



# — Rural Health Transformation Program

Technical Assistance for Workforce Retention Funding for  
Critical Access Hospitals and Their Owned and Operated  
Clinics

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Health & Human Services

# Agenda

**Purpose: To help applicants feel confident and prepared. We'll review the funding opportunity, highlight key requirements, and provide a space for questions.**

- Background
- Eligibility
- Purpose
- Unallowable costs
- Application and Review
- Reporting
- Questions
- Resources



# Rural Health Transformation Program (RHTP)

RHTP was authorized by the One Big Beautiful Bill Act (Section 71401 of Public Law 119-21) providing \$50 billion to all 50 states over 5 years

- North Dakota Health and Human Services (HHS) submitted an application to the Centers for Medicare and Medicaid Services (CMS)
- **ND was awarded \$198.9M for year 1 (12/29/2025 - 10/30/2026)**

North Dakota's application identified 4 initiatives

1. **Make ND healthy again**
2. **Strengthen and stabilize rural health workforce**
3. **Bring high-quality healthcare closer to home**
4. **Connect technology, data, and providers for a stronger ND**

# Funding Opportunities



- Funding opportunities will be released in phases, with individual applications announced over time.
- Each funding opportunity will have a unique purpose, eligibility, and timeline.
- Future year's funds will be determined by CMS based on the state's progress on the plan submitted in the RHTP application.
  - Use of funds must align with the state's RHTP application or provide justification.
  - Use of funds must follow state and federal guidance.
  - Awarded funds must receive proper state and federal approval.

# Workforce Retention Critical Access Hospital Owned and Operated

- Funding Opportunity Solicitation Number:  
210-22102
- Total Funding: \$10,000,000:  
An estimated 37 awards of approximately  
\$270,000 each are expected to be made in  
year one.
  - Applicants may submit a prioritized funding  
proposal and requested amounts may  
exceed \$270,000.



# Eligibility

Eligible:

- Critical Access Hospitals that include their owned and operated clinics.
  - Applicants will be required to attach documentation demonstrating formal approval of the grant application by the hospital's governing body (see Project Narrative – Strategies, Activities and Measurable Outcomes)

## Priority considerations:

- There are no priority considerations for these funds

## Target populations:

- Workforce groups - medical and nursing staff, allied health professionals such as behavioral health specialist, radiology technician, respiratory therapist, laboratory technician, physical therapist, occupational therapist, dietitians, etc.

# Purpose and Outcomes

## Purpose

- Strengthen and stabilize rural practice environments, ultimately improving access to care in rural communities

**Must support North Dakota's RHTP**

## Expected Outcomes:

- Increase the rural provider retention rate at 3 and 5 years
- Expand remote monitoring and AI-assisted care to reduce staffing needs
- Reduce Health professional Shortage Area (HPSA counties)
- Increase the rural primary care provider retention rate

# Funding Opportunity Period

- Start: once the agreement has been fully executed, following all required approvals and signatures .
- End: September 30, 2027, and all funds must be fully expended by this date.

## Timeline:

- **April 30, 2026, 5:00 pm CT: Applications due**
- **May 1-30, 2026:**
  - **Review and scoring**
  - **Communication with applicants for adjustments if needed**
  - **Approvals by CMS and NDHHS leadership**
  - **Agreement development**
- **August 30, 2026: Review of available funds (agreements may be amended based on availability of additional funds)**
- **September 2026: All Year 1 funds must be awarded**
- **September 2027: All Year 1 funds must be expended**

# Requirements to Receive Federal Funding



- Register with the Secretary of State to perform business in the state.
- If your organization has not been paid by a state entity before, you must register with vendor registry before you can be paid.
- ND HHS will require a W9 form to set up by your organization within our contract system. If your organization would like to be paid with electronic funds transfer, you need to submit the substitute IRS form W-9.
- Organizations need to register with SAMS.gov and receive a UEI number to receive these funds.

