



TN

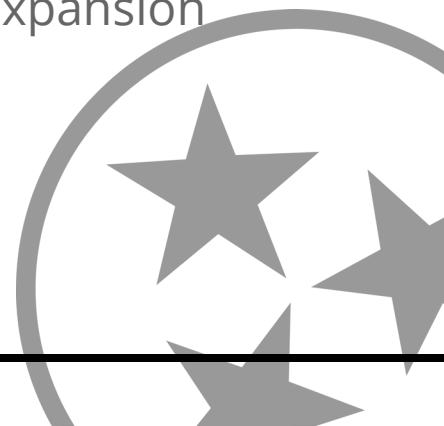
Department of
**Mental Health &
Substance Abuse Services**

Announcement of Funding

Project Rural Recovery: Mobile Health Unit Expansion

Tennessee Department of Mental Health & Substance Abuse Services

Completed Proposals Due: **July 6, 2026, 5PM CT**

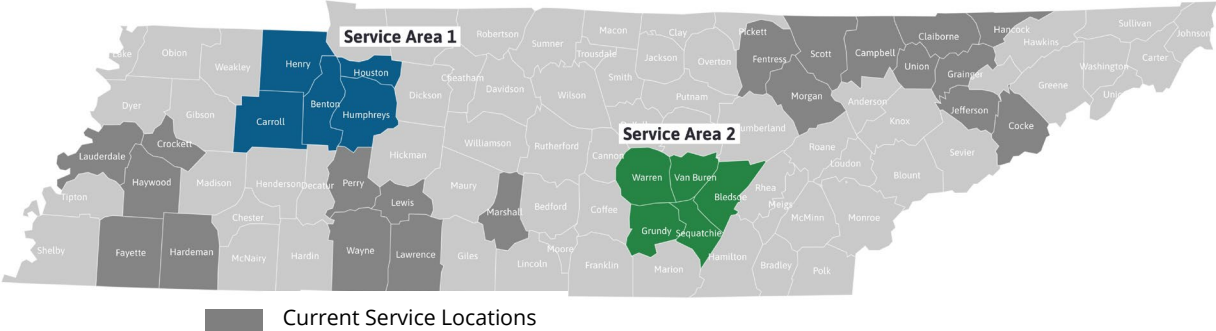


Introduction

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) is requesting proposals from local community agencies to expand existing Project Rural Recovery services by implementing two (2) additional mobile health clinics, serving at least five (5) rural counties each. The identified service areas were selected based on demonstrated need across key indicators, including designation as economically distressed or at risk of becoming economically distressed (based on three-year average unemployment rates, per capita market income, and poverty levels) and are also identified by County Health Rankings & Roadmaps as “less healthy.” These counties represent communities where expanded access to integrated, community-based care is expected to have a significant impact on health outcomes and service utilization. Project Rural Recovery currently serves the following counties: Lauderdale, Crockett, Haywood, Fayette, Hardeman, Perry, Lewis, Wayne, Lawrence, Marshall, Fentress, Morgan, Scott, Campbell, Union, Claiborne, Grainger, Jefferson, Cocke, and Hancock counties.

New service areas are as follows:

- Service Area 1: Henry, Houston, Carroll, Benton, Humphreys Counties
- Service Area 2: Warren, Van Buren, Bledsoe, Grundy, Sequatchie Counties



These funds will be contracted to up to two (2) community agencies to purchase the mobile health units and fund operational expenses. By removing access-related challenges, this mobile, integrated model of care will improve health outcomes for Tennesseans residing in these and surrounding counties.

Selected proposers will be required to collect, maintain, and report programmatic and performance data in accordance with all TDMHSAS and Rural Health Transformation Program (RHTP) requirements. Grantees must also coordinate and interface with the TDMHSAS Office of Research to support evaluation activities, including participation in data submission, analysis, and reporting processes as directed by the Department.

Program Goal and Objectives

The goal of this project is to design, implement, and operate a mobile integrated care model aligning physical care with mental health and substance use services, with a focus on engaging and improving health outcomes for underserved rural populations across Tennessee.

