

**UNIVERSITY OF NORTH DAKOTA  
School of Medicine & Health Sciences  
Center for Rural Health**

**REQUEST FOR PROPOSAL (RFP)  
for  
The North Dakota  
Medicare Rural Hospital Flexibility (Flex) Program 2022**

**RELEASE DATE: May 19, 2022**

**TECHNICAL ASSISTANCE MEETING:**

**June 2, 2022, 10:00 am Central**

**Participants interested in a review of the guidance and Q&A session:**

Zoom link: <https://tinyurl.com/FlexRFPTA>

Call Number: **1 (346)-248-7799** Meeting ID: **969 4205 2742** Passcode: **809529**

Unavailable to join the T/A call on June 2? No problem! Contact Nicole Threadgold to walk through the process, RFP, details, and questions with you individually. Contact info: [nicole.threadgold@und.edu](mailto:nicole.threadgold@und.edu) or (701) 330-3264.

**APPLICATION DUE DATE: Rolling Basis**

**(Applications must be submitted via the online system)**

**AWARD NOTIFICATION DATE: 2 weeks from application submission**

**AWARD COMPLETION DEADLINE: Rolling Basis**



**Center for Rural Health**  
University of North Dakota  
School of Medicine & Health Sciences

## TABLE OF CONTENTS

Purpose.....	3
Definitions.....	3
SECTION 1	
Subcontract Process Information.....	4
Standard Terms and Conditions.....	4
SECTION 2	
Scope of Work.....	5
Critical Access Hospital (CAH) Subcontract Program.....	5
2A.1 CAH Strategic, Financial and Operational Assessment.....	5
2A.2 CAH Patient Outmigration Analysis.....	7
2A.3 CAH Financial/Operational Improvement Area of Choice.....	8
2A.4 CAH SME Financial Consulting, COVID-19 Emphasis.....	10
2A.5 CAH Community Health Needs Assessment Implementation.....	11
2A.6 CAH Community Health Needs Assessment Implementation, COVID-19 Emphasis.....	13
SECTION 3	
Rules for Application.....	15
Application Guidelines.....	15

## PURPOSE

This Request for Proposal (RFP) is released on behalf of the North Dakota Medicare Rural Hospital Flexibility (Flex) Program and the State Office of Rural Health (SORH). The North Dakota Flex Program is administered by the University of North Dakota Center for Rural Health, School of Medicine & Health Sciences. Its partners include the North Dakota Hospital Association, the North Dakota EMS Association, and Quality Health Associates of North Dakota (North Dakota's quality improvement organization). The Flex Program's Steering Committee is comprised of one or more members from each of the partners. The North Dakota CAH Subcontract Program is designed to support the goals of the Flex and SORH programs by supporting rural hospitals in remaining viable to maintain access to care for rural North Dakotans. The funding for this program is supported through the Flex Program, SORH, and the Centers for Disease Control and Prevention (CDC). The Flex and SORH programs are funded through the Federal Office of Rural Health Policy (FORHP), Department of Health and Human Services.

All North Dakota Critical Access Hospitals (CAH) are eligible to apply for subcontract funding. **A CAH may submit more than one application; however, may only have one active subcontract for each area of focus. Expenses for proposed activities cannot be incurred prior to award. A separate online application must be submitted for each area of focus (2A.1 – 2A.6).**

## DEFINITIONS

Application.....	Response to the RFP
CAH .....	Critical Access Hospital
CDC .....	Centers for Disease Control and Prevention
Contractor .....	Hospital receiving subcontract
Flex .....	Medicare Rural Hospital Flexibility Program
Flex Steering Committee.....	University of North Dakota, Center for Rural Health North Dakota Hospital Association North Dakota EMS Association Quality Health Associates of North Dakota
FORHP .....	Federal Office of Rural Health Policy
Proposal.....	Response to the RFP
PHE.....	Public Health Emergency
RFP .....	Request for Proposal
Respondent .....	Hospital responding to RFP, Applicant
SME.....	Subject Matter Expert
SORH .....	State Office of Rural Health
UND .....	University of North Dakota

## SECTION 1

### SUBCONTRACT PROCESS INFORMATION

1. A subcontract will be provided to award recipients as the award document. See Standard Terms and Conditions.
2. Funded projects are required to provide periodic updates when requested during the grant cycle, relative to the status of their projects, and also submit a final report to the Center for Rural Health upon conclusion of the work.
3. The Center for Rural Health will coordinate news release information following subcontract award notification.

