RURAL HEALTH TRANSFORMATION (RHT) PROGRAM:

OBLIGATED AND SPENT FUNDS REPORTING GUIDE

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Introduction

The Obligated and Spent Funds Reporting section of the Excel Reporting Template includes three tabs that must all be completed and submitted for each Annual and Quarterly Report: First-Tier Entities, Use of Funds, and Downstream Reporting.[1] The Entity Type Guidance tab is for reference only, to support categorization of subrecipients and contractors. This document provides guidance on how to complete these reporting requirements. Throughout this guide, examples and screenshots are provided to help the user understand key concepts; these originate from the State XY hypothetical scenario explained in Appendix A.

Definitions

The **"State"** or **"State awardee"** is the primary recipient of the RHT Program reward as designated in the Notice of Award. This is the lead agency designated by the governor in the approved RHTP application, such as the State's department of health, department of human services, or State Medicaid agency.

For the purposes of RHT Program reporting, the term **"Entity"** is used to refer to any legally distinct organization, agency, or commercial business that is to receive federal award funds to carry out a portion of the program or provide procured goods and services. This framework uses "Entity" as a universal category that includes two distinct legal tracks defined under the 2 CFR § 200.1:

1. Subrecipients (Programmatic Partners): Defined under 2 CFR § 200.1 as non-Federal entities that receive a subaward to carry out part of a Federal program (e.g., local health departments, community health centers, affiliated hospital networks, and non-profit educational institutions).
2. Contractors & Vendors (Commercial Partners): Defined under 2 CFR § 200.1 as entities that receive a legal contract by which a recipient or subrecipient purchases goods and services (referred to textually in the CFR as 'property or services') needed to carry out the project (e.g., general contractors, SaaS IT vendors, independent tradesmen, and commercial consulting firms).

This guide uses **"tiers"** to refer to entities with a specific number of degrees of separation from the State awardee regarding their receipt or potential receipt of RHT Program funds. A **"first-tier entity"** (or prime recipient/contractor) is an entity that has zero degrees of

[1] The Downstream Reporting tab is not required for the first Annual Report. Please see the Notes for the First Annual Report section below for further details.

separation from the State awardee, meaning they hold a direct, legally binding agreement with the State awardee to receive RHT Program funds. Pursuant to 2 CFR § 200.1, first-tier entities are the direct recipients of the State's prime obligations, executing either a subaward (as a prime subrecipient) or a procurement contract (as a prime contractor). If a first-tier entity either provides a subaward to a subrecipient or issues a payment of RHT Program funds to a contractor or vendor, this would be recorded on the Downstream Reporting tab and that subrecipient, contractor, or vendor would be considered a "second-tier entity", and so on.

"Obligated Funds" are funds that represent the total, legally binding financial value of the prime agreement executed between the State and a first-tier entity. This amount serves as the maximum authorized budget ceiling for that specific relationship during the budget period. Pursuant to the definition of "Financial obligations" in 2 CFR § 200.1, this figure must reflect formally executed agreements, such as subawards made or orders placed for goods and services, that require payment by the State. It should not include preliminary estimates or unexecuted budget proposals.

"Committed funds" are funds that have been administratively reserved in anticipation of a future legal obligation. A commitment represents a firm administrative intent to enter into a binding agreement. Unlike obligated funds, committed funds do not require a fully executed contract or legally binding agreement to be recorded; rather, it reflects the deliberate earmarking of a budget for a specific downstream partner or purpose before the final paperwork is signed. Because some State's implementation of RHT Program funds may involve complex, multi-tiered networks, the Obligated and Spent Funds Reporting framework uses committed funds as a universal umbrella term encompassing the funds set aside for both programmatic subawards and procurement contracts.

For purposes of this reporting framework, committed funds are used to track amounts designated for entities below the first-tier and should not be interpreted as changing the State's obligation requirements under the RHT Program for first-tier entities. For relationships between any downstream entities (first-tier to second-tier, second-tier to third-tier, and so on), only committed funds—not obligated funds—are reported.

"Disbursed Funds," also referred to as "Spent Funds," refers to the cumulative amount recorded by the entity as an expenditure against an obligation or commitment. For purposes of the Obligated and Spent Funds Reporting framework, **States should report these amounts consistent with their existing accounting practices and financial management systems, including their established process for recognizing expenditures.** This reporting is based on when the expenditure is recognized in the entity's financial records, **regardless of whether the State has completed a corresponding**

drawdown of RHT Program funds from the Payment Management System (PMS). This approach is consistent with 2 CFR § 200.1, which defines expenditures as charges made to a project or program and recognizes expenditures based on the applicable cash or accrual accounting basis.

A **"Beneficiary"** is an individual or organization that receives a direct public benefit or service from the RHT Program but is not a recipient, subrecipient or contractor.

- An individual beneficiary is a person who directly receives a service or payment funded by the program, such as a clinician receiving a workforce incentive. The clinician is bound to the 5-year service commitment but not the other Terms and Conditions (T&Cs) of award, including financial reporting requirements.
- An organizational beneficiary is an entity that receives financial assistance to continue its operations and serve the community, but is not tasked with administering or executing a specific part of the RHT Program's scope of work. For example, ~~an~~ a local transit service that receives a direct grant to provide improved access to medical services would be considered an organizational beneficiary.

