



# North Dakota Health and Human Services | Rural Health Transformation Program

Competitive Funding Opportunity Application Guidance

Funding Opportunity Name: Self-Serve Dispensing Kiosks in Pharmacies

Funding Opportunity Solicitation Number: 210-441

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# Funding Overview:

## 1) Background

As part of Public Law 119-21, Congress established the \$50 billion [Rural Health Transformation Program \(RHTP\)](#) to help rural communities reimagine their healthcare delivery systems and improve health outcomes. This program administered by the Centers for Medicare and Medicaid Services (CMS), aims to address longstanding health care challenges facing rural and tribal communities.

North Dakota is taking bold, practical steps to restore health, stability and prosperity to America's heartland. North Dakota Health and Human Services (HHS) developed its RHTP to focus on creating new access points, modernizing care delivery and empowering local providers to meet the needs of their communities through sustainable investments. North Dakota's plan, as indicated in the [RHTP application and supporting documents](#), includes four initiatives:

- Initiative 1: Make North Dakota Healthy Again
- Initiative 2: Strengthen and Stabilize Rural Health Workforce
- Initiative 3: Bring High-Quality Health Care Closer to Home
- Initiative 4: Connect Tech, Data and Providers for a Stronger North Dakota

Following approval from CMS, ND HHS is launching multiple funding opportunities as part of North Dakota's five-year RHTP effort. These opportunities are designed to support practical, locally driven solutions that help rural and tribal communities stay healthy and strong. Funding opportunities will be released in phases, with individual applications announced over time. Eligible applicants may apply for more than one funding opportunity; there is no limit to the number of applications that can be submitted.

## 2) Funding Opportunity Description

The Self-Serve Dispensing Kiosks in Pharmacies funding opportunity aims to improve access to medication dispensing, improve medication adherence and reduce transportation barriers. This is identified in Initiative 4: Connect Tech, Data and Providers for a Stronger ND, Theme 4: Support Consumer-Focused Applications and Devices That Improve Health, Subtheme A: Expand the Use of Automated Prescription Pickup Kiosks of North Dakota's Rural Health Transformation Project. Proposed projects eligible for this funding opportunity are:

- Self-serve prescription medication pickup kiosks located within pharmacies in local and tribal communities in North Dakota.

- Technical assistance, equipment and remodeling for pharmacies to provide access to prescription kiosks during and outside of traditional pharmacy hours.

\*Projects chosen for successful award are contingent upon approval of the North Dakota Board of Pharmacy. Applicant must provide written approval from the North Dakota Board of Pharmacy prior to funds being released to the applicant.

## **Funding Opportunity Metrics**

This funding opportunity aims to improve the metrics identified in ND's RHTP application. Additional metrics for this funding opportunity are:

- Consumers utilizing a pharmacy kiosk will choose "helpful" when asked if pharmacy kiosks improved medication adherence of rural and tribal residents when given the choices of "helpful" or "unhelpful" on an annual survey.
- Offeror will provide an annual report on unclaimed prescription medications. Unclaimed prescription medications will have a gradual reduction up to 20% in the fifth year of kiosk operation.

## **Priority**

For the Self-Serve Dispensing Kiosks in Pharmacies funding opportunity, priority consideration will be given to:

- A project that has a clear and concise plan to implement a self-serve kiosk in a pharmacy with expanded access outside of traditional pharmacy hours. Preference will be given to projects that provide 24/7 access.
- A project that has interoperability with a prescription database to determine eligible refills.
- A project that demonstrates how a pharmacy kiosk will enhance a community's or specific population's ability to access prescription medications where there has been a previous void in service.

## **3) Eligibility**

For RHTP funding opportunities, the entities within, and the cities of Grand Forks, Fargo, West Fargo, and Bismarck are considered urban and do not qualify.

Applicants must serve rural or tribal North Dakota residents. Additionally, proposals under this funding opportunity must serve Medicaid members.

Eligible rural organizations are:

- Retail pharmacies serving rural populations
- Pharmacies located in rural critical access hospitals

#### **4) Available Funds and Timeline**

This is a competitive funding opportunity application process for year one RHTP funding; an additional application process for the Self-Serve Dispensing Kiosks in Pharmacies funding opportunity may be offered in future years of the RHTP.