### STANDARD TERMS AND CONDITIONS

#### 1.1 UND subcontract requirements:

In order for the University to meet a federal requirement under the Federal Funding Accountability and Transparency Act (FFATA), all entities receiving federal flow-through funding are required to obtain a Dun and Bradstreet number and to be registered on the System for Award Management site prior to submitting a proposal. Below is a link to the registration site:

1. Must have active registration status with the official U.S. Government System for Award Management website. <https://www.sam.gov>
2. Must provide a Dun and Bradstreet number (also called the DUNS number). This is a 9-digit identification of the physical location of your business.

*Please note there is a good chance your organization is already registered with the SAM and has a DUNS number. Please check first with your contracting or business office.*

## SECTION 2

### SCOPE OF WORK

Funding is available to support North Dakota CAHs in identifying potential areas of financial and operational improvement through 1.) CAH Strategic, Financial and Operational Assessment; 2.) CAH Patient Outmigration Analysis; 3.) CAH Financial/Operational Improvement Area of Choice; 4.) CAH SME Financial Consulting, COVID-19 Emphasis; 5.) Community Health Needs Assessment (CHNA) implementation for collaborative population health programming in response to identification of unmet community health and health service needs; and, 6.)

North Dakota Medicare Rural Hospital Flexibility (Flex) Program '22

CHNA Implementation, COVID-19 Emphasis. Applications for each of these focus areas will be accepted on a rolling basis, subject to fund availability, as follows.

Focus Area	Applications Accepted Until	Project Completion Date
CAH Strategic, Financial and Operational Assessment	March 31, 2023	May 31, 2023
CAH Patient Outmigration Analysis	March 31, 2023	May 31, 2023
CAH Financial/Operational Improvement Area of Choice	June 30, 2022	August 31, 2022
CAH SME Financial Consulting, COVID-19 Emphasis	March 31, 2023	May 31, 2023
CHNA Implementation	June 30, 2022; March 31, 2023	August 31, 2022; May 31, 2023
CHNA Implementation, COVID-19 Emphasis	March 31, 2023	May 31, 2023

**NOTE: Rural Hospital Flexibility funds cannot be used:**

- *for direct patient care, health care services, equipment, or supplies;*
- *to purchase vehicles or communications equipment;*
- *to purchase or acquire real property or to improve existing property;*
- *for building and/or physical structural improvements;*
- *for hospital personnel time or associated expenses;*
- *for t-shirts, hats, prizes, etc.;*
- *for the purchase of food.*

**2A. Critical Access Hospital (CAH) Subcontract Program**

There are **six** areas that may be addressed through this initiative:

- 1.) CAH Strategic, Financial and Operational Assessment;
- 2.) CAH Patient Outmigration Analysis;
- 3.) CAH Financial/Operational Improvement Area of Choice;
- 4.) CAH SME Financial Consulting, COVID-19 Emphasis;
- 5.) CHNA Implementation;
- 6.) CHNA Implementation, COVID-19 Emphasis.

The following provides a description and application requirements of each focus area.

**2A.1 CAH Strategic, Financial, and Operational Assessment**

Managing long-term financial performance during the COVID-19 Public Health Emergency (PHE) and post-PHE has great significance on the survival of small, rural CAHs. This activity will take the form of financial consultation for financial, and operational assessment/education, with the objective of increasing hospital revenue and cash flow while better positioning the CAH for Top 100 CAH designation. The Flex Program will cover one subcontract in its entirety for a strategic,

financial and operational assessment performed by The Chartis Group, a qualified accounting firm with history and experience in the area of healthcare finance.

**ACTIVITY DESCRIPTION:**

The Chartis Group performs strategic, financial and operational assessments to help inform and empower CAHs in their decision-making process. The detailed analysis focuses on specific areas including cost and charge, population health, finance, market share and patient outmigration.