General Guidance

The State awardee agency must ensure that all entities—regardless of whether they hold a programmatic subaward or a commercial procurement contract—are accurately recorded on either the First-Tier Entities tab or the Downstream Reporting tab to maintain a transparent, auditable chain of obligations, commitments, transfers, and payments. This means that, for each Annual and Quarterly Report, the relevant tabs should be updated to reflect the State awardee agency's best understanding of disbursements of RHT Program funds to first-tier entities, all downstream funding commitments, and the flow of disbursed funds to all downstream entities as of the end of the relevant reporting period. Each submission will serve as a snapshot in time of the distribution of obligated, disbursed, and committed funding during the reporting period; each reporting period ends 30 days prior to the due date of the corresponding Annual or Quarterly Report, as specified in the T&Cs.

States should establish processes for regularly coordinating with their first-tier entities to support timely and accurate downstream reporting. This should include ensuring that first-tier entities maintain sufficient oversight and visibility into applicable second-tier and subsequent tier relationships and can provide the State with the information needed to complete each Quarterly and Annual Report. States should consider establishing regular reporting or monitoring touchpoints with first-tier entities so that downstream commitments, payments, and other required information are available and up to date at the time of each reporting submission.

Every dollar of RHT Program funding that is disbursed by the State awardee agency must be recorded against an obligation to a first-tier entity. Each first-tier entity and their total Obligated Funds must be entered on the First-Tier Entities tab. Then the State should use the Use of Funds tab to categorize the obligated funds by initiative number and use of funds category. Once the obligations have been categorized, the State can record the amount of funds that have been disbursed toward each line item as well as the amount of each obligation that is subject to a program-specific limitation. Finally, the Downstream Reporting tab should be used to track RHT Program funds that are committed or disbursed from a first-tier entity to subsequent tiers of entities.

On the Obligated and Spent Funds Reporting tabs, States should complete only the editable white cells. Light blue cells are protected and contain formulas and should not be edited. Unless otherwise noted in the instructions below, States should complete all applicable white cells for each row of reported information.

Extent of Downstream Reporting Requirements

To ensure financial transparency without creating an unnecessary administrative burden, the RHT Program aims to establish clear boundaries for downstream reporting. Generally, there are three primary thresholds where downstream reporting should cease: **(1) distribution to a beneficiary, (2) use for payroll or sole-proprietor expenses, and (3) normal operating costs.** If you have questions about reporting specific downstream relationships, reach out to your Project Officer (PO).

<u>Distribution to a Beneficiary</u>

The first stopping point occurs when RHT Program funds are provided to a program beneficiary. Under 2 CFR § 200.101(b), the terms and conditions of the Federal award generally flow down to subawards and contracts but not to beneficiaries. Do not report individual payments to beneficiaries. If an organization receives a lump sum of RHT Program funds to administer a beneficiary focused activity, report the transfer to that organization, but do not report each subsequent payment or benefit provided to individual beneficiaries.

For example, if an RHT Program funded initiative provides financial support to an independent local transit service as a program beneficiary to support continued access to medical services, the payment to the transit service should be reported to show where the RHT Program funds were directed. Reporting would stop at the transit service, and the State would not be required to track the transit service’s routine operating expenses, such as fuel or vehicle maintenance, through the downstream reporting framework.

States should consider the nature of the relationship when determining whether an entity is a beneficiary, subrecipient, or contractor. 2 CFR § 200.331 provides the framework for distinguishing between subrecipient and contractor relationships.

Use for Payroll or Sole Proprietor Expenses

Reporting also ends when an organization uses funds to pay its own internal W-2 employees or when it compensates an individual 1099 sole-proprietor for personal professional services. Under 2 CFR § 200.430, which governs compensation for personal services, these payments are classified as direct operational expenses rather than downstream corporate subawards. States are not expected to report individual payroll transactions or payments to an entity's employees. The funding provided to the organization is captured, but the organization's individual personnel expenses are not separately reported downstream.

For example, if a clinic pays an independent medical trainer $8,000 to run a training course for clinic staff, this is considered an internal expense for personal services and does not create a new downstream reporting requirement.

Normal Operating Costs

Finally, downstream tracking generally stops when a contractor uses its funds for standard commercial overhead, administrative vendor payments, or off-the-shelf materials. ~~Based on the subrecipient and contractor determinations in 2 CFR § 200.331, programmatic compliance requirements flow down to subrecipients, but they~~Awardees do not ~~extend to contractors. As a result, awardees do~~ need to track "vendors of vendors" (subcontractors) with the exception of ~~large capital projects governed by the guidelines in the Federal Funding Accountability and Transparency Act (FFATA).~~ subcontractors who receive at least $30,000 of RHT Program funds. Any subcontractor who receives at least $30,000 of RHT Program funds should be added as a downstream entity of the contractor on the Downstream Reporting tab.

Notes for the First Annual Report

For the first Annual Report, the Obligated and Spent Funds Reporting will function differently than future reports in three ways:

1. States are only required to complete the First-Tier Entities and Use of Funds tabs. Starting with the first Quarterly Report, States will also be required to complete the Downstream Reporting tab.
2. The Obligated and Spent Funds Reporting tabs are included as part of the Excel Reporting Template. For future Quarterly and Annual Reports, States will instead

use a web-based reporting tool and will upload an Excel workbook that contains only the Obligated and Spent Funds Reporting tabs.

3. In the reporting period for the ~~First~~first Annual Report, States will only have access to Budget Period 1 funds. Beginning with the first Quarterly Report, States will have access to both Budget Period 1 and 2 funds. Each Budget Period will have a separate Excel workbook for financial reporting; the submitted values in the Excel Reporting Template during the first Annual Report will be used to populate a future BP1 Obligated and Spent Funds ~~for future reports~~reporting workbook.