The operating period will start upon execution of the agreement, with all required approvals and signatures. The operating period will end on September 30, 2027, and all funds must be expended by this date. All goods purchased under this award must be fully delivered by the end of the operating period.

Approximately \$600,000 in total federal funds are available for this funding opportunity. ND HHS expects to make one award for approximately \$600,000. Depending on the applications received and available funding, ND HHS may issue additional awards of similar amounts.

For this funding opportunity, one application per organization should be submitted. If an applicant has multiple strategies pertaining to this funding opportunity, these should be numbered in order of priority in the narrative and budget. The first strategy must be within a reasonable amount of the estimated award value of \$600,000 and noted on a separate tab in the budget template.

Applicants may request funds for additional strategies within a reasonable amount of the total dollar value for this funding opportunity, which must be noted on separate, additional tabs in the budget template. If an applicant has multiple strategies and requests additional funds, the proposal must align with the scope of the funding opportunity and applicants are encouraged to consider the feasibility of completing the proposed work within the operating period.

ND HHS reserves the right to negotiate the applicant's budget based on the number of applications received, the content of the proposed project work plan and total budget of the Self-Serve Dispensing Kiosks in Pharmacies funding opportunity prior to issuing the award.

Refer to the [Budget section](#) for details on allowable and unallowable costs.

Additional funding opportunities will be available for other RHTP activities and initiatives. Eligible applicants may apply for more than one funding opportunity. There is no limit to the number of applications that can be submitted across all RHTP funding

opportunities; however, for this funding opportunity, only one application per organization should be submitted.

## 5) Reporting Requirements

The successful applicant(s) will be required to submit reimbursement requests and/or supporting information, progress reports and impact stories to ND HHS. The successful applicant(s) will need to submit monthly reports to ND HHS RHTP team, describing technology performance gaps, volume served, patient survey results on the first of each month, with corrections due within 5 days if requested. Templates will be provided for reporting requirements. Due dates and additional information will be provided in the agreement. Successful applicants may be required to report for up to five years or as otherwise required by CMS.

Additional reporting requirements may be required based upon updated federal guidance.

## 6) Application Submission

Applications for this funding opportunity are due by July 30, 2026, at 5 p.m. CT. Applications must be submitted to ND HHS through [Qualtrics](#).

For this funding opportunity, one application per organization should be submitted. If an applicant has multiple strategies pertaining to this funding opportunity, these should be numbered in order of priority in the narrative and budget.

Applications not received by the submission date and time will be considered non-responsive and not reviewed.

A complete application must include responses to all questions and a completed budget using the "Itemized Subrecipient Budget Template." Applicants are required to upload the completed budget template in Excel format to Qualtrics.

The application questions, along with full details, are provided in the Application Requirements section of this document. This section is meant to serve as a companion resource while completing the Qualtrics survey. Applicants are welcome to copy the questions into any format to draft their responses. However, final answers must be submitted through the Qualtrics survey.

## 7) Technical Assistance

A technical assistance conference call has been scheduled for the following date and time:

Wednesday, July 22, 11-11:45 a.m. CT

## [Registration Link](#)

The technical assistance call will be recorded and posted on the RHTP webpage for later viewing. Additional resources related to this funding announcement, including Frequently Asked Questions (FAQs), will also be published on the RHTP webpage after the call.

We strongly encourage applicants to submit questions for this funding opportunity to [RHTP FAQs Survey](#) prior to 7 days of the submission deadline. As time allows, questions submitted prior to the technical assistance call will be addressed during the session and added to a FAQs resource. Questions submitted following the call will be answered and added to the published FAQs resource on the webpage. Questions submitted within 7 days of the submission deadline may not be addressed due to the volume of questions and staff members working on other RHTP funding opportunities. resource on the webpage. Questions submitted within 7 days of the submission deadline may not be addressed due to the volume of questions and staff members working on other RHTP funding opportunities. resource on the webpage. Questions submitted within 7 days of the submission deadline may not be addressed due to the volume of questions and staff members working on other RHTP funding opportunities.

Questions and application support requests may be directed to the [Regional Development Councils \(RDCs\)](#).

## **Application Requirements**

Interested entities are required to submit an application to be considered for the Self-Serve Dispensing Kiosks in Pharmacies opportunity. Do not include any proprietary or confidential information in application materials as the application will become an open record.

