary actions.
5. Payroll / HR / Compensation Policies (§200.430) ONLY REQUIRED IF BUDGETED	<ul style="list-style-type: none"> Compensation must be reasonable, necessary, and allocable to the Federal award. Must follow written compensation policies applied organization-wide consistently. Salary and wages must be supported by payroll records. Time records must accurately reflect work performed and total compensated activity. Compensation practices must comply with Federal cost principles and labor standards.

Procurement Responsibilities for Grantees

The following responsibilities apply to grantees.

- Maintaining a written procurement policy consistent with applicable Georgia laws and aligned with § 200.318 through 200.327.
- Maintaining oversight of contractors to ensure performance matches contract terms/conditions/specs (§ 200.318).
- Conducting project procurement with full and open competition required and avoid restrictive practices (e.g., unreasonable requirements, “brand name only” specifications) (§ 200.319).

Procurement Document Requirements

Per § 200.318, grantees must maintain procurement records showing:

- Rationale for procurement method
- Contract type
- Vendor selection/rejection
- Basis for price reasonableness

Required contract clauses:

- Applicable provisions in Appendix II to 2 CFR Part 200 (§ 200.327).
- Domestic preference - prefer U.S.-produced goods/materials to the greatest extent practical (§ 200.322).

Suspension/debarment:

- Federal rules restrict contracting with parties that are debarred/suspended/excluded (§ 200.214).

Procurement Methods

The grantee must use the stricter of 2 CFR 200.320 below or the grantee's policy

Micro Purchase



Threshold – Less than \$15,000
No quotes required if price reasonableness is supported/documented; distribute equitably among qualified suppliers when practicable.

Small Purchase



Threshold – Between \$15,000 and \$350,000
Use informal methods and obtain price/rate quotes from an adequate number of qualified sources.

Sealed Bids



Threshold – Greater than \$350,000
Must be publicly solicited, the item/service must be defined, and be awarded to the lowest bidder.

Competitive Proposals



Threshold – Greater than \$350,000
Must be publicized, must have an established written method of conducting a technical evaluation of the proposal.

Non-Competitive Proposals



The item must only be available through a single source; publicizing the competitive solicitation creates an impermissible delay, and there is inadequate competition.

GREAT Health Program Cost Overview

Per the use of funds section of the CMS NOFO, Costs must meet the following general criteria to be allowable under the program:

Criteria	Description
Prevention & Chronic Disease	Promoting evidence-based, measurable interventions to improve prevention and chronic disease management.
Provider Payments	Providing payments to health care providers for the provision of health care items or services, subject to restrictions described.
Consumer Tech Solutions	Promoting consumer-facing, technology-driven solutions for the prevention and management of chronic diseases.
Training & Technical Assistance	Providing training and technical assistance for the development and adoption of technology-enabled solutions that improve care delivery in rural hospitals, including remote monitoring, robotics, artificial intelligence, and other advanced technologies.
Workforce	Recruiting and retaining clinical workforce talent to rural areas, with commitments to serve rural communities for a minimum of 5 years.
IT Advances	Providing technical assistance, software, and hardware for significant information technology advances designed to improve efficiency, enhance cybersecurity capability development, and improve patient health outcomes.
Appropriate Care Availability	Assisting rural communities to right size their health care delivery systems by identifying needed preventative, ambulatory, pre-hospital, emergency, acute inpatient care, outpatient care, and post-acute care service lines.
Behavioral Health	Supporting access to opioid use disorder treatment services (as defined in section 1861(jjj)(1) of the Social Security Act), other substance use disorder treatment services, and mental health services.
Innovative Care	Developing projects that support innovative models of care that include value-based care arrangements and alternative payment models, as appropriate.
Capital Expenditures & Infrastructure	Investing in existing rural health care facility buildings and infrastructure, including minor building alterations or renovations and equipment upgrades to ensure long-term overhead and upkeep costs are commensurate with patient volume, subject to restrictions.
Fostering Collaboration	Initiating, fostering, and strengthening local and regional strategic partnerships between rural facilities and other health care providers to promote quality improvement, improve financial stability of rural facilities, and expand access to care.