Specific objectives include:

- Provide mobile integrated physical health, mental health, and substance use services.
- Provide preventive health screening and testing.
- Refer and link patients to needed services including education support, employment coaching, utility assistance, housing services, and smoking cessation.
- Decrease the number of individuals seeking care at emergency departments in the counties served.

Table of Contents

1. GENERAL CONDITIONS

- 1.1 Funding Information
- 1.2 Timelines
- 1.3 Proposer Eligibility
- 1.4 Scope of Services
- 1.5 Communications
- 1.6 Proposal Preparation, Formatting, Submission, Withdrawal, and Rejection
- 1.7 Proposal Review, Components, Scoring, and Selection
- 1.8 State's rights and obligations under this Announcement

2. PROPOSAL NARRATIVE

- 2.1 Statement of Need
- 2.2 Relevant Experience
- 2.3 Organizational/Implementation Approach
- 2.4 Community Integration/Participation
- 2.5 Project Sustainability

3. ATTACHMENTS

Attachment A Cover Sheet

Attachment B Organizational Chart

Attachment C Proposed Budget

Attachment D Budget Justification

Attachment E Existing Agreements and Third-Party Revenue Source(s)

GENERAL CONDITIONS

1.1. Funding Information

1.1.1 Project Period: The initial project period is September 1, 2026 - June 30, 2027. As funds are available and subject to provider’s performance, there may be additional Grant Contract periods for this service. Subject to the availability of funds.

1.1.2 Funding Amount: This funding opportunity will support two (2) providers, inclusive of mobile unit purchase costs. Funding is provided through the Rural Health Transformation Program (RHTP).

RHTP funding is expected to be available for up to five (5) years, contingent upon annual legislative appropriation, availability of funds, and satisfactory program performance.

Applicants must submit a single Year One budget as part of their proposal, aligned with the project period outlined below.

Maximum Award Amounts:

- **\$1,374,580**
Project Period: September 1, 2026 – June 30, 2027
Service Area 1: Henry, Houston, Carroll, Benton, Humphreys Counties
- **\$1,374,580**
Project Period: September 1, 2026 – June 30, 2027
Service Area 2: Warren, Van Buren, Bledsoe, Grundy, Sequatchie Counties

Award amounts for the above project periods are inclusive of mobile unit procurement and initial implementation and ramp-up operational costs.

Per CMS guidelines, there is a 10% cap on funding that can be used for administrative costs, including both indirect and direct costs. (Public Law 119-21, Section 7140). [CMS FAQs October 2025, page 36](#)

1.1.3 Allocations: Funding allocations will be awarded based on how well a Proposer addresses guidelines and criteria of this Announcement.

1.1.4 Subject to Funds Availability: Grant contracts awarded because of this announcement of funding are subject to the appropriation and availability of funds. In the event funds are not appropriated, or otherwise unavailable, the State reserves the right to terminate Grant Contracts upon written notice to the Grantee.

1.1.5. Grant Contract Requirements: Grant contracts awarded because of this announcement of funding must comply with all contract requirements and will be subject to both programmatic and fiscal monitoring. Proposers should review the TDMHSAS Grantee Manual located on the Grants Management section of the department’s website, located [here](#). This manual includes resources about the grant contracting process, highlights key contract provisions, reviews the programmatic and fiscal requirements for grant contracts, outlines the department’s monitoring process, and provides resources related to grant management. Any selected Grantee will be subject to monitoring by the Department as required by [Department of General Services, Central Procurement Office Policy 2013-007](#) and state and federal regulation.

1.1.6. Cost-Reimbursement Grant Contract: This award will result in a grant, cost-reimbursement contract between the State and awarded Grantee. All invoices paid or payments made by the State are to be cost reimbursed; specifically, awarded Grantees must first pay for the cost out-of-pocket, and then the State reimburses the Grantee for such cost.

1.2. *Timelines*

The following schedule of events represents the State’s best estimate of the schedule that shall be followed. The State reserves the right in its sole discretion to adjust this schedule as it deems necessary. In the event such action is taken, notice of such action will be posted on the State’s website located [here](#) and notice of the posting will be distributed via the proposer e-mail list.