**EXPECTED OUTPUTS:**

The Chartis Group will present in a visual and engaging format, an assessment to help inform and empower the CAH's decision-making process. Assessments utilize public data sets.

Primary components include:

Medicare Market Outmigration Analysis

- IP/OP by Service Line, Volumes, and Dollars

Competitor Profiles

- Benchmarks of performance across 36 rural relevant indicators spanning Market, Quality, Outcomes, Patient Perspectives, Costs, Charges, and Financial Stability.

Cost and Charge Analysis for Top DRGs and Procedures by volume

- Benchmarks of average cost and charge per case across a series of inpatient and outpatient procedure codes.

Financial Performance Benchmarks

- 22 financial ratios trended over the last five years. Includes State and US CAH Benchmarks

Value-based Purchasing modeling

- Modeling document to provide insight into potential opportunities through Value Based Purchasing

Population Health Assessment with Priorities/Gaps for Service Area

- Hospital, State, Regional, US Rural, and US Urban comparisons of population health opportunities.
- Can be used as part of the CHNA

Executive summary of analysis

- Includes briefing with leadership team

During the application review process, subcontract award decisions will be determined based on need, as outlined by the CAH's application, Flex Monitoring Team CAH financial data, CAH Measurement and Performance Assessment System, and other sources.

**Reporting requirements for 2A.1 Strategic, financial and operational assessment subcontract:**

Baseline and 12-month post measure reporting will include, but is not limited to:

- Identified areas of service line strength, weakness and development
- Identified areas for potential population health wellness improvement
- Identified areas for improvement with regard to cost efficiency

**APPLICATION COMPONENTS:** All information will be submitted through an online form at <https://ruralhealth.und.edu/projects/flex/funding-programs>. ***A full application preview that includes the information required in the online application is included at this website.*** This preview may be printed off and you may prepare your responses ahead of time so you can copy and paste them into the online form when you are ready to submit your application.

A. **CAH CONTACT INFORMATION**

1. Hospital name, county, address, phone, contact person, email

B. **PROJECT DESCRIPTION**

1. Provide a description of why your facility should be selected to complete a Strategic, Financial and Operational Assessment.
2. List any financial or operational areas of concern for your facility that have been exacerbated by the COVID-19 pandemic.
3. Include your goals and their anticipated project deliverables for conducting a Strategic, Financial and Operational Assessment. Specify the date range you are able to complete the assessment within. (i.e. "We are flexible and able to work on this assessment upon funding notification through the funding end date of 5/31/23.") All project activities must be completed by **May 31, 2023**. If you prefer to upload a workplan you may do so.
4. Provide a description of anticipated project outcomes. What is the intended plan for using the information/resources obtained through this project? Explain the plan for results and follow-through.

C. **PROJECT MANAGEMENT**

1. Name, title, and email of the individual responsible for management and oversight of this project.
2. Name, title, and email of hospital official authorized to enter into contract.

## 2A.2 CAH Patient Outmigration Analysis

Managing long-term financial performance during the COVID-19 Public Health Emergency (PHE) and post-PHE has great significance on the survival of small, rural Critical Access Hospitals (CAHs). This activity will take the form of financial consultation for patient outmigration analysis performed by The Chartis Group. The Flex Program will cover up to two subcontracts in their entirety. It is anticipated it will take four weeks' time to complete an analysis.

The patient outmigration analysis will include leveraging advanced market-based analytics, for a customized patient outmigration analysis, which will shed new light on market factors and identify key service line "Keepage" and "Leakage" opportunities in both inpatient and outpatient domains. The analysis will provide detail into patient leakage volumes, associated service lines and expected revenue impact, these assessments offer rapid insight into key strategic service lines for potential development and recruitment imperatives. This analysis utilizes public data sets.

During the application review process, subcontract award decisions will be determined based on need, as outlined by data from the Flex Monitoring Team CAH financial data, CAH Measurement and Performance Assessment System, and other sources.