Links available at: [Rural Health Transformation Funding Opportunities](#) | [Health and Human Services North Dakota](#)

# Unallowable Costs and Limits for the Workforce Retention Funding for Critical Access Hospitals and Their Owned and Operated Clinics Funding Opportunity

- No administration costs, capital expenditures, vehicle purchases
- Staff receiving financial incentives must be employed and on the payroll at the time the funding application was posted (5-year service commitments may apply)
- Providers currently participating in a state loan repayment program that includes a service commitment are not eligible for financial retention incentives under this funding opportunity
- Contracted or locum tenens providers are not eligible for retention incentives or projects, as these efforts are intended to focus on developing a long-term provider base

# Unallowable Costs and Limits

- 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 or tribal law.
- Supplanting existing State, local, tribal, or private funding of infrastructure or services.
- New construction, building expansion, or purchasing of buildings.
  - Renovations or alterations are allowed if they are clearly linked to program goals. Cannot include cosmetic upgrades or significant retrofitting of buildings.
  - Renovation or alternations cannot exceed 20% of total funding in a budget period.
- Replacing payment(s) for clinical services that could be reimbursed by insurance.
  - Direct health care 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.

# Unallowable Costs and Limits

- No more than 5% of total funding in a budget period can support funding the replacement of an electronic health record (EHR) system if a previous HITECH certified EMR is in place as of September 1, 2025.
- Funding toward initiatives 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.
- Financial assistance to households for installation and monthly broadband internet costs.
- Clinician salaries/wages for facilities that subject clinicians to non-compete clauses.
- Meals and food (except as part of a per diem in conjunction with allowable travel – must follow GSA rates)

# Application

- Background Information
- Narrative
  - Identified Need and Proposed Goals
  - Strategies, Activities, and Measurable Outcomes
- Action Plan
- Budget



# Application – Background Information

- Organization Name and Background: name of your Critical Access Hospital, noting its location and the owned or operated clinics it includes and the estimated population served
- Project Lead and Contact Information: the project lead who will serve as the primary point of contact to receive communications about your application
- Project title and brief description of why you're applying

# Application - Narrative

## Identified Need and Proposed Goals

- Discuss workforce challenges and retention issues your organization aims to address through the proposed project (e.g., staff turnover, vacancy rates, burnout, childcare barriers, staffing shortages, gaps in training and professional development)
- Describe the specific retention issues and include relevant local data
- Outline your overarching goal(s) and target population
  - Goals should describe the broad, high-level change your organization seeks to achieve (e.g., strengthen workforce stability by improving retention among nursing staff and allied health professionals through initiatives that support long-term engagement and reduce turnover; enhance workplace well-being by strengthening support systems for medical staff, nursing teams and allied health professionals, fostering a more resilient and engaged rural health workforce).
- Identify similar projects (as needed) – how will your proposed project enhance or expand rather than duplicate existing efforts

# Application - Narrative

## Strategies, Activities, and Measurable Outcomes

- Use outcome-focused terms to describe strategies and activities
  - Example: Reduce vacancy rates in nursing staff from 25% to 15% by Sept. 30, 2027, by implementing retention bonuses, enhancing child care supports and covering license renewal fees, contributing to improved rural provider retention.
    - **Order in priority**, if requesting more than \$270,000
    - Specific, realistic, measurable, and aligned with RHTP goals
    - Each strategy, service, task or activity must include sufficient detail to ensure the scope is measurable and aligned with program goals – please refer to grant guidance for details
    - Examples of eligible workforce retention projects are listed in the Guidance under Funding Opportunity (this is not an exhaustive list). Per federal grant requirements, financial incentives must be tied to a minimum five-year service commitment, noted with an asterisk in the example list
      - Not sure if a strategy would be eligible, submit a question to [rhtp@nd.gov](mailto:rhtp@nd.gov)
- Describe policies, procedures, and approvals, including a five-year service-commitment agreement and a process for monitoring compliance (samples will be included in FAQs).
  - The agreement will include instructions on how to submit these items, which must be submitted before issuing any financial incentive or submitting a reimbursement request.
- Upload documentation demonstrating formal approval of the grant application by the hospital's governing body.
- Sustainability – refer to guidance for questions to consider.