First-Tier Entities Tab

Data Entry Requirements

This tab captures key information about first-tier entities and requires the following data entered for each row:

1. The State must complete the First-Tier Entities tab before completing the Use of Funds tab. The State should list all of their first-tier entities in column C and assign an entity type for each one in column D. Once entered, the first-tier entities will automatically populate the dropdown list in column ~~D~~E of the Use of Funds tab, allowing the State to select the applicable entity for each line item. The Entity IDs assigned in column B must be used to define the relationships with second-tier entities on the Downstream Reporting tab.
2. The State must enter the amount of Obligated Funds in column E. This is the total, legally binding contractual value of the prime agreement or subaward executed between the State and the first-tier entity in accordance with 2 CFR § 200.1. This is the total amount obligated to the entity from the funds associated with the workbook's budget period. It does not include funds that are earmarked for the first-tier entity but are not yet obligated.

The remaining reference columns on this tab are automatically populated based on ~~other information~~values entered throughout the workbook and provide summary information about the first-tier entities~~ based on the other tabs in the Obligated and Spent Funds Reporting section that may be used by States and CMS~~. An example using the State XY scenario data is displayed in Figure 1.

Figure 1: First-Tier Entities Table

				Reference Columns						
Entity ID	First-Tier Entity (Subrecipient or Contractor)	Entity Type	Obligated Funds	Uncategorized Funds	Total Disbursed Funds	Unliquidated Obligations	Sum of Downstream Disbursements	Retained Funds	Sum of Unpaid Downstream Commitments	Net Available Unliquidated Obligations
				Obligated Funds – Sum of Obligations assigned on Use of Funds tab	*Sum of Disbursed Amount assigned on Use of Funds tab*	*Column E – Column G*	*Sum of Column J across second-tier entities on Downstream Reporting tab*	*Column G – Column I*	*Sum of Column K across all downstream entities on Downstream Reporting tab*	*Column H – Column K*
1	XY Department of Health	State Health and Human Services Agency	$250,000.00	$0.00	$110,000.00	$140,000.00	$0.00	$110,000.00	$0.00	$140,000.00
~~2~~	~~Apex Implementation Partners~~	~~Technical Assistance Provider~~	~~$5,000,000.00~~	~~$0.00~~	~~$2,850,000.00~~	~~$2,150,000.00~~	~~$0.00~~	~~$2,850,000.00~~	~~$0.00~~	~~$2,150,000.00~~
3	Eucalyptus Analytics LLC	Program Evaluation Consultant	$2,350,000.00	$0.00	$0.00	$2,350,000.00	$0.00	$0.00	$0.00	$2,350,000.00
4	Dogwood Facility Consultants	Technical Assistance Provider	$2,000,000.00	$0.00	$2,000,000.00	$0.00	$0.00	$2,000,000.00	$0.00	$0.00
5	Valley Regional Health System	Health System	$30,000,000.00	$0.00	$16,250,000.00	$13,750,000.00	$12,650,000.00	$3,600,000.00	$650,000.00	$13,100,000.00
6	Pinecrest Health	Health System	$9,000,000.00	$0.00	$3,100,000.00	$5,900,000.00	$3,100,000.00	$0.00	$950,000.00	$4,950,000.00
7	Maple Creek Community Hospital	Critical Access Hospital	$4,400,000.00	$0.00	$3,050,000.00	$1,350,000.00	$850,000.00	$2,200,000.00	$0.00	$1,350,000.00

B	C	D	E	F	G	H	I	J	K	L
				Reference Columns						
Entity ID	First-Tier Entity (Subrecipient or Contractor)	Entity Type	Obligated Funds	Uncategorized Funds	Total Disbursed Funds	Unliquidated Obligations	Sum of Downstream Disbursements	Retained Disbursed Funds	Sum of Unpaid Downstream Commitments	Net Available Unliquidated Obligations
				Obligated Funds – Sum of Obligations assigned on Use of Funds tab	*Sum of Disbursed Amount assigned on Use of Funds tab*	*Column E – Column G*	*Sum of Column J across second-tier entities on Downstream Reporting tab*	*Column G – Column I*	*Sum of Column K across all downstream entities on Downstream Reporting tab*	*Column H – Column K*
1	XY Department of Health	State Health and Human Services Agency	$250,000.00	$0.00	$110,000.00	$140,000.00	$0.00	$110,000.00	$0.00	$140,000.00
2	Apex Implementation Partners	Technical Assistance Provider	$5,000,000.00	$0.00	$2,850,000.00	$2,150,000.00	$0.00	$2,850,000.00	$0.00	$2,150,000.00
3	Eucalyptus Analytics LLC	Program Evaluation Consultant	$2,350,000.00	$0.00	$0.00	$2,350,000.00	$0.00	$0.00	$0.00	$2,350,000.00
4	Dogwood Facility Consultants	Technical Assistance Provider	$2,000,000.00	$0.00	$2,000,000.00	$0.00	$0.00	$2,000,000.00	$0.00	$0.00
5	Valley Regional Health System	Health System	$30,000,000.00	$0.00	$16,250,000.00	$13,750,000.00	$12,650,000.00	$3,600,000.00	$650,000.00	$13,100,000.00
6	Pinecrest Health	Health System	$9,000,000.00	$0.00	$3,100,000.00	$5,900,000.00	$3,100,000.00	$0.00	$950,000.00	$4,950,000.00
7	Maple Creek Community Hospital	Critical Access Hospital	$4,400,000.00	$0.00	$3,050,000.00	$1,350,000.00	$850,000.00	$2,200,000.00	$0.00	$1,350,000.00

