Maine RHTP Rural Community Health Worker Expansion Funding Opportunity Q&A

Question 1. Good morning, I am a CHW working in Bucksport and hoping to expand my team. My FQHC serves at least 3 districts, but only has sites in one district. How will this affect the application?

Answer: Applicants should select the geographic public health district where the applicant organization is located. Describe the population the CHW proposes to reach in the application.

Applications with sites in geographic locations that differ from the locations wherein CHWs will provide services will not be negatively impacted. The evaluation team will determine which public health district(s) to assign applications that straddle multiple districts on a case by case basis.

Question 2. I just wanted to flag that appears there are some errors in the excel file you linked to identify rural communities eligible appears to have some errors using the Y/N designation.

a. A noted no is Parsonsfield (tracts 380.01 and 380.02)
b. A noted yes is Portland tract 24
c. Topsham appears under Cumberland County.

There are a bunch of others, but wanted to see if anyone had flagged this already?

Answer: Please note any inconsistencies in the HRSA spreadsheet in your application. Applicants may also use the RUCA codes to determine rurality eligibility.

Question 3. We are an FQHC with locations in Penobscot and Waldo County. I am wondering if we can propose to only serve our patients in those regions, or if we apply for a district if we must propose to serve ALL people in that entire district. Can you please clarify for me? Thank you!

Answer: Applicants do not need to serve every person or community within a public health district. The proposed CHW model should clearly describe the rural population and health or social needs it will address.

Question 4. It was shared that separate applications would need to be submitted by any organization that serve multiple districts. How does this apply to organizations that cover multiple districts but are perhaps only applying for funding to add a single CHW to their already existing CHW team?

Answer: Please refer to answer number one.

Question 5. For statewide programs, how do you want regionality to be represented on the application? Also, how do we know what public health district we would be evaluated with?

Answer: Please refer to answer number one.

To clarify, if you are applying for multiple CHWs in multiple districts, you will need to submit multiple applications.

Question 6. Are organizations allowed to submit multiple applications (ex: if they are partnering with different organizations) or can they only be listed on one?

Answer: Yes, an organization can submit multiple applications.

Question 7. Can you clarify what is considered an Allowable Expense? It is noted that MCD Training is not allowed under this item, what about other trainings like Motivational Interviewing and other skill-building trainings? Can you clarify what is and is not eligible under this item? (i.e. laptop, supervision hours, background checks, etc.)

Answer: Costs that are reasonable and necessary to perform the services under the RFA need to follow the federal guidelines in 2CFR 200 which may include supervisor's time and office supplies and equipment.-Unallowable costs include, but are not limited to, major construction and renovations, background checks, and supplanting. The RFA budget template includes pre-populated lines for applicants to input personnel costs and other costs (project supplies and travel), as well as blank lines to add additional allowable

expenses. Please provide a detailed breakdown of proposed costs within the RFA budget template.

Question 8. Can this funding be used to increase hours an existing CHW can work (i.e. part time to full time) or only an entirely new position?

Answer: Yes, this funding can be used to increase hours of an existing CHW as long as these funds are not used to replace existing federal, state, local, tribal, or private funding for the current hours. As an example, if you have an existing CHW working .70 FTE (full-time equivalent), these funds can be used for an additional .30 FTE to bring the CHW up to 1.0 FTE.

Question 9. We have an Alignment (a Coalition from the Portland Public Health) partner interested in incorporating CHWs into an RHTP proposal focused on improving access to affordable medications through hospital-based prescription assistance programs in underserved rural communities. If other Alignment members are interested in this model, is it possible to send questions to UNE as they come? My main concern remains that the geographic reach of the Alignment members is limited to the Greater Portland region.

- Answer: Questions regarding the RFA were due to chwrfa@une.edu by 5 pm November 9, 2026 (ET) in order for answers to be posted by 5 pm November 16, 2026 (ET) on the UNE proposal website. Regarding the concern, the proposed CHW services must reach eligible rural populations. Applicants from partially rural counties must specifically demonstrate how the proposed CHW services will focus on rural patients.

Question 10. A) External technical assistance: Are eligible applicants permitted to include contracted technical assistance or implementation support from organizations outside Maine as part of their proposed budgets?

Answer: Yes, however, please refer to answer number six within the RFA to ensure that CHW training and certification costs are not among costs included in the proposed budget.

B) Allowable activities: If so, would services such as organizational assessments, CHW program integration, implementation planning, evaluation support, and sustainability/reimbursement planning be considered allowable expenses?

Answer: Yes.