Below is the outline and related details for the application. ND HHS has provided an “Itemized Subrecipient Budget Template.” All application components will be submitted through Qualtrics ([link](#)).

- Background Information
- Project Narrative
- Identified Need
- Proposed Project
- Timeline
- Budget

The application questions, along with full details, are provided in this document, which is meant to serve as a companion resource while completing the Qualtrics survey.

Applicants are welcome to copy the questions from the Application Requirements Section into any format to draft their responses. However, final answers and a completed Itemized Subrecipient Budget Template must be submitted through the Qualtrics survey.

## 1) Background Information

Provide the following organizational information:

- a. Organization Name and Background – Provide the organization name, location, additional facilities and the estimated population served and service area. Describe how the applicant aligns with the eligibility criteria.
- b. State your project title, if applicable
- c. Describe the overarching goal and high-level change the organization aims to make.
- d. Key Personnel
  - Identify the project lead who will serve as the primary point of contact to receive communications about the project. Provide first and last name, title, phone number, email, relevant credentials and experience managing funds or special projects and role in the project.
  - To expedite the agreement process, please identify the key personnel who will sign the agreement. Provide first and last name, title, phone number, email, relevant credentials and experience managing funds or special projects and indicate if they will have additional roles in the project.
- Identify who will be responsible for managing grant funds, including submitting invoices, if known. Provide the first and last name, title, phone number, email, relevant credentials and experience managing funds or special projects and indicate if they will have additional roles in the project.
- Will there be additional internal key personnel? If yes, identify their first and last name, title, phone number, relevant credentials and experience managing funds or special projects, and role in the project. Up to two additional, internal key personnel can be identified.
- Will an external source (consultant, vendor, partner organization or other) be supporting the project? If yes, provide the organization name, relevant credentials and experience, and role in the project. Please note, a paid external consultant, vendor or other will need to be identified in the budget with appropriate justification. If a partner organization is indicated, provide a letter of support from the partnering organization indicating their involvement in the project.

## 2) Project Narrative

The project narrative must address the identified need and planned strategies. Be as specific and concise as possible. Keep the narrative clear and focused on how it will make a difference for rural health, which may also include rural tribal health.

As a friendly reminder, for this funding opportunity, one application per organization should be submitted. If an applicant has multiple strategies pertaining to this funding opportunity, these should be numbered in order of priority in the narrative and budget. The first strategy must be within a reasonable amount of the estimated award value of \$600,000 and noted on a separate tab in the budget template.

Applicants may request funds for additional strategies within a reasonable amount of the total dollar value for this funding opportunity, which must be noted on separate, additional tabs in the budget template. If an applicant has multiple strategies and requests additional funds, the proposal must align with the scope of the funding opportunity and applicants are encouraged to consider the feasibility of completing the proposed work within the operating period.

### a) Identified Need

Identify the need for the proposed project. When available, include relevant local data to demonstrate the scope and urgency of the need.

a.1. Discuss the challenges the proposed project aims to address. Describe the specific issues residents in the proposed area face that self-serve kiosks in pharmacies would resolve.

a.2. Identify and describe the target population of the project.

- The target population must include rural or tribal residents and Medicaid members, but additional populations may be included. If the proposed project serves additional populations, describe how the required target population will be served.
- Reminder: For RHTP funding opportunities, the entities within and the cities of Grand Forks, Fargo, West Fargo, and Bismarck are considered urban and do not qualify.

a.3. Is this work already in progress, currently funded by another source, or actively being implemented in the organization or community? If yes:

- Identify current or similar work and its funding sources.
- Explain why expansion or enhancement is needed. Describe how the proposed project will enhance rather than duplicate existing efforts,

including how the organization plans to coordinate with partners to prevent duplication.

## **b) Proposed Project**

The applicant must provide detailed information about the proposed project, including the outcomes, strategy, service and tasks. Each outcome, strategy, service and task must include sufficient detail to ensure the scope is aligned with the eligible projects and requirements identified in this guidance. When applicable, strategies, services and tasks should be evidence-based, evidence-informed or a promising practice.