Additional Data Entry Considerations

The following information may be helpful to States in completing the First-Tier Entities tab:

1. If a State intends to provide a first-tier entity with RHT Program funds that will be drawn from two or more budget periods, the State should enter the entity in the First-Tier Entities tab of each budget period's workbook and track the Obligated Funds related to each budget period separately.
2. If a first-tier entity enters into multiple agreements with the State related to funds from the same budget period award, the entity still only needs to be entered once on this tab. The value in the Obligated Funds column should be the total value of all such agreements. States will have the opportunity to separate this obligation into different initiatives, activities, and use of funds categories on the Use of Funds tab.
3. Any type of entity may be a first-tier entity, including specific agencies within the State Health and Human Services Department, other government agencies, specific healthcare providers or health systems, contractor organizations, etc.
4. First-tier entities should be entered in sequential rows, and rows should not be re-ordered or deleted. Since the Entity IDs are dynamically assigned, moving or deleting an entity from this list could create issues for the data on other linked tabs. A State should enter a first-tier entity on this tab once an obligation has been established with that entity, even if no funds have yet been disbursed to the entity.

5. The Entity Type field should be populated with the specific entity type that best describes the first-tier entity, such as "Critical Access Hospital," "Rural Pharmacy," or "State Labor Department." Do not select a category label, such as "Healthcare Providers" or "State Government Agencies." These labels are only provided to make it easier to identify the relevant Entity Type from the drop-down menu.
6. The First-Tier Entities tab supports up to 300 line-items; States should contact their PO for additional guidance if they exceed this number of first-tier entities.

Summary Columns

The remaining light blue (protected) columns on the First-Tier Entities tab provide summary information for each first-tier entity based on the data that is entered on other linked tabs. This information is automatically populated and for reference only; States may find this information helpful for completing the Downstream Reporting tab or validating the disaggregated information entered on the Use of Funds tab.

- **Uncategorized Funds:** This is a reporting field rather than an accounting field. Users should categorize all funds that have been obligated to a first-tier entity across initiatives and use of funds categories on the Use of Funds tab. This value is the Obligated Funds assigned to the first-tier entity minus the sum of the Obligation Amount column on the Use of Funds tab for all rows associated with the first-tier entity. This value should be 0 for all rows at the time of submission. A positive value indicates that not all obligated funds have been categorized, a negative value means that the user has categorized more funds than have been obligated, and a value of zero means that all obligated funds have been categorized in the Use of Funds tab.
- **Total Disbursed Funds:** The sum of the Disbursed Amount column on the Use of Funds tab across all line items assigned to the first-tier entity.
- **Unliquidated Obligations:** Obligated Funds minus Total Disbursed Funds.

The final four summary columns are based on information from the Downstream Reporting tab. These columns exist to help the State see the results of their Downstream Reporting entries in one place.

- **Sum of Downstream Disbursements:** This column automatically adds together all the disbursed funds that the first-tier entity has passed down the chain to lower-tier subrecipients and contractors.
- **Retained Disbursed Funds:** This column subtracts the Sum of Downstream ~~Transfers and Payments~~Disbursements from the Total Disbursed Funds paid to the first-tier entity. This is the exact amount of cash the first-tier entity has received from the State that has not been passed on to another entity. This may be a disbursement that has not yet been

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- **Sum of Unpaid Downstream Commitments:** This column calculates the total commitments the first-tier entity has promised downstream, minus any cash they have already paid out against those commitments.
- **Net Available Unliquidated Obligations:** This column subtracts the Sum of Unpaid Downstream Commitments from the Unliquidated Obligations of the first-tier entity. This is the amount of funds that have been obligated to the first-tier entity that have not yet been disbursed or committed to a downstream entity.

Use of Funds Tab

Overview

The Use of Funds tab is used to categorize the funds that the State has obligated to their first-tier entities. Obligations in the Use of Funds tab can be aggregated or split on three variables: first-tier entity (selectable from a dropdown that is populated based on column C of the First-Tier Entities tab), initiative number, and the use of funds category defined in the Notice of Funding Opportunity (NOFO).

For each row, the State must also provide a description of how the funds are to be used and indicate how much of the funding in the row is attributable to one or more of the program-specific funding limitations defined in the NOFO.

Note that the Obligation ID column is not editable and is pre-populated. The Obligation IDs are the State's two-letter abbreviation followed by a whole number; each Obligation ID is unique to a line item. The Obligation ID is not used elsewhere in the Excel Reporting Template. The Use of Funds tab supports up to 2,500 line items. States should contact their PO for additional guidance if they are at risk of exceeding this number of line items.

Data Entry: Defining Line Items

Mapping Obligation Amount to the First-Tier Entity: Every row on this tab must have an Obligation Amount assigned to an entity that has already been recorded on the First-Tier Entities tab. Because First-Tier entities may manage complex, multi-faceted projects, the user may need to split the obligation into multiple rows to cover all required combinations of Initiative Number and Use of Funds Category column values.