C) Partnership opportunities: Is there an opportunity for organizations such as CCHA to serve as technical assistance partners or subcontractors to Maine-based applicants? If so, are there any specific requirements or limitations we should be aware of?

Answer: The primary purpose of this RFA is to fund organizations that hire, employ, and deploy CHWs in rural Maine. Applicants may include costs for technical assistance partners within their budget to support the CHWs direct service provision, however please refer to question 6 within the RFA to ensure that CHW training and certification costs are not among costs included in the proposed budget.

D) Future opportunities: Does UNE anticipate any separate technical assistance or capacity-building funding opportunities associated with this initiative?

Answer: Not at this time.

Question 11. The HRSA County and Census tract excel file provided appears to exclude (designated with a FORHP Rural "No") numerous towns that are often considered rural in York and Cumberland Counties- i.e.,Waterboro, Bridgton and Parsonsfield. There are also certain tracts identified with a FoRHP Rural "Yes" that sit in larger towns and cities (including one in Portland). Should we rely on this tool to determine rural service areas, or should we instead rely on a different methodology? If towns are made up of a combination of both rural and non-rural census tracts, can it be included under the RHTP application?

Answer: Please refer to answers two and 25.

Question 12. If the contracts are able to be renewed after the 9-month period, will the 12-month contract include increased funding commensurate with the addition of the 3-months?

Answer: We anticipate funding for year two will be increased to account for the additional 3 months with the 9-month budget converted to a 12-month budget.

Question 13. If applying for an entirely rural public health district, does the organization need to serve that entire geography?

Answer: Refer to the answer for number three.

Question 14. Is there an expectation on the number of clients served over the 9-month contract?

Answer: The RFA does not establish a required minimum number of clients served.

Question 15. Under section #7, Impact the example of the CHW Common Indicators Project Tool takes two weeks to get access to as an FYI

Answer: The CHW Common Indicators Project Tools are one example of a low-barrier evaluation strategy. Applicants may describe other practical approaches for gathering feedback from community members and team members and tracking client goals, activities, or outcomes.

Question 16. Are there specific population health outcomes that this funding is intended to impact? Are there priority population health outcomes? The Population Health Objectives on the RHTP Maine website are broad (Rural Health Transformation Program | Department of Health and Human Services):

a. Expand access to preventive and primary care services
b. Increase availability of behavioral health and substance use treatment
c. Support healthy lifestyles and chronic disease management
d. Strengthen community-based care models
e. Improve health outcomes through evidence-based practices

Answer: The RFA does not prescribe a single set of required population health outcomes.

Question 17. What is the definition of a Community Health Worker for this funding?

Answer: The following definition of a CHW is endorsed by Maine DHHS and the Maine Community Health Worker Initiative and is used for this funding opportunity:

A CHW is a trusted frontline public health professional who applies their unique understanding of the lived experiences, socioeconomic needs, language, and culture of the communities they serve. A CHW:

- Acts as a bridge between providers and individuals, to promote health, reduce disparities, and improve service delivery.
- Empathizes with and advocates for individual and community needs.
- Helps to build individual, family and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.

Question 18. Is there a percentage of time the CHWs are expected to be in community?

Answer: The RFA does not establish a specific percentage of time that CHWs must spend in the community. However, CHWs are expected to be deployed into communities to improve population health outcomes.

Question 19. Could the CHWs be remote and serve the rural community?

Answer: CHWs could provide remote or virtual service provision, but we expect that they would be deployed into the community as part of their role. How they engage with clients (in person vs phone vs virtual) should be tailored to the client's needs.

Question 20. What are the total number of awards you expect to make with this funding?

Answer: The RFA anticipates issuing at least three awards per geographic public health district. Maine has eight geographic public health districts identified in the RFA, so the anticipated minimum is at least 24 awards statewide.

Question 21. We are looking at the anticipated amount per award of $110,000. If Spurwink was to submit multiple applications for multiple Public Health Districts, the total award

could be $110,000 per District- not $110,000 total for the agency/all Distracts combined. Is that correct?

Answer: The anticipated award amount is per award/project, not a fixed amount per organization.

Question 22. Looking at Androscoggin County, using the HRSA County and Census Tract Excel file only Census Tract 400 qualifies as rural. We are curious if UNE has a vision as to how much of the CHWs work would need to be done in Tract 400 vs. the rest of Androscoggin County. Further, in working with other RHTP funding streams and considering point 3.c. of the Maine RHTP Rual Definition Eligibility and our work as described on the attached document, Spurwink has been approved to apply for RHTP programming that covers more expansive areas. We are curious about the approach UNE is taking on this, and any guidance you may be able to offer.