Additionally, applicants must propose outcomes, strategies, services and tasks that align with the RHTP evaluation plan and metrics. Initiative 4: Connect Tech, Data and Providers for a Stronger ND, Theme 4: Support Consumer-Focused Applications and Devices that Improve Health, Subtheme A: Expand the use of automated prescription pickup kiosks evaluation plan and metrics are identified in the funding opportunity description section of this guidance. Projects should support some or all of the identified metrics.

For the purposes of this guidance, use the following definitions:

- **Outcomes:** Outcomes should describe what will be different because of the project. Outcomes should be specific, measurable, achievable, realistic and time-bound (SMART) and directly linked to the strategies, services and tasks described.
- **Strategy:** Strategies explain how the applicant intends to create the desired change. They are the high-level approaches or methods the project will use to achieve the outcomes.
- **Services:** Services describe what is being offered or provided to accomplish the strategy and outcomes. They are the direct supports or interventions delivered to the target population.
- **Tasks:** Tasks are the specific activities and actions to carry out the strategies and deliver on an outcome. Tasks break down strategies into action steps.

b.1. How many strategies (up to 3) are included in the applicant's proposal? Please note, the number indicated here should correspond with the number of "budget" tabs on your completed "Itemized Subrecipient Budget Template."

b.2. Describe, in outcome-focused terms, the strategy the project will implement to address identified needs. Identify the specific services and tasks that will be implemented to carry out the stated strategy. Only describe one strategy at a time; an opportunity to detail the indicated number of strategies will be provided.

b.3. For the identified strategy, identify the top 1-2 metrics that will be used to measure progress on the project. Identify how progress on the metric will be tracked and reported to meet requirements. As a reminder, templates will be provided for reporting requirements. Due dates and additional information will be provided in the agreement.

b.4. The applicant must sustain successful projects after funding ends. Explain how the identified strategy will be sustained and address how effective practices will be integrated into ongoing operations. Applicants may consider the following questions when assessing sustainability:

- Does the proposed strategy generate revenue?
- Does the projected need or utilization of a service generate revenue to cover the cost of the staff once the service is fully established?
- Does the proposed strategy help create savings in other healthcare costs that could be used to make up gaps in revenue?
- Is there a business plan?
- Is there a fundraising strategy?

b.5. Does the identified strategy include purchasing equipment or technology? If yes, outline the plan for maintenance and continued use after funding ends. Funding for equipment and technology maintenance costs during the 5-year RHTP period may be considered.

b.6. [CMS's Notice of Funding Opportunity](#) identified elements to be addressed by RHTP projects. As it relates to the identified strategy, identify which elements apply to the proposed project. The identified elements should be clearly indicated in the outcome, strategy, service or task described in the proposed project description.

- **Improving access:**

By selecting this element, the applicant indicates the strategy increases rural residents' ability to obtain timely, appropriate healthcare services or items. This includes access to hospitals, primary care, specialty care, behavioral health, other services or healthcare items.

- **Improving outcomes:**

By selecting this element, the applicant indicates the strategy was developed to target improvements in specific health care outcomes of rural residents.

- **Technology use:**

By selecting this element, the applicant indicates the strategy includes the adoption or integration of new or emerging technologies that emphasize

improved chronic disease management. The strategy should include an assessment of whether technologies are suitable and sustainable for rural providers and patients.

- **Partnerships:**

By selecting this element, the applicant indicates the strategy leverages collaboration with local and regional strategic partnerships between healthcare providers and other key stakeholders that promote measurable quality improvement, increase financial stability, maximize economies of scale and share best practices in rural healthcare delivery. Strategies should include the network that will be created or strengthened, including its governance structure.

- **Workforce:**

By selecting this element, the applicant indicates the strategy will support recruiting, training and retention of clinicians and other health professionals in rural areas.

- **Data-driven solutions:**

By selecting this element, the applicant indicates the strategy uses data, analytics and technology to plan, deliver and evaluate high-quality healthcare services as close to the patient's rural home as possible.

- **Financial solvency strategies:**

By selecting this element, the applicant indicates the strategy includes reforms or innovations that strengthen the financial stability of rural hospitals and providers.