Figure 2: Splitting an Obligation Across Initiatives and Use of Funds Categories

Obligation ID	Obligation Amount	Disbursed Amount	First-Tier Entity (Subrecipient or Contractor)	Description	Initiative Number	Use of Funds Category
XY9	$8,000,000.00	$4,250,000.00	Valley Regional Health System	Support Valley South REH maintaining 24/7 emergency availability, and subsidize Valley Plains Rural Health Clinic to expand urgent care operations.	2	Appropriate Care Availability
XY10	$8,000,000.00	$4,250,000.00	Valley Regional Health System	Deploy remote diabetes management via Sunbelt CHC, and launch targeted chronic disease health screenings via Northwest Health Clinic.	2	Prevention of Chronic Disease
XY14	$14,000,000.00	$7,750,000.00	Valley Regional Health System	Oversee multi-facility capital improvements, including GC-led renovations at Valley East Hospital and emergency infrastructure modernizations at Valley South REH.	1	Capital Expenditures and Infrastructure

Splitting Obligations: If an obligation to a first-tier entity covers multiple initiatives or multiple use of funds categories, it must be split into multiple line items. For example, if a health system receives a $30 million prime award, but $14 million is dedicated to Capital Expenditures & Infrastructure (Initiative 1) and $16 million is for piloting rural programs related to Appropriate Care Availability and Prevention and Chronic Disease (Initiative 2), the State must create at least ~~two~~three separate rows to accurately categorize these distinct funding pools (Figure 2).

Aggregating Obligations: If multiple downstream projects are awarded to the same First-Tier entity and fall under the same initiative and use of funds category, those funds can be entered as a single line item. For example, if a hospital uses funds to deploy three different visiting specialists across three clinics under the "Provider Payments" category, this should be combined into one row (Figure 3).

Figure 3: Aggregating an Obligation with Multiple Downstream Projects

Obligation ID	Obligation Amount	Disbursed Amount	First-Tier Entity (Subrecipient or Contractor)	Description	Initiative Number	Use of Funds Category
XY15	$9,000,000.00	$3,100,000.00	Pinecrest Health	Execute roofing and paving renovations at Pinecrest North and Pinecrest South hospitals, including direct contracting and GC procurement.	1	Capital Expenditures and Infrastructure

Enter Programmatic Details: For each line item, in addition to the initiative number and the use of funds category, the user must enter a description and the amount of funds that have been disbursed so far. The description should be a brief, high-level summary of the activities being funded by this specific amount (e.g., "Subsidize urgent care operating hours and execute remote diabetes management program"). If an obligation to a first-tier entity has been split into multiple line items that cover multiple initiatives or use of funds categories, States should map the disbursed funds to the appropriate line items to enable CMS to track expenditures by initiative and use of funds category.

In addition to the use of funds categories listed in the NOFO, the workbook contains an “N/A (Program Administration Expense)” option within the Use of Funds Category dropdown. This option may be selected if the State determines no use of funds categories apply to the obligation because it is a purely administrative expense. If this use of funds category is selected for the line item, then the Obligation Amount should also be entered in the Administrative Costs program-specific limitation field (see the Program-Specific Limitations section of this document for more details).

Additionally, there is an "All" option within the Initiative Number dropdown. This "All" initiatives option may be selected if an obligation (or part of a split obligation) could reasonably be attributed evenly to all of the State's initiatives. For example, if a State awardee agency uses RHT program funds on administrative staff within the agency or hires a contractor that will support oversight of all of their initiatives, those obligations may be attributed to "All" initiatives in one line (Figure 4).

Figure 4: "All" Initiative Selection

Obligation ID	Obligation Amount	Disbursed Amount	First-Tier Entity (Subrecipient or Contractor)	Description	Initiative Number	Use of Funds Category
XY1	$250,000.00	$110,000.00	XY Department of Health	Salaries for employees overseeing RHT Program	All	N/A (Program Administration Expense)
XY2	$5,000,000.00	$2,850,000.00	Apex Implementation Partners	Provide support in overseeing and administering all initiatives	All	N/A (Program Administration Expense)

Data Entry: Program-Specific Limitations

Program-specific limitations are outlined in the NOFO. The limitations are summarized below in Figure 5.

Figure 5: Program-Specific Limitations and Amount of Award

Program-Specific Limitation	Amount of Award
Administrative Costs	10%
Provider Payments (Category B)	15%
Capital Expenditures and Infrastructure (Category J)	20%
EMR Replacement	5%
Rural Tech Catalyst Fund	10% or $20 million, whichever is less

Each program-specific limitation has a corresponding column in the Use of Funds tab. For each line item, enter the amount of *obligated* funds that should be counted towards each program specific limitation (blanks are treated as zero). It is possible that no program specific limitations apply to a line item. If no limitations apply, the State should indicate this in column ~~M~~N of the Use of Funds tab by selecting "No limitation applicable.". The State may fill out multiple program-specific limitation fields for a single line item, but funds should not be double-counted across multiple program-specific limitations; each dollar may be assigned to at most one program-specific limitation. The funds assigned to program-specific limitation categories should therefore sum to no greater than the line-item's Obligation Amount.

Two of the program-specific limitations overlap with use of funds categories: Provider Payments and Capital Expenditures and Infrastructure. The full Obligation Amount of a line item must be assigned to either the respective program-specific limitation field or the Administrative Costs program-specific limitation field if one of those two categories is selected.

Similarly, if "N/A (Program Administration Expense)" is selected as the use of funds category, then the full Obligation Amount must be populated in the Administrative Costs program-specific limitation field.

Downstream Reporting Tab

Overview

The goal of the Downstream Reporting tab is to provide CMS with greater visibility into how RHT Program funds are distributed across entity types over time. Each line item on this tab represents a single, direct subaward or contract between a parent entity and a downstream entity. These line items are used to track both the funds that are committed (if any) from the parent entity to the downstream entity as well as the funds that are actually transferred or paid. Additional rows of data and updates to relevant financial values should be made on the Downstream Reporting tab as new information is available to the State through their monitoring of downstream entities.