Answer: The proposed CHW services must reach eligible rural populations. Applicants from partially rural counties must specifically demonstrate how the proposed CHW services will focus on rural patients.

Question 23. YCCAC is headquartered in Sanford, in a location that we understand does not meet the geographic definition of rural; however, we provide services throughout York County, including to residents of rural communities and rural census tracts. Under the provision allowing organizations that are not located in a rural area to qualify by serving a meaningful number of rural patients/residents or otherwise demonstrating support for the health of rural communities, could YCCAC potentially be considered eligible for RHTP project/activity funding?

Answer: Yes, the proposed CHW services must reach eligible rural populations. Applicants from partially rural counties must specifically demonstrate how the proposed CHW services will focus on rural patients.

Question 24. What constitutes a “meaningful number” of rural patients or residents? Is eligibility based on a minimum percentage, absolute number, or another threshold?

Answer: There is not currently a single percentage or absolute-number threshold that applies to every organization. The intent is for the CHW to play a substantive and demonstrable role in serving eligible rural populations.

Question 25. How should rural residence be determined? For example, should organizations identify participants residing in HRSA-eligible rural census tracts, USDA RUCA-designated areas, or use another methodology?

Answer: Please refer to the answers two and 25.

Question 26. What documentation is expected to demonstrate service to rural populations? Would service or utilization data by ZIP code, municipality, census tract, or participant address be sufficient?

Answer: Yes, that would be sufficient information to demonstrate that the proposed CHW activities will serve eligible rural populations.

Question 27. Is there a process for obtaining an eligibility determination in advance of applying? The guidance indicates that State personnel and Maine RHTP project staff will identify *a priori* specific organizations eligible under this provision, so we would appreciate clarification on how an organization such as YCCAC may be considered for that determination.

Answer: During the evaluation process, an organization's application will be evaluated for funding eligibility based on how information included in the application aligns with CMS required definitions of rurality.

Question 28. How much is the funding for subsequent years?

Answer: Please refer to answer number 12.

Question 29. Total award = $12M; Awards to grantees = $2.64M. What is the rest of the money being used for? Should applicants be trying to collaborate with other efforts under this award?

Answer: Refer to UNE press release.

Question 30. What is meant by policy advocacy in #5? Is this little p policy like organizational-level policies for patient/client advocacy or big P policy like advocating with law makers for systems change?

Answer: Policy advocacy refers to advocacy as it appears within the C3 roles. Examples include CHWs advocating for the needs and perspectives of communities, and connecting individuals to resources and advocating for basic needs (e.g. food and housing).

Question 31. May an applicant organization submit more than one proposal in the same district? For example, proposing different scopes of work for each application.

Answer: Yes.

Question 32. Is it possible that a single organization could be awarded more than one award within the same public health district, provided each proposal serves a different population or need (acknowledging max 2 given at least one award to a community org and at least one to a health care org)?

Answer: Yes.

Question 33. Can CHW activities be coordinated with other RHTP-funded initiatives, such as the MPN community hub initiative, as long as funding and activities are not duplicated?

Answer: Yes.

Question 34. Are there any unallowable expenses?

Answer: Please refer to answer number seven.

Question 35. Are there allowable costs to support program participation, such as transportation assistance?

Answer: Transportation assistance for participants is allowable.

Question 36. How will UNE coordinate CHWs/awardees within the same district to support collaboration and avoid duplication of efforts?

Answer: We will work collaboratively to provide regular opportunities for awardees to convene strategically, identify opportunities for collaboration, and prevent duplication of service provision.

Question 37. Does a Maine EMS-licensed ambulance service qualify as an eligible applicant under this RFA — either as a "healthcare provider" or as a "community-based organization"?

Answer: Yes, an EMS-licensed ambulance would qualify as an eligible applicant under this RFA. The EMS-licensed ambulance would need to determine whether they identify as a healthcare provider or CBO.

Question 38. Is a CHW role embedded within an EMS agency — supporting patients identified through emergency response — an eligible deployment model under this initiative?

Answer: Yes.

Question 39. The RFA references that CHW Core Competency Training and certification costs are covered through RHTP. If we hire individuals without prior CHW training, would those training costs be fully covered outside of our proposed budget?

Answer: Yes. MCD Global Health's 80-hour CHW Core Competency Training ($1,700 tuition) and CHW Supervisor Training ($500 tuition) are fully funded through Maine's RHTP. Additional workforce development opportunities include CHW Registered Apprenticeship, specialty training, and ongoing skill development. Eligible CHWs may also pursue CHW certification through the Maine Community Health Worker Initiative (MECHWI), with RHTP covering the $100 certification fee. UNE and MCD Global Health will assist awardees in accessing training and certification resources. These training and certification costs should not be included in the applicant's proposed budget.