- **Cause identification:**

By selecting this element, the applicant indicates the strategy addresses why rural health and healthcare is at risk.

b.7. ND's RHTP application identified an evaluation plan and metrics, detailed in the Funding Opportunity section of this guidance and applicants are encouraged to present strategies to support the identified metrics. As it relates to the identified strategy, indicate which ND RHTP outcomes the applicant anticipates impacting:

- Consumers utilizing a pharmacy kiosk will choose "helpful" when asked if pharmacy kiosks improved medication adherence of rural and tribal residents when given the choices of "helpful" or "unhelpful" on an annual survey.
- Offeror will provide an annual report on unclaimed prescription medications. Unclaimed prescription medications will have a gradual reduction up to 20% in the fifth year of kiosk operation.

b.8. Being as concise as possible, complete a comprehensive timeline for the identified strategy. The timeline must identify key milestones and dates to detail how the applicant will carry out the proposed outcomes, strategy, services and tasks. Please include an estimated completion date for the strategy.

As a reminder, the operating period will start upon execution of the agreement, with all required approvals and signatures. The operating period will end on September 30, 2027, and all funds must be expended by this date.

### **3) Budget Submission and Details**

Using the ND HHS provided “Itemized Subrecipient Budget Template”, develop and submit an itemized budget with appropriate justification for each cost category. The template can be found in the Required Documents section of the [funding opportunity webpage](#).

- Please upload a completed budget in Excel format, using the “Itemized Subrecipient Budget Template.”
- Each budget item must include detailed justification. Justifications must be clear and should include information on how the applicant determined the cost. For example, identify what information was used to determine salary or fringe benefit rates.
- If there are multiple strategies, please make a copy of the “budget” tab within the “Itemized Subrecipient Budget Template” for each. Clearly name the tabs with the corresponding priority numbers from the project narrative. Complete a separate budget tab for each strategy. For example, if the application narrative indicates there are three strategies, there should be three budget tabs.
- As a reminder, if there are multiple strategies, the first strategy must be within a reasonable amount of the estimated award value of \$600,000. Applicants may request funds for additional strategies within a reasonable amount of the total dollar value for this funding opportunity. If an applicant has multiple strategies and requests additional funds, the proposal must align with the scope of the funding opportunity and applicants are encouraged to consider the feasibility of completing the proposed work within the operating period.
- Each funding opportunity is unique in its scope and intent. These are the cost categories that may apply to this funding opportunity:
  - Supplies (Medical/Laboratory, Office, Educational)
  - Telephone, Internet
  - Printing
  - Equipment (>\$10,000 per item)
  - Capital Improvements/Construction

- Consultant, Contractual, Sub-Grantees

RHTP funds are governed by applicable provisions of [2 CFR Part 200](#) and [2 CFR Part 300](#), with guidance from the federal RHTP [Notice of Funding Opportunity](#) and CMS's [Frequently Asked Questions documents](#) (found under "Helpful Resources"). The limits and unallowable costs detailed in this section come from federal guidance and are non-negotiable.

## Details on Unallowable and Limited Costs

- Modified total direct administrative/indirect costs are not allowable for this funding opportunity.
- RHTP funding is designed to support expansion and scale to better serve rural communities, not to replace or duplicate existing funding sources. When using funds to expand an existing pilot program or initiative or to develop a new training program with existing partners, the funds may only be applied to the costs associated with the new population, new activities, new program milestones or expansion.
- Pre-award costs.
- Meeting matching requirements for any other federal funds or for local entities.
  - Services, equipment or supports that are the legal responsibility of another party under federal, state, tribal, or civil rights law.
  - Supplanting existing state, local, tribal, or private funding of infrastructure or services (ex. staff salaries).
- The cost of independent research and development.
- Funds related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order.
- Financial assistance to households for installation and monthly broadband internet costs.
- Meals, unless in limited circumstances such as:
  - Subjects and patients under study.
  - Where specifically approved as part of the project or program activity, such as in programs providing children's services.
  - As part of a per diem or subsistence allowance provided in conjunction with allowable travel in accordance with the U.S. General Services Administration (GSA) established rates.
- Replacing payment(s) for clinical services that could be reimbursed by insurance.
  - Direct healthcare services may be funded if not currently reimbursable, will fill a gap in care coverage and/or may transform current care delivery model.