**Reporting requirements for 2A.2 Patient Outmigration Analysis Subcontracts:**

Baseline and 12-month post measure reporting will include, but is not limited to:

- Identified areas of service line strength
- Identified areas of service line weakness
- Identified areas of potential service line development
- Number of recommendations implemented after the review

**APPLICATION COMPONENTS:** All information will be submitted through an online form at <https://ruralhealth.und.edu/projects/flex/funding-programs>. ***A full application preview that includes the information required in the online application is included at this website.*** This preview may be printed off and you may prepare your responses ahead of time so you can copy and paste them into the online form when you are ready to submit your application.

A. **CAH CONTACT INFORMATION**

1. Hospital name, county, address, phone, contact person, email

B. **PROJECT DESCRIPTION**

1. Provide a description of why your facility should be selected to be selected to receive a Patient Outmigration Analysis.
2. List any service line areas of concern for your facility that have been exacerbated by the COVID-19 pandemic.
3. Include your goals and their anticipated project deliverables for conducting a Patient Outmigration Analysis. Specify the date range you are able to complete the assessment within. (i.e. "We are flexible and able to work on this assessment upon funding notification through the funding end date of 5/31/23.") All project activities must be completed by **May 31, 2023**. If you prefer to upload a workplan you may do so.
4. Provide a description of anticipated project outcomes. What is the intended plan for using the information/resources obtained through this project? Explain the plan for results and follow-through.

C. **PROJECT MANAGEMENT**

1. Name, title, and email of the individual responsible for management and oversight of this project.
2. Name, title, and email of hospital official authorized to enter into contract.

## **2A.3 CAH Financial/Operational Improvement Area of Choice**

This activity is intended to allow CAHs to self-identify a financial or operational area for improvement and intervention. Suggested interventions include, but are not limited to: Chart



Audit, Chargemaster Review, Chargemaster Scrub, 340B External Audit, etc. The CAH will select its preferred vendor to complete the intervention. The Flex Program has \$23,000 available for this purpose.

During the application review process, subcontract award decisions will be determined based on need, as outlined by data from the Flex Monitoring Team CAH financial data, CAH Measurement and Performance Assessment System, and other sources.

**Reporting requirements for 2A.3 CAH Financial/Operational Improvement Area of Choice Subcontracts:**

Baseline and 12-month post measure reporting will include, but is not limited to:

- Identified area for improvement
- Identified vendor and intervention
- Vendor recommendations for improvement
- Number of recommendations implemented
- Outcomes resulting from implementation

**APPLICATION COMPONENTS:** All information will be submitted through an online form at <https://ruralhealth.und.edu/projects/flex/funding-programs>. ***A full application preview that includes the information required in the online application is included at this website.*** This preview may be printed off and you may prepare your responses ahead of time so you can copy and paste them into the online form when you are ready to submit your application.

A. **CAH CONTACT INFORMATION**

1. Hospital name, county, address, phone, contact person, email

B. **PROJECT DESCRIPTION**

1. Provide a description of your facility's identified financial or operational area for improvement. What type of activity are you proposing? (chart audit, chargemaster review, chargemaster scrub, 340B external audit, etc.) Why should your facility be selected to receive funding?
2. Include the goals, action steps, and specific project deliverables. Make sure they are time sensitive and measurable. Include a timeline with specific dates. All project activities must be completed by **August 31, 2022**. If you prefer to upload a workplan you may do that.
3. Provide a description of anticipated project outcomes. What is the intended plan for using the information/resources obtained through this project? Explain the plan for results and follow-through.

C. **BUDGET & BUDGET NARRATIVE**

*Note: A sample budget and narrative can be found on the Flex website at:*

<http://ruralhealth.und.edu/projects/flex/funding-programs>

1. Upload your line-item budget, be sure to include all expenses (contractual, in-kind, etc.).
2. Budget Narrative: Following in the order of your line-item budget, please describe the items listed in detail that will assist the reviewers in understanding the proposed

budget. The budget narrative should identify line item expenses and explain how the line items are determined and/or calculated.

D. **PROJECT MANAGEMENT**

1. Name, title, and email of the individual responsible for management and oversight of this project.
2. Name, title, and email of hospital official authorized to enter into contract.