Question 40. Would one or two part-time CHW positions be an eligible budget structure, or does the RFA expect full-time equivalents?

Answer: Applicants are not limited to full-time equivalent CHWs.

Question 41. For-Profit Eligibility: Are for-profit organizations eligible to apply directly for this RFA? If not, may they participate as subcontractors, specialty training providers, or implementation partners with eligible applicants?

Answer: Yes.

Question 42. CHW Employment vs. Training: Is the primary purpose of this RFA to fund organizations that hire, employ, and deploy CHWs in rural Maine, or may organizations apply specifically to provide workforce development, specialized training, and ongoing professional education for CHWs?

Answer: The primary purpose of this RFA is to fund organizations that hire, employ, and deploy CHWs in rural Maine. Organizations may not apply specifically to provide workforce development, specialized training, and ongoing professional education for CHWs.

Question 43. Food and Nutrition Competencies: To what extent are food insecurity, food resource navigation, nutrition literacy, grocery budgeting, and practical food preparation addressed in Maine's existing CHW core training? Would UNE consider these areas appropriate for additional specialty training under this RFA?

Answer: CHW services should address the needs identified in question number three of the RFA which could include food insecurity.

Question 44. Pilot Training Programs: Can funding support a pilot in which existing or newly hired CHWs complete specialized food and nutrition training, including hands-on competency assessments, with the goal of evaluating effectiveness and developing a standardized training model for broader implementation?

Answer: No, this opportunity is not intended to fund a pilot to support CHWs with completion of specialty training. This opportunity is to expand the presence of qualified CHWs in appropriate settings, not to fund the development of a standardized training model for broader implementation.

Question 45. Existing vs. Newly Hired CHWs: Can funding support expanded competencies and specialized training for existing CHWs, or must proposed activities primarily focus on newly hired CHWs or expanded CHW positions?

Answer: Yes, funding can support expanded competencies and specialized training. Please see answer number 39.

Question 46. CHW Resource Toolkits: Can funding support the development, testing, and refinement of practical educational materials and tools that CHWs use in their work, including grocery shopping guides, food budgeting tools, nutrition education resources, and food insecurity support materials?

Answer: This funding opportunity is not intended to develop, test, and refine practical educational materials and tools for CHWs to use in their work. However, applicants are allowed to include costs associated with specialty materials that may be required for CHWs to carry out services identified in question number three of the RFA.

Question 47. Continuing Education and Digital Resources: Are costs associated with developing or licensing CHW-specific continuing education programs, online learning platforms, resource libraries, and ongoing training support allowable expenses under this RFA?

Answer: The primary purpose of this RFA is to fund organizations that hire, employ, and deploy CHWs in rural Maine. CHW services should address the needs identified in question number three of the RFA.

This funding opportunity is not intended to develop or license CHW-specific continuing education programs, online learning platforms, resource libraries, and ongoing transport support. However, applicants are allowed to include costs associated with resources and materials that may be required for CHWs to carry out services identified in question number three of the RFA.

Question 48. Ownership of Developed Resources: If grant funds support the development or enhancement of educational materials, digital resources, or training programs, are there restrictions regarding intellectual property ownership, licensing, or future commercial use by the organization developing those materials?

Answer: Any materials, products, or resources developed using RHTP funds will be subject to applicable federal funding requirements, contractual terms, and any provisions established through the RHTP.

Question 49. Partnership with Nourish ME: Given UNE's involvement in Nourish ME and the CHW expansion initiative, could this RFA support a collaborative pilot that trains CHWs in practical food and nutrition skills while coordinating with Nourish ME Nutrition Educators to ensure complementary services, shared resources, and reduced duplication?

Answer: Yes, collaboration with existing programs and resources is encouraged when it strengthens CHW services and avoids duplication. CHW services should address the needs identified in question number three of the RFA. Please note, the RFA requires applicants to share information about top three key partnerships.

Question 50. Training Provider Partnerships: Since CHW core training and certification are already supported through the RHTP, can awarded organizations contract with external providers for specialty training, competency assessments, and ongoing educational resources?

Answer: Yes. Please refer to the answer for question number 39 to ensure that proposed anticipated contracts with external providers for specialty trainings, competency assessments, and ongoing educational resources are not duplicative.

Question 51. Is there a formal process for becoming an approved specialty training provider under this initiative?

Answer: Not at this time.