RURAL HEALTH SYSTEMS (RHSP) AND HOSPITAL ASSISTANCE GRANT (HAG) INSTRUCTIONS

STEP 1: APPLICATION REVIEW AND SUBMISSION. Review application and complete all information requested in the application. If supporting documentation is required, it must be attached to your application. Your application must bear an original signature. In the event that a collaborative application is being submitted, all collaborating parties must sign the application. In order for an application to be deemed complete and thus appropriate for consideration, all portions of the application must be answered, all supporting documentation must be attached, and all appropriate signatures must be obtained. Do not include any protected health information or personally identifiable information in the application or in any of the attachments.

STEP 2: TECHNICAL ASSISTANCE. In the event that you require technical assistance to complete your application, you may contact the RHSP Program Coordinator, Charlotte Flanagan, (304) 558-4007, Charlotte.A.Flanagan@wv.gov. In the event that the organization/lead agency is one of the following organizational categories: a primary care center, emergency medical services center or provider, rural hospital flexibility program (critical access hospital), or local health department, you must demonstrate in your application that you have received technical assistance, prior to submitting your application, from the following source appropriate to the services you offer:

Primary Care Center(s) - RHSP
Contact: Charlotte A. Flanagan, B.S.
Division of Primary Care
(304) 558-4007
Email: Charlotte.A.Flanagan@wv.gov

Emergency Medical Service Center(s) or Provider - RHSP
Contact: Melissa J. Raynes
Office of Emergency Medical Services
(304) 558-3956
Email: Melissa.J.Raynes@wv.gov

Rural Hospital Flexibility Program (RHFP) (Critical Access Hospital – CAH) - RHSP
Contact: Shawn Balleydier
Division of Rural Health and Recruitment
(304) 356-4210
Email: Shawn.G.Balleydier@wv.gov
Local Health Centers - RHSP  
Contact: Amy Atkins, Director  
Division of Local Health  
(304) 558-8870  
Email: Amy.D.Atkins@wv.gov

Hospital Assistance Grant  
Cynthia H. Dellinger, General Counsel  
West Virginia Health Care Authority  
100 Dee Drive  
Charleston, WV  25311  
(304) 558-7000  
Email: CDellinger@hcawv.org

The purpose of this is to provide each applicant an opportunity to receive technical assistance from available resources with the expertise specific to their organization/lead agency.

**STEP 3: SUBMISSION.** Mail one (1) original of your complete Application to the following address:

Legal Division  
West Virginia Health Care Authority  
100 Dee Drive  
Charleston, WV  25311-1600

**DEADLINES:**

Please see the following emergency rules for applicable deadlines:

-● 65CSR30 (Rural Health System Program)  
-● 65CSR31 (Hospital Assistance Grant Program)

**ONLY COMPLETE APPLICATIONS RECEIVED IN CONFORMITY WITH THE TIME FRAMES ESTABLISHED IN THE RULES WILL BE CONSIDERED FOR FUNDING**