Schedule of Events	Date
TDMHSAS Releases Announcement of Funding	6/1/2026
Proposers written questions regarding the announcement due by 5PM	6/8/2026
TDMHSAS issues written responses to questions on website	6/15/2026
Proposals are due via email by 5PM CT	7/6/2026
TDMHSAS Makes announcement of accepted proposals	7/20/2026
Contract shall be effective upon gathering all required signatures and approvals from the State in accordance with grant contract section D.1. Required Approvals.	9/1/2026

1.3 *Proposer Eligibility*

1.3.1 The proposer, for purposes of this Announcement, must:

- Be registered with the Tennessee Secretary of State as a legal business entity in active status; must submit a copy of documentation verifying registration as an attachment to the proposal; documentation must include the entity's SOS control number.
- Have IRS Form 990 (Return of Organization Exempt from Income Tax); must submit most recently filed form as an attachment to the proposal.
- For nonprofit or 501(c)(3) organizations, must be registered with TN Department of Revenue for sales tax exemption – TDMHSAS does not reimburse sales tax expenses with grant funds to a nonprofit or 501(c)(3) organization; must submit documentation to verify registration as an attachment to the proposal. More information can be found using the following link:
<https://www.tn.gov/revenue/taxes/sales-and-use-tax/exemptions-certificates-credits.html>
- Demonstrate experience providing physical, mental health, and/or substance use services to adults (ages 18 and older) and children (ages 0-17), with co-existing or at risk of physical, Serious Mental Illness, Serious Emotional Disturbances, and/or Substance Use Disorders.
- Demonstrate good relational standing with TDMHSAS as well as stakeholders, including, but not limited to mental health treatment and/or co-occurring disorder services providing entities within Tennessee.
- Demonstrate a history of successful programmatic and financial responsibility.

Questions specific to eligibility for this Announcement may be asked in writing at any time. Please email Darren.Layman@tn.gov for all eligibility-related questions.

1.3.2 A proposer, for purposes of this Announcement, must not be:

- An entity which employs an individual who is, or within the past six (6) months has been, an employee or official of the State of Tennessee in a position that would allow the direct or indirect use or disclosure of information, which was obtained through or in connection with his or her employment and not made available to the general public, for the purposes of furthering the private interest or personal profit of any person; and

- For purposes of applying the requirements above, the State will deem an individual to be an employee or official of the State of Tennessee until such time as all compensation for salary, termination pay, and annual leave has been paid.

1.4 Scope of Services

Each mobile health unit must provide integrated mental health, substance use, and physical health services in one of the service areas listed in the introduction and Section 1.1.2. Services provided must include at least the following:

1.4.1 Screening and assessment of physical care, mental health, and substance use disorders for all service recipients as clinically appropriate, including:

- Physical – vital signs including blood pressure, height, weight;
- Mental Health – PHQ9 or similar assessment tool and Columbia-Suicide Severity Rating Scale (C-SSRS);
- Substance Use - Screening, Brief Intervention, and Referral to Treatment (SBIRT); and
- Other Assessments as deemed necessary to determine the most clinically appropriate intervention.

1.4.2 Integrated physical care, mental health, and/or substance use services, including:

- Basic, physical health services that include management of hypertension, diabetes, lipid disorder, weight disorders, and other issues including treatment for common colds, minor physical injuries, and other non-emergency issues;
- Health screenings and testing such as, but not limited to, tuberculosis (TB), human immunodeficiency virus (HIV), and hepatitis;
- Assessment of and treatment for mental health disorders and/or provide referral to appropriate community services; and
- Assessment of and treatment for substance use disorders and/or provide referral to appropriate community services including tobacco/nicotine cessation services;

1.4.3 Referral and linkage, as needed, to support services such as education support, utility assistance, housing services, and employment coaching and placement support;

1.4.4 Case management services, as appropriate, to service recipients, in which a case manager assists the service recipient with navigating various life domains, including employment and education; and

1.4.5 Nutrition and/or exercise interventions as necessary.

The scope of services will be finalized when a selection is made. Please note that the State reserves the right to make any changes to the scope of services as deemed necessary before issuing the final Grant Contract. The State also reserves the right not to issue any Grant Contracts in response to this Announcement.