Reporting Instructions

States should complete only the unprotected white cells on this tab. Light blue cells are protected and automatically populated using formulas and should not be edited. Figure 6 displays example data from the State XY scenario.

Figure 6: Downstream Reporting Table

B	C	D	E	F	G	H	I	J	K	L
FROM		TO					Reference Columns			
Parent ID	Parent Entity	Entity ID	Downstream Entity (Subrecipient or Contractor)	Entity Type	RHTP $ Committed to Downstream Entity	Disbursed Funds Retained by Downstream Entity	Sum of Downstream Transfers and Payments	Total Disbursed Funds Accounted For	Sum of Unpaid Downstream Commitments	Net Unpaid Committed Funds
							Sum of Column H across all downstream entities	*Column H + Column I*	*Sum of Column G across immediately downstream entities – Column I*	*Column G – Column J – Column K*
5	Valley Regional Health System	5.1	Valley South Rural Emergency Hospital	Rural Emergency Hospital	$11,000,000.00	$1,370,000.00	$6,230,000.00	$7,600,000.00	$650,000.00	$2,750,000.00
5.1	Valley South Rural Emergency Hospital	5.1.1	Tri-County Rural EMS	Rural EMS Provider	$850,000.00	$350,000.00	$0.00	$350,000.00	$0.00	$500,000.00
5	Valley Regional Health System	5.2	Sunbelt Rural Community Health Center	Rural Community Health Center	$3,500,000.00	$1,100,000.00	$0.00	$1,100,000.00	$0.00	$2,400,000.00

Each row represents a direct financial relationship between two entities. Columns B and C identify the Parent ID and Parent Entity making the commitment or payment, while columns D through F identify the downstream entity receiving the funds, including its Entity ID, name, and entity type. The remaining light blue reference columns are used to track the financial status of each downstream relationship.

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Parent ID (Column B): The user must enter the Entity ID associated with the entity providing the funds. For a relationship between a first-tier entity and a second-tier entity, enter the first-tier entity's Entity ID from column ~~B~~C of the First-Tier Entities tab. However, for relationships with second to third-tier entities, or any subsequent tiers, the Parent ID will instead be determined by the Entity ID in column D of the Downstream Reporting tab.

As seen in Figure 6, the State enters "5" as the parent ID for a commitment from Valley Regional Health System to Valley South Rural Emergency Hospital, which the workbook defines as Entity ID 5.1 in column D. Then in the next row, 5.1 is used as the Parent ID to track a commitment from Valley South Rural Emergency Hospital to Tri-County Rural EMS.

Parent Entity (Column C): This column displays the entity name associated with the Parent ID.

Entity ID (Column D): This column assigns an entity ID to the downstream entity. This entity ID can then be input as the parent ID in any subsequent row of the Downstream Reporting tab.

Downstream Entity (Column E): The user should enter the legal name of the organization that is the recipient of the commitment, subaward, or contract described by the line item.

Entity Type (Column F): The user should select the most appropriate Entity Type from the dropdown, using the definitions on the Entity Type Guidance Tab for additional guidance.

RHTP $ Committed to Downstream Entity (Column G): The user must enter the dollars that the parent entity has committed to the downstream entity. Committed funds do not require a fully executed contract or legally binding agreement to be recorded, so the value in this column may reflect the deliberate earmarking of a budget for a specific downstream entity or purpose, even without a legally binding contract. Note that all downstream disbursements are definitionally preceded by the commitment of those funds to the downstream entity, which is why this value must be greater than or equal to the Total Disbursed Funds Accounted For and Net Unpaid Committed Funds must be non-negative. Note that the definition of committed funds (used for all second-tier and later entities) is broader than the definition of obligated funds, which is used only for the State awardee's direct relationships with its first-tier entities.

Disbursed Funds Retained by Downstream Entity (Column H): In this column, the user must enter the portion of the total disbursed funds that the downstream entity has not transferred or paid further downstream. These may be funds that either (1) are intended to be transferred or paid downstream but were held by the entity at the time of reporting, or (2) are used by the entity to implement initiative activities, such as internal administration, payroll for its own staff, or the purchase of materials.

This amount represents the disbursed RHT Program cash that has *stopped* at this entity and has not been passed further down the chain. Note that if a reporting period ends between the time that an entity received disbursed RHT Program funds and the time it is transferred or paid to a downstream entity, those funds would be tracked in this field even if some or all of the funds will be sent further downstream.

Sum of Downstream ~~Disbursed~~Disbursements (Column I): This column sums all the cash that has passed from this entity to its downstream entities. It shows how much of the cash it received was subsequently transferred or paid out.

Total Disbursed Funds Accounted For (Column J): This column is sum of the Disbursed Funds Retained by Downstream Entity and the Sum of Downstream Disbursements. This represents the total cash that has ever been transferred or paid to this entity, regardless of what share of that cash has been retained.

Sum of Unpaid Downstream Commitments (Column K): This column is the sum of the entity's commitments to its immediately downstream entities minus the Sum of Downstream ~~Transfers and Payments.~~Disbursements.

Net Unpaid Committed Funds (Column L): This column calculates the remaining undisbursed balance of the funds committed to this entity. This is the RHTP $ Committed to Downstream Entity minus Total Disbursed Funds Accounted For minus Sum of Unpaid Downstream Commitments. This value shows how much money is still available to be disbursed to downstream entities or retained for local operations.