## **2A.4 CAH SME Financial Consulting, COVID-19 Emphasis**

Managing long-term financial performance during the COVID-19 Public Health Emergency (PHE) and post-PHE has great significance on the survival of small, rural CAHs. This activity is intended to allow CAHs to work with a financial Subject Matter Expert to address accounting of COVID-19 related funding and its financial impacts to the CAH's long-term financial performance and stability. The CAH will select its preferred vendor to complete the consulting. CDC funding has \$50,000 available for this purpose.

During the application review process, subcontract award decisions will be determined based on need, as outlined by data from the Flex Monitoring Team CAH financial data, CAH Measurement and Performance Assessment System, and other sources.

### **Reporting requirements for 2A.4 CAH SME Financial Consulting, COVID-19 Emphasis Subcontracts:**

Baseline and 12-month post measure reporting will include, but is not limited to:

- Identified area(s) for vendor consulting
- Vendor recommendations
- Number of recommendations implemented
- Outcomes resulting from implementation

**APPLICATION COMPONENTS:** All information will be submitted through an online form at <https://ruralhealth.und.edu/projects/flex/funding-programs>. ***A full application preview that includes the information required in the online application is included at this website.*** This preview may be printed off and you may prepare your responses ahead of time so you can copy and paste them into the online form when you are ready to submit your application.

A. **CAH CONTACT INFORMATION**

1. Hospital name, county, address, phone, contact person, email

B. **PROJECT DESCRIPTION**

1. Provide a description of why your facility should be selected to receive funding.
2. Include the goals, action steps, and specific project deliverables. Make sure they are time sensitive and measurable. Include a timeline with specific dates. All project activities must be completed by **May 31, 2023**. If you prefer to upload a workplan you may do that.
3. State the total dollar amount of funding requested for consultant services.

4. Provide a description of anticipated project outcomes. What is the intended plan for using the information/resources obtained through this project? Explain the plan for results and follow-through.

C. **BUDGET & BUDGET NARRATIVE**

*Note: A sample budget and narrative can be found on the Flex website at:*

<http://ruralhealth.und.edu/projects/flex/funding-programs>

1. Upload your line-item budget, be sure to include all expenses (contractual, in-kind, etc.).
2. Budget Narrative: Following in the order of your line-item budget, please describe the items listed in detail that will assist the reviewers in understanding the proposed budget. The budget narrative should identify line item expenses and explain how the line items are determined and/or calculated.

D. **PROJECT MANAGEMENT**

1. Name, title, and email of the individual responsible for management and oversight of this project.
2. Name, title, and email of hospital official authorized to enter into contract.

## 2A.5 Community Health Needs Assessment Implementation

The objective is to support new collaborative population health improvement programming and activities that address a significant need identified by the hospital's most recent Community Health Needs Assessment (CHNA); assess determinants of health based on data review, encourage collaboration between CAH, Local Public Health Units, and other community organizations and stakeholders; and promote community engagement and healthy behaviors. The North Dakota CAH subcontract program anticipates supporting up to 3 subcontracts up to \$5,000 each for this effort that must be complete by 8/31/22, and 1 subcontract up to \$5,000 for this effort that is anticipated to be available 7/1/22-5/31/23.

**Preference will be given to proposals that actively engage Local Public Health Unit(s) or other community organizations and stakeholders.**

### **Reporting requirements for 2A.5 Community Health Needs Assessment Implementation Subcontracts:**

12-month post measure reporting will include, but is not limited to:

- Goals and objectives of the project.
- Description and number of activities or programs implemented as a result of Flex CHNA implementation funding for collaborative population health improvement activities.
- Describe interventions the target population received.
- Number of individuals in the target population served by these activities or programs.

- Description of collaborative partnerships developed through Flex-supported Community Health Needs Assessment implementation activity. List all community partners and describe roles of all partners involved in the project.
- Explain how the activity or program is measured for effectiveness.

**APPLICATION COMPONENTS:** All information will be submitted through an online form at <https://ruralhealth.und.edu/projects/flex/funding-programs>. **A full application preview that includes the information required in the online application is included at this website.** This preview may be printed off and you may prepare your responses ahead of time so you can copy and paste them into the online form when you are ready to submit your application. Your line-item budget and budget narrative will be uploaded into the online form.