1.5 Communications

1.5.1 The following Coordinator shall be the main point of contact for this Announcement of Funding:

Darren Layman
Email Address: Darren.Layman@tn.gov

All proposer communications concerning this procurement must be directed to the Coordinator listed immediately above. Unauthorized contact regarding this Announcement of Funding with other state employees of TDMHSAS may result in disqualification.

1.5.2 Questions and Requests for Clarification: Questions and requests for clarification regarding this announcement must be submitted in writing on or before June 8, 2026, 5:00PM CT to Darren.Layman@tn.gov. Written responses to the submitted questions will be posted [here](#) by June 15, 2026.

1.6 Proposal Preparation, Formatting, Submission, Withdrawal, and Rejection

1.6.1 Proposal Preparation: The Proposer accepts full responsibility for all costs incurred in the preparation, submission, and other activities undertaken by the Proposer associated with the proposal.

1.6.2 Proposal Formatting Requirements: The State's goal to review all proposals submitted must be balanced against the obligation to ensure equitable treatment of all proposals. For this reason, formatting and content requirements have been established for proposals.

- Proposals must be received via e-mail by the deadline of July 6, 2026, 5PM CT.
- Proposals must address all applicable project narrative questions and label the sections accordingly within the proposal.
- Proposals must be typed, single-spaced on standard 8 ½ inch x 11-inch paper, in font size twelve (12), with 1-inch margins. The spacing and margin requirements do not apply when preparing the attachment worksheets.
- All proposal pages and attachments must include a header with Proposer name and page number.
- The Project Narrative length is limited to 10 pages.
- The proposed budget should include the summary, detail, salary, and budget justification. This may be sent as PDF or Excel. The budget narrative is limited to one page.

1.6.3 Proposal Submission: Proposals should be submitted to the State via email to Darren.Layman@tn.gov by July 6, 2026, 5PM CT. Proposals must be complete and comply with all requirements of this Announcement to be eligible for review.

1.6.4 Proposal Withdrawal: Proposals submitted prior to the due date may be withdrawn, modified, and resubmitted by the Proposer so long as any resubmission is made in accordance with all requirements and all deadlines of this Announcement.

1.6.5 State's Right to Reject Proposals: The State reserves the right to reject, in whole or in part, any and all proposals; to advertise new proposals; to arrange to perform the services herein, to abandon the need for such services, and to cancel this Announcement if it is in the best interest of the State as determined in the State's sole discretion. In the event such action is taken, notice of such action will be posted on [TN.gov at this link](#), and notice of the posting will be distributed via the proposer e-mail list.

1.7 Proposal Review, Components, Scoring, and Selection

1.7.1 Proposal Review: Proposals will be scored based on the ability to demonstrate the intended success of the project. Incomplete and non-compliant proposals will not be reviewed. The State recognizes the need to ensure that funding provided for the Mobile Health Unit Expansion provides the maximum benefit to the citizens of Tennessee. Grantees are selected in accordance with state policy, department duties, department powers, and commissioner duties and powers as related to service as the state’s mental health and substance abuse authority responsible for planning for and promoting the availability of a comprehensive array of high-quality prevention, early intervention, treatment, and habilitation services and supports that meets the needs of service recipients in a community-based, family-oriented system.

1.7.2 Proposal Components: Each proposal should contain the following sections. Please note, incomplete proposals will not be reviewed:

- Cover letter
- Cover sheet (Attachment A, signed by authorized representative)
- Table of Contents
- Project Narrative
- Organization Chart(s) (Attachment B)
- Proposed Budget and Budget Justification (Attachment C & D)
- Existing Agreements and Third-Party Revenue Source (Attachment E)

1.7.3 Proposal Scoring: Each proposal is allocated a maximum point value that determines a range within which reviewers will assign specific points. The number of points allocated to each component below is the maximum number of points the reviewer may assign. Reviewed proposals may receive a total score between zero (0) and one hundred (100).