Additional Data Entry Considerations

1. The generated Entity ID is tied to the relationship with the parent entity ID, not the downstream entity's name. This means that if the same entity receives committed or disbursed funds from two different parent entity IDs, it would be assigned two different Entity IDs that are not tied to each other in any way. See the example of Solomon Brothers Commercial Roofing in Figure 7. Solomon Brothers is assigned Entity ID 6.1.1.1 from the payment it receives from Summit General Contractors and Entity ID 6.2.1 from the payment it receives from Pinecrest South Hospital. This allows CMS to track the flow of funds.

Figure 7: Multiple Entity IDs to Same Entity

FROM		TO		
Parent ID	Parent Entity	Entity ID	Downstream Entity (Subrecipient or Contractor)	Entity Type
6	Pinecrest Health	6.1	Pinecrest North Hospital	Other Rural Hospital
6.1	Pinecrest North Hospital	6.1.1	Summit General Contractors	Construction or Specialty Trade Contractor
6.1.1	Summit General Contractors	6.1.1.1	Solomon Brothers Commercial Roofing	Construction or Specialty Trade Contractor
6.1.1	Summit General Contractors	6.1.1.2	Frost Boiler & HVAC	Construction or Specialty Trade Contractor
6	Pinecrest Health	6.2	Pinecrest South Hospital	Critical Access Hospital
6.2	Pinecrest South Hospital	6.2.1	Solomon Brothers Commercial Roofing	Construction or Specialty Trade Contractor
6.2	Pinecrest South Hospital	6.2.2	Pioneer Paving & Asphalt	Construction or Specialty Trade Contractor

2. Committed and disbursed funds from the same parent entity ID to the same downstream entity should be aggregated into one row even if the committed or disbursed funds span multiple initiatives or use of funds categories. In Figure 8, Valley Regional Health System (Entity ID #5) is a first-tier entity for both initiatives 1 and 2. For both initiatives, it subawards some of its obligated funds to Valley South Rural Emergency Hospital (5.1). Valley South Rural Emergency Hospital transfers funds to Tri-County Rural EMS (5.1.1) to implement initiative 2 and pays Horizon Construction Group (5.1.2) and Valley South Electrical (5.1.3) to implement initiative 1. ~~But nowhere~~Nowhere on this tab is the user required to indicate which funds are associated with each initiative.

Figure 8: Aggregation on Downstream Reporting Tab

FROM		TO					Reference Columns			
Parent ID	Parent Entity	Entity ID	Downstream Entity (Subrecipient or Contractor)	Entity Type	RHTP $ Committed to Downstream Entity	Disbursed Funds Retained by Downstream Entity	Sum of Downstream Transfers and Payments	Total Disbursed Funds Accounted For	Sum of Unpaid Downstream Commitments	Net Unpaid Committed Funds
							Sum of Column H across all downstream entities	*Column H + Column I*	*Sum of Column G across immediately downstream entities – Column I*	*Column G – Column J – Column K*
5	Valley Regional Health System	5.1	Valley South Rural Emergency Hospital	Rural Emergency Hospital	$11,000,000.00	$1,370,000.00	$6,230,000.00	$7,600,000.00	$650,000.00	$2,750,000.00
5.1	Valley South Rural Emergency Hospital	5.1.1	Tri-County Rural EMS	Rural EMS Provider	$850,000.00	$350,000.00	$0.00	$350,000.00	$0.00	$500,000.00
5.1.2	Horizon Construction Group	5.1.2.1	Beacon Commercial Roofing	Construction or Specialty Trade Contractor	$1,800,000.00	$1,800,000.00	$0.00	$1,800,000.00	$0.00	$0.00
5.1.2	Horizon Construction Group	5.1.2.2	Summit HVAC & Ventilation	Construction or Specialty Trade Contractor	$1,250,000.00	$1,250,000.00	$0.00	$1,250,000.00	$0.00	$0.00
5.1.2	Horizon Construction Group	5.1.2.3	Tri-State Concrete & Paving	Construction or Specialty Trade Contractor	$800,000.00	$800,000.00	$0.00	$800,000.00	$0.00	$0.00
5.1	Valley South Rural Emergency Hospital	5.1.3	Valley South Electrical	Construction or Specialty Trade Contractor	$230,000.00	$230,000.00	$0.00	$230,000.00	$0.00	$0.00

Appendix A: State XY Example Scenario

To illustrate the reporting process across the First-Tier Entities, Use of Funds, and Downstream Reporting tabs, this guide uses a simplified model of State XY's RHT Program consisting of four initiatives. The examples demonstrate how RHT Program funds are reported from the State awardee to first-tier entities and, when applicable, through additional downstream entities. All screenshots of the Obligated and Spent Funds Reporting tabs used in this guide are populated with this simplified example data. To assist States in understanding how the example data was created, State XY's program is described below. Please note that numbers in this example data were selected for illustrative purposes in demonstrating the workbook's function and do not necessarily reflect realistic values for each activity.

To administer the overall program, the State has direct agreements with two first-tier entities: Apex Implementation Partners, which provides general technical assistance and implementation support, and Eucalyptus Analytics LLC, which provides program evaluation services for Initiatives 2 and 3. The State awardee agency, XY Department of Health, is also entered as a first-tier entity to account for RHT Program funds retained within the agency for personnel and other allowable program administration costs.

Beyond these overarching activities, the State has direct agreements with additional first-tier entities responsible for implementing individual initiatives. Each entity receiving RHT Program funds directly from the State awardee should be included on the First-Tier Entities tab. An entity only needs to be established once on that tab, even if it participates in multiple initiatives. The associated obligations and expenditures are reported on the Use of Funds tab, while applicable funding commitments, payments, and transfers beyond the first-tier are reported on the Downstream Reporting tab.

