

Request for Applications (RFA)

Remote Patient Monitoring Implementation Initiative

Critical Access Hospitals, Rural Emergency Hospitals, Regional Rural Hospitals, and Federally Qualified Health Centers

RFA #	RELEASE DATE	
RHTP 4.4b	03/23/2026, Revised 04/02/2026, 04/08/2026	
APPLICATION DUE DATE	PERIOD OF PERFORMANCE	APPLICATION SUBMISSION/QUESTIONS
4/24/2026	5/12/2026-5/11/2027	DHHS.RHTP@nebraska.gov
INFORMATIONAL/QUESTION AND ANSWER SESSION		
Dates: 3/23/2026 – 4/24/2026	Daily Time: Every Tuesday and Thursday at 12pm Central Time	Meeting Number: 217 599 626 864 20 Meeting Password: MB9PC2m7
Join by Link:	https://teams.microsoft.com/meet/21759962686420?p=UFUz7w0B0EP3un5r1R	
Join by Phone:	1-402-257-5560 Phone conference ID: 908 315 309#	

Purpose

The Nebraska Department of Health and Human Services invites proposals from Critical Access Hospitals (CAHs), Rural Emergency Hospitals (REHs), Regional Rural Hospitals, and Federally Qualified Health Centers to implement initiative 4.4b hospital-to-home Remote Patient Monitoring (RPM) programs across rural Nebraska.

This initiative is funded through the Rural Health Transformation Program (RHTP) and supports Nebraska’s strategy to expand innovative care delivery models that improve chronic disease management, strengthen rural health infrastructure, and reduce avoidable hospital utilization.

Remote Patient Monitoring technologies allow providers to track patient health data outside traditional clinical settings using connected devices that transmit clinical data to care teams. These technologies enable earlier detection of clinical deterioration, improve patient engagement, and support continuous care management for rural patients who face barriers to frequent in-person care.

This RFA focuses on expanding hospital-based RPM programs that monitor patients at home, particularly individuals with chronic disease or those recently discharged from hospitals who require close follow-up monitoring.

Program Scope

Funded projects will support the implementation or expansion of hospital-based Remote Patient Monitoring programs designed to improve clinical outcomes and reduce avoidable hospital utilization among rural populations.

Projects should focus on hospital-to-home monitoring models that enable hospitals or health centers to remotely track patients' health status using FDA-cleared or FDA-approved monitoring technologies.

RPM programs should prioritize patients with chronic conditions such as:

- Hypertension (excluding hypertensive disorders of pregnancy)

- Diabetes
- COPD
- Cardiovascular disease (excluding heart failure)
- Chronic Kidney Disease
- Behavioral Health
- Other high-risk chronic conditions

RPM programs may also include monitoring for:

- Post-discharge follow-up care
- Sub-acute monitoring of complex patients
- Care management for high-risk populations
- Monitoring of waiver populations or patients receiving community-based services
- Psycho-social emotional well-being engagement

Projects must demonstrate how RPM technologies will integrate into clinical workflows and improve coordination between providers and patients.

Workplans must include, but are not limited to:

- Deployment of FDA-cleared or FDA-approved RPM technologies (e.g., blood pressure monitors, glucose monitors, pulse oximeters, scales, or approved wearable monitoring devices)
- Development of hospital-to-home patient monitoring workflows
- Implementation of clinical monitoring protocols and escalation pathways
- Integration of RPM data into hospital clinical decision-making processes
- Training of clinical staff responsible for monitoring RPM data
- Patient onboarding and education on use of RPM devices
- Data tracking and reporting of patient engagement and project outcomes
- Interaction with local health providers

Projects should demonstrate how RPM technologies will improve care coordination between hospitals, primary care providers, and other rural health partners.

Funding from this program cannot supplant any other funding source. Anything covered by Medicaid, Medicare, or third-party payers is considered to be out of scope for funding of projects under this program. This initiative operates on a cost-reimbursable basis.

Eligible Applicants

Eligible applicants include:

- Critical Access Hospitals (CAHs)
- Rural Emergency Hospitals (REHs)
- Regional Rural Hospitals
- Federally Qualified Health Centers (FQHCs)

Applicants must operate within the State of Nebraska and serve rural or frontier populations.

Hospitals or FQHCs may partner with technology vendors, care management organizations, or other partners to implement RPM programs, and Rural Health Clinics; however, the hospital or FQHC must serve as the lead applicant and fiscal recipient. An eligible entity may apply as a fiscal agent on behalf of a consortium of smaller organizations and may request a higher funding amount than a single standalone entity.

Funding Amounts

Awards will be made based on project scope, hospital or FQHC size, and the population served.

Single applications should request no less than \$200,000 and no more than \$1,000,000.

Applicants must verify and justify that proposed projects do not duplicate existing RPM programs funded through other sources. If RPM devices or workflows are reimbursed by Medicare, Medicaid, or private insurance, they cannot also be paid for by RHTP.

The goal of this initiative is to expand hospital and FQHC RPM capacity statewide rather than replace existing clinical investments.