Proposal Component	Score
Cover Letter	0 points, but essential
Cover Sheet (Attachment A)	0 points, but essential

Table of Contents	0 points, but essential
<p>Project Narrative</p> <ul style="list-style-type: none"> - Statement of Need (5 points) - Relevant Experience (15 points) - Organizational/Implementation Approach (20 points) - Community Integration/Participation (15 points) - Project Sustainability (20 points) 	75 points
<p>Organizational Chart(s) (Attachment B)</p> <p><i>Organizational chart for the entity submitting the proposal, demonstrating where the Mobile Health Unit Expansion fits within the overall structural organization of the entity submitting the proposal.</i></p>	0 points, but essential
<p>Proposed Budget and Budget Narrative (Attachment C & D)</p> <p><i>Appropriate and realistic budget must be submitted along with a narrative justifying the budget. Proposers should submit a budget based on available funding and the time period included in section 1.1.2 and specify the service area to be served.</i></p>	20 points
<p>Existing Agreements and Third-Party Revenue Source (Attachment E)</p> <p><i>Provide documentation of any existing agreements with community stakeholders that provide additional resources to the Mobile Health Unit Expansion List any current third-party revenue sources that contribute to the long-term sustainability of the Proposing entity.</i></p>	5 points

1.7.4 Proposal Selection: The State will notify all Proposers selected for contracting by July 20, 2026.

All grant proposals are reviewed and evaluated by a group of state employees selected by TDMHSAS. Based upon the evaluations, proposal selections will be made and submitted for final approval to the Commissioner of the Department of Mental Health and Substance Abuse Services and/or Commissioner’s designee.

The State reserves the right to further negotiate proposals selected to be awarded funds. Prior to the execution of any Grant Contract, the State reserves the right to consider past performance under other Tennessee contracts.

1.8 State's rights and obligations under this Announcement

1.8.1 The State reserves the right to make any changes to this Announcement of Funding, timeline of events, proposals selected, the scope of services, the amount of funding, and any other aspect of this process as deemed necessary before issuing the final Grant Contract. In the event the State decides to amend, add to, or delete any part of this Announcement, a written amendment will be posted [on TN.gov at this link](#), and notice of this posting will be distributed via the proposer email list.

1.8.2 The State reserves the right to cancel, or to cancel and re-issue, this Announcement. In the event such action is taken, notice of such action will be posted [on TN.gov at this link](#), and notice of the posting will be distributed via the proposer email list.

1.8.3 The State reserves the right to make any changes to the scope of services as deemed necessary before issuing the final Grant Contract.

1.8.4 The State reserves the right to not issue any Grant Contracts in response to this Announcement.

1.8.5 The State reserves the right to further negotiate proposals selected to be awarded funds prior to entering into a Grant Contract.

1.8.6 State obligations pursuant to a Grant Contract shall commence only after the Grant Contract is signed by the Grantee and the State and after the Grant Contract is approved by all other Tennessee officials in accordance with applicable laws and regulations. The State shall have no obligation for services rendered by the Grantee which are not performed within the specified Grant Contract term.

1.8.7 Grant contracts awarded as a result of this Announcement of Funding are subject to the appropriation and availability of funds. In the event funds are not appropriated or otherwise unavailable, the State reserves the right to terminate Grant Contracts upon written notice to the Grantee.

2. PROPOSAL NARRATIVE

Proposal narrative responses should address each of the following items, as applicable. The narrative should be structured and titled consistently according to these narrative selections. There is a maximum of 10 pages for the proposal narrative section.

- 2.1. Statement of Need:** Provide a clear and succinct statement of need relative to the targeted region. Describe the need for quality and affordable primary, preventative, mental health, and substance use disorder treatment in rural communities in the targeted region. Additionally, describe the ability to meet that need.
- 2.2. Relevant Experience:** Briefly describe your organization's experience, capacity, and commitment to providing appropriate primary care, mental health, and substance use services, to Tennesseans in rural communities in a mobile, integrated model of care.
- 2.3. Organizational/Implementation Approach:** Describe the organizational approach to implementing and marketing the proposed project. This should include the purchase of the mobile health unit (minimum of three bids required – used vehicles may be considered) the staff that will be hired, positions they will occupy, and the primary roles and responsibilities individuals within the organization will fill to ensure successful implementation. At a minimum, the mobile health unit must be staffed with a nurse practitioner, preferably one that is dual certified, a certified peer recovery specialist, and licensed counselor.
- 2.4. Community Integration/Participation:** Describe the strategy/plan to outreach to the community members to educate about and encourage them to utilize the mobile health units. Also included should be a sample schedule of how the community organization intends to reach all target areas consistently and effectively.
- 2.5. Project Sustainability:** Describe a clear and feasible plan for sustaining the Mobile Health Unit Expansion beyond the initial grant period, without reliance on ongoing RHTP funding.