# Application - Narrative

## Strategies, Activities, and Measurable Outcomes

- How does your project align with elements of CMS's RHTP?
  - Choose all that apply and briefly explain how your project aligns with each selected statutory element of the Rural Health Transformation Program Notice of Funding Opportunity



- Improving access
- Improving outcomes
- Technology use
- Partnerships
- Workforce
- Data-driven solutions
- Financial solvency strategies
- Cause identification

# Application - Action Plan

## **Timeline and Milestones**

- Provide the timeline to successfully implement the proposed project
- Identify key milestones and estimated completion dates for each strategy and activity

## **Metrics**

- For each outcome, identify specific metrics that will be used
- How will progress be tracked for reporting

## **Key Personnel**

- Identify key personnel, including a project lead
- External sources (e.g., consultants)

# Application - Budget

- Template for itemized budget
  - Cover
  - Budget
  - LeaseVsPurchase
- Appropriate justification for each cost category
- Approx. 37 awards of \$270,000 each expected in Year 1; applicants may request higher amounts with a prioritized proposal

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 document.

The limits and unallowable costs detailed in this section come from federal guidance and are non-negotiable.

# Application Submission

- Applications must be submitted through [Qualtrics](#)
  - Can start, save, and go back – to resume a survey later, you must use the same computer and browser; progress is stored in your browser cache, so clearing your history or switching devices will prevent returning to your saved survey.
  - Submit early to avoid technical issues
- **Don't forget to include required attachments:**
  - Approval of the grant application by the hospital's governing body (Project Narrative Section)
  - [Budget Template](#)

## REMINDER:

- **Applications due by 5 p.m. CT on April 30, 2025**
- Applications not received by the submission date and time will be considered non-responsive and not reviewed



# Application Review

## Process and Timeline

- May 1-30, 2026:
  - Review and scoring by committee
  - Communication with applicants for adjustments if needed
  - Approvals by CMS and NDHHS leadership
  - Agreement development
- **Scoring Criteria** – will be used if additional funds become available.

# Reporting

## Quarterly and annual reports

- Reimbursement Requests (through PRS)
- Impact Stories
- Progress Reports
  - Metrics
  - Use of funds

Note: Templates will be provided for reporting requirements. Due dates and additional information will be provided in the agreement.



# Questions



- Review of questions received
- To ask a question today:
  - Submit via chat
  - Raise hand and wait to be called to ask verbally
- Funding opportunity FAQ will be added to website

# Submitted Questions

- **Can two facilities that fall under the same EIN both apply for this funding?**
  - Yes, as long as they are separate locations.
- **Are funds available for a long-term care facility that is connected to the CAH?**
  - Yes, if it is part of the CAH and Their Owned and Operated Clinics
- **I am an independent provider, EMS, etc. Am I eligible for this funding?**
  - Only Critical Access Hospitals and Their Owned and Operated Clinics are eligible to apply under this Workforce Retention Funding Opportunity Solicitation Number: 210-22102
- **Will there be additional retention opportunities for other provider types?**
  - We have submitted a question to CMS and requested guidance if other provider types will be allowed. We will provide further information once CMS responds.

# Submitted Questions

- **Where is the information on creating a portal to begin the application process?**
  - This information can be found in the [Funding Announcement – Application Submission](#): Applications must be submitted to ND HHS through [Qualtrics](#)
- **Do all organizations need to register with SAMS.gov and receive a UEI number to receive these funds?**
  - Yes. Information regarding this will be added to the RHTP website.
- **If a Critical Access Hospital has an adjoining nursing home they own, is it allowable to include a retention strategy for the nursing home employees in addition to the CAH employees?**
  - Yes, as long as they are employees of the CAH and their Owned and Operated Clinics.

# Resources

- **Rural Health Transformation Webpage:** [hhs.nd.gov/rural-health-transformation](https://hhs.nd.gov/rural-health-transformation)
  - [Sign up to receive email updates](#)
  - Funding Guidance: [hhs.nd.gov/rural-health-transformation/funding](https://hhs.nd.gov/rural-health-transformation/funding)
  - Email [rhtp@nd.gov](mailto:rhtp@nd.gov) with additional questions
    - Identify funding opportunity name and number in subject line



# NORTH DAKOTA

## RURAL HEALTH TRANSFORMATION

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