- Provider payments cannot exceed 15% of total funding in a budget period.\*
- No more than 5% of total funding in a budget period can support funding the replacement of an Electronic Medical Record (EMR) system if a previous Health Information Technology for Economic and Clinical Health (HITECH) Act certified EMR is in place as of September 1, 2025.\* Upgrades, enhancements, added modules, interfaces, or functionality to existing EMR systems are allowable and not subject to the 5% limitation.
- Funding toward projects similar to the “Rural Tech Catalyst Fund Initiative” cannot exceed the lesser of 10% of total funding or \$20 million of total funding awarded in a budget period.\*
- Clinician salaries/wages for facilities that subject clinicians to non-compete clauses.
- Demolition of aged buildings.

\*Limits apply to ND HHS's spending of RHTP funds. Individual agreements may be considered for costs exceeding the budget limitations.

## Capital Expenditures and Remodeling

Capital expenditures are allowable with this funding opportunity.

Capital expenditures are expenditures to acquire capital assets or expenditures to make additions, improvements, modifications, replacements, rearrangements, reinstallations, renovations, or alterations to capital assets that materially increase their value or useful life. Capital expenditures are limited by the federal guidance identified above.

### **Unallowable capital expenditures for RHTP include:**

- New construction
- Building expansion
- Purchasing of buildings
- Supplanting funding for in-process or planned construction projects
- Significant retrofitting of buildings
- Cosmetic updates
- Any other cost that materially (significantly or substantially) increases the value of the capital
- Equipment upgrades
- Vehicle purchases

Allowable capital expenditures include investing in existing rural healthcare facility buildings and infrastructure, such as minor building alterations or renovations and equipment upgrades. Minor renovations or alterations must be clearly linked to RHTP

and funding opportunity outcomes. Minor renovations or alterations cannot exceed 20% of total funding in a budget period.\*

### **Davis-Bacon and Related Acts Compliance**

This project may be subject to the [Davis-Bacon and Related Acts](#) (40 U.S.C. § 3141 et seq.). If applicable, the applicant must comply fully with all federal and state prevailing wage requirements. This includes incorporation of the federal contract clause at [FAR 52.222-6](#), Davis-Bacon Act, into all capital improvement expenditures contracts and subcontracts in excess of \$2,000, as required by [48 CFR § 22.403-1](#).

The applicant must ensure that all laborers and mechanics employed by contractors or subcontractors on covered work are paid wages at rates not less than those determined by the U.S. Department of Labor for the corresponding classes of laborers and mechanics. The [Wage Determination page](#) from the General Services Administration can be used to support this. If awarded, the applicant will require submission and retention of certified payroll records and will ensure compliance with all applicable reporting, recordkeeping and enforcement requirements. [Online tools for simplifying Davis-Bacon certified payroll reporting](#) are offered from the U.S. Department of Labor's Wage and Hour Division.

## **5) Application Review and Selection**

Applications will be reviewed and scored solely on what is presented within the application materials. The committee will score applications based on criteria in the Scoring Tool found in the required documents section of the [funding opportunity webpage](#).

ND HHS aims to notify applicants about their award in a timely manner. ND HHS reserves the right to support applicants with changes to their project proposals to ensure ND HHS's RHTP commitments are upheld; additionally, ND HHS may require applicants to supplement responses. ND HHS is in a cooperative agreement with CMS for RHTP and is subject to substantial CMS project involvement. This may delay funding timelines.

The awarded applicant(s) will be sent an agreement to sign and return to ND HHS. The awarded applicant(s) shall comply with the agreement provisions set out in the sample documents. Due to the limited timeframe associated with the funding source for this funding opportunity, ND HHS will not entertain any changes to the agreement terms and conditions.

## **Additional Information**

Information may change based upon updated federal guidance or upon further consideration by ND HHS.

Learn More: [Rural Health Transformation | Health and Human Services North Dakota](#)

If you have feedback on the application process, please complete the [Funding Opportunity Feedback Survey](#).

This RHTP funding opportunity is supported by CMS of the U.S. Department of Health and Human Services as part of a financial assistance award totaling \$198,936,969.55 with 100 percent funded by CMS/U.S. Department of Health and Human Services. The contents are those of ND HHS and do not necessarily represent the official views of, nor an endorsement, by CMS/U.S. Department of Health and Human Services, or the U.S. Government.