At a minimum, responses should address:

- Revenue Strategy: Identify specific funding sources (e.g., Medicaid, Medicare, private insurance, grants, local support) and the organization's current or planned capacity to bill and collect revenue.
- Billing Capacity: Describe experience and infrastructure for third-party billing, including credentialing and compliance.
- Partnerships: Outline key partnerships that support sustainability, including financial or in-kind contributions.
- Cost Management: Explain how ongoing operational costs will be managed.
- Utilization & Demand: Describe how service volume and community engagement will be maintained.
- Transition Plan: Provide a timeline for moving from grant funding to sustainable operations.

Strong responses will demonstrate diversified funding streams and a realistic path to long-term operational stability.

Attachment A

COVER SHEET | Mobile Health Unit Expansion

Legal Name of Proposer	
Federal ID#	
Edison Vendor ID#	
Targeted Coverage of Program (County/Countries and Region)	
CONTACT INFORMATION	
Name of Contact Person	
Title of Contact Person	
Address of Contact Person	
E-mail Address of Contact Person	
Phone Number of Contact Person	
AUTHORIZED REPRESENTATIVE INFORMATION	
Name of Authorized Representative <i>(For Non-Profit, if someone other than the Board Chairperson is named as the Authorized Representative, a signed copy of the resolution of appointment must be submitted.)</i>	
Title of Authorized Representative	
Address of Authorized Representative	
E-mail Address of Authorized Representative	
Phone Number of Authorized Representative	

Signature of Authorized Representative

Date

Attachment B

ORGANIZATIONAL CHART AND BOARD OF DIRECTORS

Provide an organizational chart for the entity submitting a proposal, demonstrating where the Mobile Health Unit Expansion grant will fit into the overall structural organization of the entity submitting the proposal.

Provide an updated list naming each member of the entity's board of directors and their contact information.

Attachment C

PROPOSED BUDGET | Mobile Health Unit Expansion

Please download the Excel budget template available at this link to complete a proposed budget. The budget template has four tabs: Instructions, Summary, Detail, and Salaries. Summary, Detail and Salaries tabs must be included. Please review the Instructions tab before completing the proposed budget. Proposers should submit a budget based on a full year of program implementation. The budget may be prorated based on the funding period if selected for contracting.

GRANT BUDGET SUMMARY				
Agency Name: Enter on Detail Tab				
Program Code Name: Enter on Detail Tab				
The grant budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period:		BEGIN: Enter on Detail Tab	END: Enter on Detail Tab	
POLICY 03 Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1, 2	Salaries, Benefits & Taxes ²	\$0.00	\$0.00	\$0.00
4, 15	Professional Fee, Grant & Award ²	\$0.00	\$0.00	\$0.00
5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications ²	\$0.00	\$0.00	\$0.00
11, 12	Travel, Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance ²	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost ²	\$0.00	\$0.00	\$0.00
24	In-Kind Expense ²	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$0.00	\$0.00	\$0.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A*. (posted on the Internet at: <http://www.tn.gov/assets/entities/finance/attachments/policy3.pdf>)

² Applicable detail follows this page if line-item is funded.

Attachment D

BUDGET JUSTIFICATION | Mobile Health Unit Expansion

Please include a written budget justification of funds needed to support the Mobile Health Unit Expansion grant proposal.

The justification summary should provide detail to support the Grant Contract funds included in each line-item.

The budget justification should be no longer than one page, single spaced.

Attachment E

EXISTING AGREEMENTS AND THIRD-PARTY REVENUE SOURCE(S)

Provide documentation of any existing agreements with community stakeholders that provide additional resources to support the Mobile Health Unit Expansion grant.

List any current third-party revenue sources that contribute to the long-term sustainability of the Proposing entity.