DHHS may partially fund applications depending on available funding and project scope.

Administrative and Indirect Cost Limitations

Administrative and indirect costs charged to this award may not exceed 7.5% of the total award amount.

Activities that qualify as administrative costs include:

- General grant management
- Financial reporting
- Invoice processing
- Organizational overhead

Allowable and Unallowable Costs

Allowable costs include costs for the following items:

- Devices
- Equipment
- Technology
- Software
- Reporting interfaces
- Training delivery
- Patient engagement (non-clinical)
- Implementation Costs

Unallowable costs include payment for activities such as:

- RPM monitoring
- Clinical oversight
- Any provider payments

Administrative costs must be included within the 7.5% cap.

Period of Performance

- Applicants selected for funding will receive a Notice of Intent to Award via email.
- Work may begin following receipt of a Notice of Intent to Award notification.
- Period of Performance will end 12 months after Notice of Intent to Award is sent.
- Final invoices must be submitted no later than May 30, 2027.
- Future funding opportunities may be made available in subsequent years, depending on program performance and available funding.
- All devices must be deployed during the award period. Stockpiling of devices is prohibited.
- Note: A Notice of Award will be sent to award winners at a date after Notice of Intent to Award is received.

Expected Outcomes

Funded projects are expected to demonstrate improvements in:

- Chronic disease monitoring, management, and control
- Patient engagement with self-monitoring technology
- Reduction in avoidable EMS and emergency department visits
- Reduction in hospital readmissions
- Improved care coordination between hospitals and local providers

Applicants must include baseline data and targets for the following metrics.

Outcome Metric	Data Source	Baseline	Target & Timeframe
Number of patients enrolled in RPM monitoring programs	Applicant reported data	Applicant must provide	Target: Applicant must provide Timeline: From receipt of Intent to Award through

			12 months after notice of intent to award is sent
Number of RPM devices deployed	Applicant program records	Applicant must provide	Target: Applicant must provide Timeline: From receipt of Intent to Award through 12 months after notice of intent to award is sent
Number of hospital-to-home patients monitored using RPM	Hospital or applicant data systems	Applicant must provide	Target: Applicant must provide Timeline: From receipt of Intent to Award through 12 months after notice of intent to award is sent
Reduction in ED visits or hospital readmissions among RPM participants	Hospital quality data	Applicant must provide	Target: Applicant must provide Timeline: From receipt of Intent to Award through 12 months after notice of intent to award is sent

Award Scoring

Selected applications must include:

- A complete workplan and project implementation plan
- A detailed budget and budget narrative
- Sustainability components describing how RPM programs will continue after RHTP funding
- Justification demonstrating that the project expands existing services rather than duplicating them
- Performance targets including the number of patients served

Scoring Criteria

The following areas will be evaluated during application review. Only information submitted in the RHTP Initiative 4.4b Work Plan will be considered in scoring.

Alignment with RFA Purpose & Target Population (15 pts)

Projects should clearly demonstrate alignment with the goal of expanding hospital-to-home and clinical RPM services for rural populations.

Project Design, Sustainability & Workplan Quality (20 pts)

Strong applications will demonstrate:

- Clear clinical workflows for RPM monitoring
- Defined staff roles and responsibilities
- Phased implementation timeline
- Sustainability plans for maintaining RPM programs after the award period

Impact on Expected Outcomes (20 pts)

Projects should demonstrate measurable improvements in patient outcomes, such as:

- Reduced hospital readmissions
- Improved chronic disease control
- Increased patient engagement with monitoring technologies

Health System Integration & Clinical Workflow (15 pts)

Projects should demonstrate how RPM data will be incorporated into clinical decision-making.

Examples include:

- Integration with EHR systems
- Clinical monitoring protocols
- Escalation procedures for abnormal readings

Non-Duplication & Program Expansion (10 pts)

Applicants must demonstrate that proposed RPM programs expand existing hospital capabilities rather than replace previously funded programs.

Organizational Capacity & Partnerships (10 pts)

Applicants should demonstrate:

- Experience implementing clinical technology programs
- Staff capacity to monitor RPM data
- Partnerships with providers or community organizations

Budget & Cost Effectiveness (10 pts)

Applications will be evaluated based on:

- Reasonableness of costs
- Percentage of funds supporting direct program activities
- Cost per patient served

Optional Bonus – Innovation & Data Integration (Up to 5 pts)

Bonus points may be awarded for:

- Innovative RPM use cases
- Advanced data integration
- Partnerships that expand access for underserved populations

Anticipated Schedule

Milestone	Date/Notes
Deadline for Questions	4/17/2026
Answers to Questions	3/24/2026-4/13/2026
Application Due Date	4/24/2026
Application Reviews	4/27/2026-5/8/2026
Anticipated Notice of Intent to Award	5/12/2026
Funds to be Spent	5/12/2026-5/11/2027
First Reporting Due	8/1/2026

Submission Instructions

Please submit your final workplan and budget to DHHS.RHTP@nebraska.gov by **April 24, 2026**. Please use the provided workplan and budget template for your application.

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