Exhibit B

Scope of Work, Milestones, Activities, and Performance Measures

This Exhibit is incorporated into and forms part of Subrecipient Agreement No. RHT26-019-PDC10 (the "Agreement") by and between the Virginia Department of Medical Assistance Services ("DMAS") and Thomas Jefferson Planning District Commission ("TJPDC" or "Subrecipient"). This Exhibit sets forth the scope of work applicable to the Subrecipient under the Rural Health Transformation Program ("RHTP"), including the approved activities, milestones, and performance measures associated with the Subrecipient's funded work.

1. Purpose

The purpose of this Exhibit is to document the requirements the Subrecipient shall perform under the Agreement and to establish a framework for tracking implementation, milestone achievement, and performance over the applicable period of performance.

2. Method of Selection

The Subrecipient was selected for an award under the Connected Care, Closer to Home initiative, Mobile and Hybrid Care Implementation sub-initiative because the Subrecipient, TJPDC, is the public entity established by the Virginia General Assembly pursuant to the Code of Virginia § 15.2-4207 with a purpose of encouraging and facilitating local government cooperation and state-local cooperation in addressing on a regional basis problems of greater than local significance, including but not limited to the functional areas of human services and economic and physical infrastructure development. The organization's established partnerships position it to effectively implement activities consistent with the Commonwealth's CMS-approved Rural Health Transformation Program (RHTP) project narrative and allowable funding uses while supporting the goals of the Connected to Care, Closer to Home initiative, Mobile and Hybrid Care Implementation sub-initiative and fulfilling required oversight, performance monitoring, and reporting responsibilities.

Because the Subrecipient determines eligibility for program participation, has its performance measured against RHTP objectives, exercises programmatic decision-making authority, is responsible for adherence to applicable Federal program requirements, and uses Federal funds to carry out a program for a public purpose, TJPDC meets the definition of a subrecipient under 2 C.F.R. §§ 200.1 and 200.331.

3. RHTP Initiative Alignment

RHTP Initiative: Connected to Care, Closer to Home

RHTP Sub-Initiative: Mobile and Hybrid Care Implementation

RHTP Domain(s) Supported:

- ☒ Care coordination / care delivery transformation
- ☐ Workforce development and support
- ☐ Service line transformation / sustainability

☐Technology / digital enablement

☐ Prevention / wellness

☐Other: Evaluation

4. Scope of Work

The Subrecipient shall perform the requirements below, including the services and tasks to be completed to achieve program objectives and the intended use and purpose of funds as described in Exhibit G (DMAS Proposal Narrative).

Scope of Work / Key Services and Activities:

Mobile and Hybrid Care expands access to primary, preventive, specialty, and diagnostic care by bringing services closer to where rural Virginians live and work. The Subrecipient shall run a competitive selection process to award grants to providers serving qualified rural areas to purchase, develop, and deploy mobile and hybrid care solutions that expand access to healthcare services in rural areas. Funded mobile and hybrid care solutions may include, but are not limited to, mobile care units, telehealth kiosks, clinics in a box, electronic consultations, rural care hubs and other mobile or technology-enabled care delivery models consistent with Exhibit G and CMS's RHT program objectives and requirements.

The Subrecipient shall ensure that selected providers use technology-enabled approaches, including hub-and-spoke models, to deliver community-based care while connecting patients and local providers with larger facilities and specialists. Services may include but are not limited to primary care, behavioral health and substance use disorder services, dental care, vision care, screenings, and diagnostics.

Funds shall be used to support the activities described above and may be used to support, but not be limited to, the service area that follows: Thomas Jefferson (Albermarle County, Fluvanna County, Greene County, Louisa County, Nelson County, Charlottesville City) and Rappahannock-Rapidan (Culpeper County, Fauquier County, Madison County, Orange County, Rappahannock County). Funds must directly benefit rural areas.

Use and Purpose of Funds:

Funds shall be used to support the start-up and implementation of mobile and hybrid care models that expand access to health care services in rural communities. Subject to the Agreement and applicable program requirements, allowable uses may include, but are not limited to:

- Equipment (e.g., vans for mobile units, screening equipment, basic diagnostic equipment)
- Initial time-limited personnel costs
- Data infrastructure needed for mobile and hybrid care models
- Minor renovations to existing buildings
- Technical assistance for development of care models and value-based payment models
- Training for physicians and clinical staff

5. Period of Performance

The period of performance for this Scope of Work, Milestones, and Budget as defined in this document shall be the same as the Term of the Agreement.

6. Milestones

The Subrecipient shall perform the milestones and deliverables below during the period of performance.