A. **CAH CONTACT INFORMATION**

1. Hospital name, county, address, phone, contact person, email

B. **SUMMARY**

1. Provide a brief description of why your facility should be selected to receive subcontract funding.
2. Provide a brief description of anticipated outcomes, overview of intended use of information gathered, plan for results, and follow-through.
3. State the total dollar amount of funding requested (\$5,000 maximum).

C. **BUDGET & BUDGET NARRATIVE**

*Note: A sample budget and narrative can be found on the Flex website at:*

<http://ruralhealth.und.edu/projects/flex/funding-programs>

1. Upload your line-item budget, be sure to include all expenses (contractual, in-kind, etc.).
2. Budget Narrative: Following in the order of your line-item budget, please describe the items listed in detail that will assist the reviewers in understanding the proposed budget. The budget narrative should identify line item expenses and explain how the line items are determined and/or calculated.

D. **PROJECT DESCRIPTION**

1. Provide a description of why your facility should be selected to receive Community Health Needs Assessment (CHNA) Implementation funding.
2. Which CHNA-related need(s) are you seeking to address with this funding application?
3. Explain in detail the proposed activity or program, include the goals, action steps, and specific project deliverables. Make sure they are time sensitive and measurable. Include a timeline with specific dates. All project activities must be completed by either August 31, 2022 or March 31, 2023. If your project completion date is flexible, please note this. If you prefer to upload a workplan, you may do so.
4. Describe the cohort and collaborative partnerships involved, including information detailing specific project roles and responsibilities of each partner identified.
5. Will hospital personnel be involved in carrying out the proposed activity or program? If yes, explain which personnel will be involved and what each individual's role will be.
6. Define the anticipated impact the proposed activity or program will have on the community.

7. State the duration of the proposed activity or program? Is it a continuing program or of limited duration?
8. Explain how the activity or program will be measured for effectiveness.

E. **PROJECT MANAGEMENT**

1. Name, title, and email of the individual responsible for management and oversight of this project.
2. Name, title, and email of hospital official authorized to enter into contract.

## **2A.6 Community Health Needs Assessment Implementation, COVID-19 Emphasis**

The objective is to support new collaborative population health improvement programming and activities that address a significant need identified by the hospital's most recent Community Health Needs Assessment (CHNA); assess determinants of health based on data review, encourage collaboration between CAH, Local Public Health Units, and other community organizations and stakeholders; and promote community engagement and healthy behaviors. The identified need must also be connected to mitigating the effects of the COVID-19 pandemic. The North Dakota CAH subcontract program anticipates supporting up to 5 total subcontracts up to \$5,000 each for this effort to be completed by May 31, 2023.

**Preference will be given to proposals that actively engage Local Public Health Unit(s) or other community organizations and stakeholders.**

### **Reporting requirements for 2A.6 Community Health Needs Assessment Implementation, COVID-19 Emphasis Subcontracts:**

12-month post measure reporting will include, but is not limited to:

- Goals and objectives of the project.
- Description and number of activities or programs implemented as a result of Flex CHNA implementation funding for collaborative population health improvement activities.
- Describe interventions the target population received.
- Number of individuals in the target population served by these activities or programs.
- Description of collaborative partnerships developed through Flex-supported CHNA implementation activity. List all community partners and describe roles of all partners involved in the project.
- Explain how the activity or program is measured for effectiveness.

**APPLICATION COMPONENTS:** All information will be submitted through an online form at <https://ruralhealth.und.edu/projects/flex/funding-programs>. ***A full application preview that includes the information required in the online application is included at this website.*** This preview may be printed off and you may prepare your responses ahead of time so you can copy and paste them into the online form when you are ready to submit your application. Your line-item budget and budget narrative will be uploaded into the online form.

A. **CAH CONTACT INFORMATION**

1. Hospital name, county, address, phone, contact person, email

B. **SUMMARY**

1. Provide a brief description of why your facility should be selected to receive subcontract funding.
2. Provide a brief description of anticipated outcomes, overview of intended use of information gathered, plan for results, and follow-through.
3. Explain how this effort mitigates the effects of the COVID-19 pandemic.
4. State the total dollar amount of funding being requested (\$5,000 maximum).