Initiative 1: Infrastructure Revitalization

This initiative funds minor renovations and minor alterations and equipment updates to existing healthcare facilities. Eligible projects include repurposing existing buildings to offer new clinical services, installing soundproofing to offer telehealth services, and repairing equipment at rural hospitals. To execute this, the State has contracted directly with Dogwood Facility Consultants to evaluate facility needs, direct the flow of funds, and oversee vendor bidding. The State has also distributed direct prime funding to two major regional networks (Valley Regional Health System and Pinecrest Health) and four independent rural healthcare providers (Maple Creek Community Hospital, Ridgeview Memorial Hospital, Oak Valley Health Center, and Lakefront Area Medical Center) to manage physical upgrades within their respective facilities.

Initiative 2: Rural Health Service Pilots & Care Availability

Focused on generating data to inform long-term healthcare investments, this initiative provides direct funding to pilot new rural health services. The pilots are each built on one of the RHT Program Use of Funds categories of prevention and chronic disease, provider payments, and appropriate care availability. The State has engaged three first-tier entities to execute these pilots, often involving transferring funds downstream to owned clinics or other healthcare facilities to engage in pilot activities. These first-tier entities are Valley Regional Health System, Maple Creek Community Hospital, and Ridgeview Memorial Hospital. Note that all three of these first-tier entities are already included in Initiative 1, so they would not need to be entered separately on the First-Tier Entities tab.

Initiative 3: Workforce Training and Education

This is a highly collaborative, multi-agency initiative designed to expand the rural healthcare workforce pipeline. Because the State relies on existing statutory infrastructure, this initiative is executed entirely through direct first-tier inter-agency agreements. The XY Department of Labor and Workforce Development (DOL) subawards funds down to the State Workforce Board and various regional/tribal entities. Simultaneously, the XY Department of Education (DOE) provides funding to Rural GME sponsors, medical universities, and rural clinical training programs to support approved workforce development activities.

Initiative 4: Technology Upgrades

This initiative focuses on digital modernization, interoperability, and telehealth expansion. Because these activities require proprietary software licenses and direct professional services, the State acts as the direct procuring entity, contracting with four major commercial IT vendors. These first-tier entities include Chartwell EMR Solutions for system migrations; Verdant Springs Telehealth for remote clinic outfitting; Vanguard Cybersecurity for cybersecurity implementation and staff training; and Streamline Grants Inc., the vendor responsible for running the procurement process for the initiative.

Appendix B: Conditional Formatting Rules

All of the data entry tabs in the Obligated and Spent Funds Reporting section have conditional formatting rules to assist with data entry. Cells will highlight yellow based on a variety of rules pertaining to either missing or incorrect values. The conditional formatting rules for each tab are described below.

First-Tier Entities Tab

1) The Entity Type dropdown may not be used to select a category label. The State should only use the indented entity types in the dropdown list; the category labels are only an organizational tool.
2) None of the dollar values in columns ~~F~~E–L may be negative. This includes both input and calculated values. If any calculated values are negative, it means that there is an error or a value that needs to be updated on at least one tab.

Use of Funds Tab

1) The sum of Obligation Amounts assigned to a given first-tier entity may not exceed the Obligated Funds assigned to that entity of the First-Tier Entities tab. If this limit is exceeded, the Obligation Amount cell for all rows related to that first-tier entity will highlight yellow.
2) The Disbursed Amount for a line item may not exceed its Obligation Amount.
3) If an amount is entered into the Capital Expenditures and Infrastructure or Provider Payments Program-Specific Limitations fields and the use of funds category does not align, the use of funds category field will highlight yellow.
4) If no program-specific limitations apply, the confirmation field must be populated with “No limitation applicable”; otherwise, the confirmation cell will highlight yellow and should be filled with “No limitation applicable”.
5) If an amount is entered in a program-specific limitation field and the confirmation field is populated as “No limitation applicable”, then the confirmation field will highlight yellow and either the amount should be removed from the program-specific limitation field or the confirmation of “No limitation applicable” should be removed.
6) If amounts attributed to program-specific limitations sum to greater than the Obligation Amount in the line item, then all program-specific limitation fields will highlight yellow and the amounts should be edited to be no greater than the obligated funds in the line item.

7) If the “N/A (Program Administration Expense)” use of funds category is selected for the line item, then the program-specific limitation Administrative Costs field will highlight yellow until the full Obligation Amount is entered.
8) If the Provider Payments use of funds category is selected for the line item, then the program-specific limitation Provider Payments field will highlight yellow until the full Obligation Amount is accounted for between the Provider Payments and Administrative Costs fields.
9) If the Capital Expenditures and Infrastructure use of funds category is selected for the line item, then the program-specific limitation Capital Expenditures and Infrastructure field will highlight yellow until the full Obligation Amount is accounted for between the Capital Expenditures and Infrastructure and Administrative Costs fields.

Downstream Reporting Tab

1) The Parent ID must be an Entity ID defined on either the First-Tier Entities tab or in an earlier row on the Downstream Reporting tab.
2) The Entity Type dropdown may not be used to select a category label. The State should only use the indented entity types in the dropdown list; the category labels are only an organizational tool.
3) None of the dollar values in columns G–L may be negative. This includes both input and calculated values. If any calculated values are negative, it means that there is an error or a value that needs to be updated on at least one tab.

Appendix C: Table of Figures

RURAL HEALTH TRANSFORMATION