Cost Categories

Non-Exhaustive list of Allowable and Unallowable Costs is below. Cost allowability will be reviewed on a project basis (2CFR 200 Subpart E, CMS NOFO and DCH NOFO).

Allowable Costs

- Workforce recruitment, training, and retention initiatives
- New employee salaries, wages, & fringe benefits for employees working on the grant *The salary rate limitation outlined in the current appropriations act applies to this program. As of January 2025, the salary rate limitation is \$225,700. ((CMS), 2025)*
- Specialized equipment required for the project, provided it is approved or necessary
- Telehealth, health IT, and cybersecurity improvements
- Behavioral health and chronic disease interventions

Unallowable Costs

- Pre-award costs
- Meeting match requirements for other awards
- Non-allocable or unreasonable expenses.
- Supplanting existing funding or covering operating deficits
- Research and development costs
- Lobbying or legislative influence activities
- Purchase of covered telecommunications and video surveillance equipment
- New Construction or major building expansion
- Routine clinical services reimbursable by insurance
- Sex-trait modification procedures
- Clinician salaries at facilities with non-compete restrictions

Reporting and Performance Monitoring

GREAT Health grantees are required to submit regular programmatic and financial reports to DCH to demonstrate progress, accountability, and compliance. These reports support DCH's required reporting to CMS.

Grantee reporting typically includes:

- Quarterly and annual progress reports describing activities, milestones, challenges, and outcomes.
- Financial reporting documenting expenditures against the approved budget.
- Supporting documentation for costs, deliverables, and performance metrics.

Reports must be complete, accurate, and submitted on time. Late, incomplete, or unsupported reporting may result in payment delays, corrective action, or other enforcement measures.

How Compliance Will Be Monitored

Core Compliance Foundations

Ongoing monitoring of GREAT Health grantees to ensure compliance with award, federal, and state requirements.

Risk-Based Monitoring

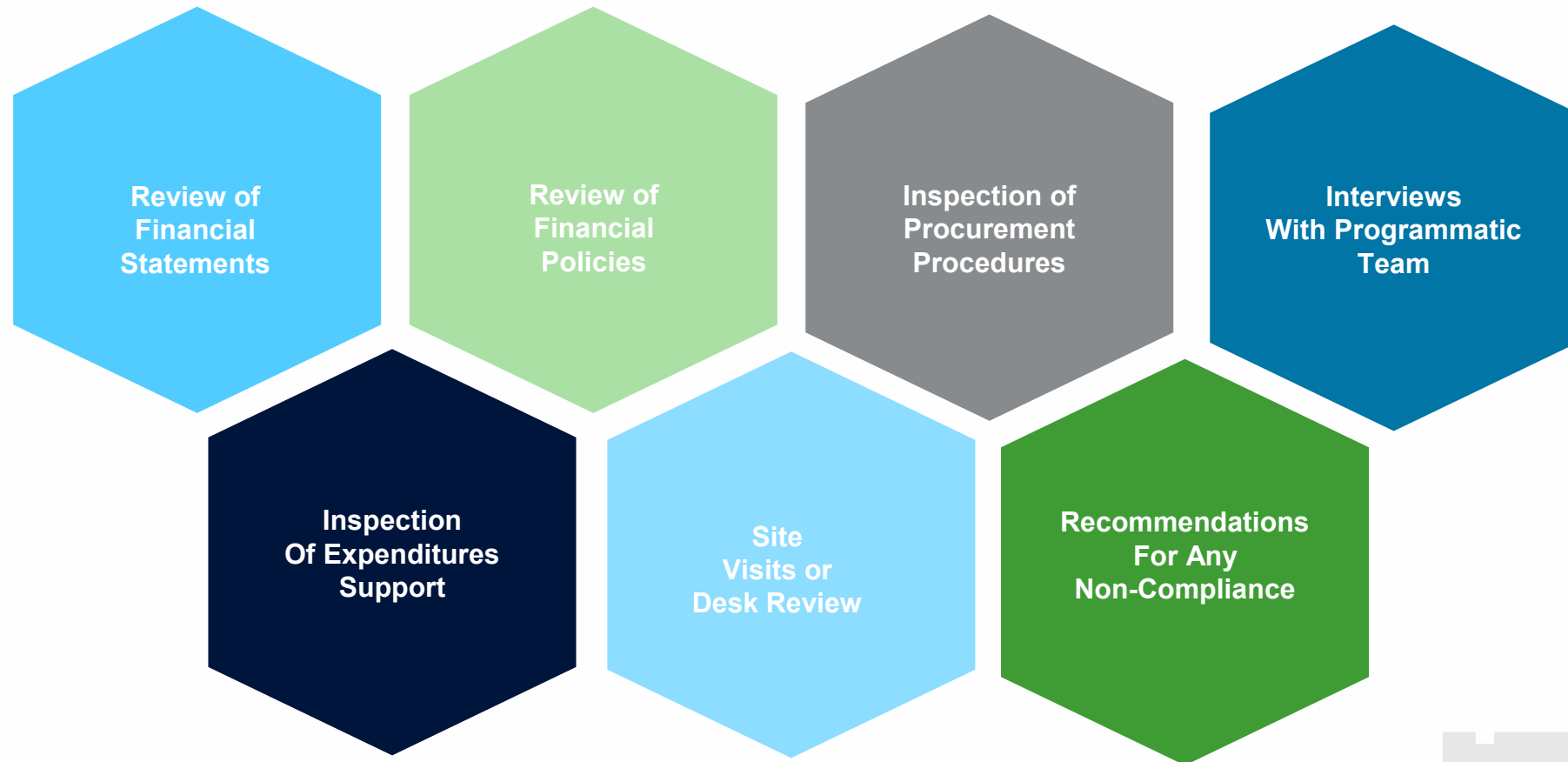
Risk assessment categorizes grantees to tailor monitoring, applying more reviews for higher-risk entities.