C. **BUDGET & BUDGET NARRATIVE**

*Note: A sample budget and narrative can be found on the Flex website at:*

<http://ruralhealth.und.edu/projects/flex/funding-programs>

1. Upload your line-item budget, be sure to include all expenses (contractual, in-kind, etc.).
2. Budget Narrative: Following in the order of your line-item budget, please describe the items listed in detail that will assist the reviewers in understanding the proposed budget. The budget narrative should identify line item expenses and explain how the line items are determined and/or calculated.

D. **PROJECT DESCRIPTION**

1. Provide a description of why your facility should be selected to receive Community Health Needs Assessment (CHNA) Implementation funding.
2. Which CHNA-related need(s) are you seeking to address with this funding application? How has this need been exacerbated by the COVID-19 pandemic? How does this effort mitigate the effects of the pandemic?
3. Explain in detail the proposed activity or program, include the goals, action steps, and specific project deliverables. Make sure they are time sensitive and measurable. Include a timeline with specific dates. All project activities must be completed by May 31, 2023. If you prefer to upload a workplan, you may do so.
4. Describe the cohort and collaborative partnerships involved, including information detailing specific project roles and responsibilities of each partner identified.
5. Will hospital personnel be involved in carrying out the proposed activity or program? If yes, explain which personnel will be involved and what each individual's role will be.
6. Define the anticipated impact the proposed activity or program will have on the community.
7. State the duration of the proposed activity or program? Is it a continuing program or of limited duration?
8. Explain how the activity or program will be measured for effectiveness.

E. **PROJECT MANAGEMENT**

1. Name, title, and email of the individual responsible for management and oversight of this project.
2. Name, title, and email of hospital official authorized to enter into contract.

**SECTION 3**

**RULES FOR APPLICATION**

3.1 It is the sole responsibility of the Respondent to be certain that it has received a complete set of the Proposal Documents when preparing to respond. Upon submission of its Application, the Respondent shall be deemed conclusively to have been in possession of a complete set of proposal documents.

**Respondents are expected to examine the entire RFP; including all specifications, requirements, and instructions. Failure to do so will be at the Respondent’s risk.**

3.2 UND will not be responsible for any costs incurred by Respondents which may result from preparation or submission of application to this RFP.

**3.3 Proposal Application**

Respondents should submit their application through the online system available at: <http://ruralhealth.und.edu/projects/flex/funding-programs>.

Please refer to Section 2, Scope of Work, for additional application information. Applications will only be accepted through submission via the online system.

Acceptance or denial of application: The Flex Program reserves the right to accept or deny any or all applications or parts of the application, and to waive informalities.

The timeline for this process is as follows.

- RFP release date:** **May 19, 2022**
- Technical assistance:** **June 2, 2022 10:00 am Central**
- Application due date:** **Rolling basis, see chart below**
- Award notice date:** **2 weeks from application submission**
- Work completion:** **See chart below**

<b>Focus Area</b>	<b>Applications Accepted Until</b>	<b>Project Completion Date</b>
CAH Strategic, Financial and Operational Assessment	March 31, 2023	May 31, 2023
CAH Patient Outmigration Analysis	March 31, 2023	May 31, 2023
CAH Financial/Operational Improvement Area of Choice	June 30, 2022	August 31, 2022
CAH SME Financial Consulting, COVID-19 Emphasis	March 31, 2023	May 31, 2023
CHNA Implementation	June 30, 2022; March 31, 2023	August 31, 2022; May 31, 2023
CHNA Implementation, COVID-19 Emphasis	March 31, 2023	May 31, 2023

### **APPLICATION GUIDELINES**

Instructions: The application form is to be completed by North Dakota CAHs seeking support from the Flex Subcontract Program. In completing this application, be as specific as you can in stating your needs, describing your situation, and identifying your actions. For information on the RFP or application, please contact Nicole Threadgold at the UND Center for Rural Health, School of Medicine & Health Sciences:

Nicole Threadgold, Senior Project Coordinator  
UND Center for Rural Health, School of Medicine and Health Sciences  
Phone: (701) 330-3264  
E-mail: [nicole.threadgold@und.edu](mailto:nicole.threadgold@und.edu)