Milestone No.	Milestone Description	Date	Evidence of Completion / Deliverable
1	Establish governance and implementation framework	FFY Q1 2027	• Organizational chart and project plan
2	Release competitive RFP, RFA, or other competitive process for sub-grantees	FFY Q1 2027	• Draft RFP/RFA • Evidence of RFP/RFA release and final RFP/RFA
3	Award first round of sub-grants and begin start-up	FFY Q2 2027	• Awarded contracts
4	Deploy initial infrastructure and/or equipment	FFY Q3 2027	• Evidence of early deployment

7. Acceptance Criteria

Specific acceptance criteria and format for submission for each milestone/deliverable above will be mutually agreed upon in writing by Subrecipient and DMAS following the execution of the Agreement. Upon completion of the milestone(s) above, Subrecipients shall submit associated deliverable(s) to the DMAS Contract Administrator. DMAS will review the information submitted by the Subrecipient within ten (10) business days (excluding State holidays) of receipt. DMAS will determine if the deliverable complies with requirements and notify the Subrecipient in writing of its acceptance or rejection. If rejected, the Subrecipient shall make revisions and resubmit the deliverable within the time specified by DMAS.

8. Program Performance Metrics

During the period of performance, the Subrecipient shall require subgrantees to report on the performance measures, indicators, and/or metrics below, impacted by their projects, as applicable and as directed by DMAS.

Metric No.	Metric	Baseline (if applicable)	Target	Data Source / Documentation
1	Rate of annual wellness visits in rural regions	First reported value to be used as baseline	At least a 1-3 percentage point increase from	TBD

			baseline in each of the six rural health regions by FFY 2030.	
2	Incremental number of rural residents served by mobile and hybrid care programs in localities targeted by the sub-initiative	0	Target description to be specified after Round 1 sub-awards, by FFY 2027 Q1 report.	TBD

9. Itemized Budget and Justification

During the period of performance, the Subrecipient budget is as follows:

Category	Budget	Justification of Budget Amounts
Personnel		
Fringe		
Travel		
Equipment		
Supplies		
Contractual		
Other		
Indirect*		
Total	**$11,813,913.00**	

***Indirect cost rate utilized (if applicable): Insert.**

Note: Per CMS, administrative costs may not exceed 10% of the total budget.

Federal funds awarded pursuant to the Agreement are subject to applicable federal and state requirements, including 2 C.F.R. Part 200, CMS award terms, and Commonwealth of Virginia laws, regulations, policies, and guidance. Funds may be used only for allowable costs associated with approved RHTP activities, as described in the Agreement and its exhibits, and are contingent upon the availability of funds, continued federal approval, and compliance with program requirements.

Annual award amounts are subject to continued federal approval and the Commonwealth's demonstrated progress toward program objectives. As such, federal funding levels may fluctuate across budget periods. All disbursements to Subrecipients are subject to the availability of federal funds received from CMS, continued federal approval, and the Subrecipient's satisfactory performance and compliance with the Agreement and applicable requirements as determined by DMAS.

DMAS may adjust, reduce, suspend, or terminate funding consistent with the Agreement and applicable law. The award amount listed above and within the Agreement is contingent upon the result of the competitive selection processes administered by the Subrecipient and other Planning District Commissions. DMAS reserves the right to reduce or reallocate funding prior to the Subrecipient executing agreements with downstream subrecipients to maximize efficiency and benefit to the

Commonwealth and maintain geographic balance for the Mobile and Hybrid Care initiative, taking into account the quality of applications across the Commonwealth. As such the amount of available funding for the Mobile and Hybrid Care initiative within each Planning District Commission service area will depend upon the quality and scope of applications received from downstream subrecipients, available funding, proposed budgets, anticipated community impact, and the resulting portfolio of projects for the Commonwealth.

10. Reporting and Documentation Expectations

The Subrecipient shall perform all reporting obligations and maintain all records and supporting documentation required under the Agreement in accordance with **Exhibit A**, as may be supplemented by written instructions issued by DMAS. The Subrecipient shall provide timely, complete, and accurate reporting and shall maintain documentation sufficient to support reported activities, milestones, deliverables, outputs, expenditures, and other required performance information.

11. Method of Accountability: Subrecipient Monitoring and Remedies

Subrecipient shall comply with monitoring and associated requests in accordance with **Section H. Subrecipient Monitoring** and **Section I. Audit of Financial Records** of the Agreement.

Subrecipient shall cooperate with any audit by the CMS/HHS, DMAS, APA, or other authorized auditing entity.

In accordance with 2 C.F.R. § 200.339 and the terms in the Agreement, if the Subrecipient fails to provide agreed upon deliverables, reports, or documentation associated with the metrics, milestones, or reporting obligations listed above, DMAS may impose any of the remedies indicated in **Section Z. Remedies** of the Agreement or any remedy available under state or federal law.

12. Changes to Scope

The Subrecipient shall not modify the scope of work described in this Exhibit without prior written approval from DMAS. Any requested change to the activities, milestones, outputs, metrics, timeline, or expected results under this Exhibit shall be submitted to DMAS in writing and shall not take effect unless approved by DMAS in accordance with the Agreement.

13. Additional Notes/Special Conditions

RESERVED.

14. Subrecipient Contact Information

	Project Director	Project Administrator	Finance Office
Name			
Title			
Address			
Phone			
Fax			
Email			