Single Audit Requirement

Grantees expending \$1,000,000 or more in federal funds annually are subject to the Single Audit Act (§ 200.501) and must submit audit reports to DCH. Any findings related to GREAT Health funding must be addressed through corrective action.

Compliance Monitoring Procedures

Compliance monitoring may include, but is not limited to:



Performance Measurements

Performance Measures and Milestones

Performance measures will be formally defined and incorporated into the grant framework at the time of award, aligned with CMS RHTP guidance. Measures will link directly to program goals, approved scope of work, and eligible use of funds.

Each measure will include:

- Defined outputs and outcomes.
- Quantifiable targets and timelines.
- Reporting frequency and required supporting documentation.

Milestones will be structured to support both programmatic progress and payment authorization.

Milestone Based Payments

Payments will be contingent upon the successful completion and verification of predefined milestones.

- Milestones may include deliverables such as:
 - Program implementation benchmarks.
 - Service delivery metrics.
 - Required reporting submissions and compliance certifications.

- Clear traceability between expenditures and milestone achievement will be required to support payment.

Preparation for Performance & Payment

Applicants should prepare for grant performance and payment requirements in advance.

- Establishing internal tracking mechanisms to monitor progress against each approved milestone in real time.
- Developing baseline data and defining methodologies for measuring outputs and outcomes prior to project launch.
- Aligning financial management systems to track costs by milestone, activity, and period of performance.
- Preparing to submit supporting documentation, including performance reports, invoices, and evidence of deliverables.
- Designating responsible staff for performance monitoring, reporting, and compliance oversight.

Resources & Support

Resources

DCH and its grants management partners provide technical assistance on grant administration, reporting and compliance requirements, including reporting expectations and allowable cost guidance.

Quiet Period

To preserve the integrity, fairness, and transparency of the competitive process, DCH will implement a quiet period for this funding opportunity beginning upon the official release of this NOFO and remaining in effect until the announcement of final award decisions, unless otherwise lifted.

Contacting Support

Grantees are encouraged to ask questions early and maintain open communication with the GREAT Health grants team. Support can be reached via email at Greatgrant@rsmus.com. It is recommended that users provide a detailed description of the issue, including any relevant error messages or screenshots, to facilitate a timely resolution.

Questions?



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