

Rural Health Transformation Program Technical Assistance for Rightsizing Rural Health Care Delivery System for the Future, May 7, 2026

Prepared from presentation slides and speaker notes. This handout is designed as an accessible companion document for participants who may not be able to use slide decks effectively.

1. Agenda

Presenter: Doug McMillan and Anna Johnson

Purpose: To help applications feel confident and prepared, we will review the funding opportunity guidance, highlight key requirements and provide a space for questions.

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

Information may change based on upon updated federal guidance or upon further consideration by North Dakota Health and Human Services (ND HHS).2. Rural Health Transformation Program (RHTP)

2. 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 five years

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

North Dakota's application identified 4 initiatives

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

3. 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.

4. Rightsizing Health Care Delivery Systems for the Future: Rural FQHCs and CAHs

- Funding opportunity solicitation number: 210-311
- Funding:
 - A total of 42 awards of \$40,000 will be available in year one.
 - 15 facilities identifying interest in the Eide Bailly CAH Analytics Tool may be eligible to receive an additional \$42,000.

5. Eligibility

Eligible

- Rurally located critical access hospitals (CAHs) and their owned and operated clinics
- Rurally located federally qualified health centers (FQHCs) and their owned and operated clinics
- One application per system can be submitted

Rural:

For Rural Health Transformation Program (RHTP) funding opportunities, the entities within and the cities of Grand Forks, Fargo, West Fargo and Bismarck are considered urban and do not qualify for RHTP funding opportunities unless the population served by the grant applicant is at least 50% ND rural citizens or the focus of the grant funding will be used for ND rural citizens. RHTP funding must be used to support ND rural citizens.

6. Purpose

- Provide technical assistance and analysis (technical assistance) for rural federally qualified health centers (FQHCs) and critical access hospitals (CAHs) to

plan for rightsizing services or licensure and scope changes that reflect current community needs.

- This funding is limited to analysis and planning activities

Technical assistance includes:

- Virtual presentation to introduce technical assistance team, ND HHS team and intervention process.
- Educational presentations for board members, executives, department head and other facility leaders. These sessions will include a focus on the state of the healthcare industry nationally and locally, current trends, regulations, reimbursement methodologies and workforce.
- Monthly and ongoing communication between the technical assistance provider and ND HHS on the status of ongoing projects with facilities.
- A comprehensive financial and operational assessment with a report and recommendations. The delivery of the report will be provided virtually, with approximately two hours to cover findings and recommendations and two and a half hours of action planning.

7. Comprehensive Financial and Operational Assessment

CAHs assessment includes:

- Governance and leadership structure
- Strategic planning
- Financial assessment
- Environmental and market share analysis
- Productivity assessment
- Medicare cost report review
- Revenue cycle assessment
- Telehealth assessment

FQHCs assessment includes:

- Governance and leadership structure
- Strategic planning
- Financial assessment
- Environmental and market share assessment
- Productivity assessment
- Revenue cycle assessment

8. CAH Analytical Tool

- 15 CAHs will be selected based on their identified interest
- Includes:
 - Monitors productivity
 - Financial indicators
 - Operational indicators
 - Revenue cycle metrics
 - Dashboard
- \$2,000 monthly maintenance costs may be supported by future RHTP funding. A sustainability plan must be included in the application.

9. Purpose and Outcomes

Over the course of the RHTP (five years), this work aims to rightsize ND's rural healthcare delivery systems and ensure viability, survivability and thriving for the future.

In future years of RHTP, additional funding opportunities will be offered for:

- Additional technical assistance.
- Implementing recommendations from the technical assistance. Facilities who do not complete this technical assistance will not be eligible for this funding.

ND HHS's RHTP Outcomes:

- Increase telehealth and Remote Patient Monitoring (RPM) encounters for Medicaid members
- Reduce avoidable emergency department visits for Medicaid members
- Improve coordination of care for Medicaid members
- Improve getting care quickly for Medicaid members
- Improve getting appointments with specialists as soon as needed for Medicaid members

10. Timeline

Operating Period

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

Key Dates

- May 22, 2026, 5:00 PM CT: Applications Due

- May 25 – June 19, 2026:
 - Review and scoring
 - Communication with applicants for adjustments if needed
 - Approvals by CMS and ND HHS leaderships
 - ND HHS and subrecipient agreement development
 - Eide Bailly agreements executed with facilities
- September 2026:
 - All year 1 funds must be awarded
- September 2027:
 - All year one funds must be expended
 - All Eide Bailly technical assistance completed

11. 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.

12. Unallowable Costs and Limits for the Rightsizing Funding Opportunity

- This funding opportunity is only for rural FQHCs and CAHs and consists of:
 - Comprehensive Financial and Operational Assessment completed by Eide Bailly
 - Implementation and year one maintenance fees of Eide Bailly's CAH Analytics Tool (for CAHs only)
- All other costs are unallowable
- In future years of RHTP, additional funding opportunities will be offered for:
 - Additional technical assistance
 - Implementing recommendations from the technical assistance. Facilities who do not complete this technical assistance will not be eligible for this funding.

13. Unallowable Costs and Limits

10% cap on admin costs across all funding

- 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 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.

14. Unallowable Costs and Limits

10% cap on admin costs across all funding

- 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.

15. Application

- Background
- Narrative
 - Identified Need and Proposed Goals
 - Strategies, Activities, and Measurable Outcomes

- Action Plan
- Budget

16. Application – Background

- Organization name and background
- Project lead and contact information
- Project title and brief description of why you're applying
- Upload documentation demonstrating formal approval of the grant application by the governing body

17. Application - Narrative

Identified need and proposed goals

- Identify the need for the proposed project
 - Challenges the proposed project aims to address
 - Relevant local data, as applicable
- Outline your overarching goal(s) and target population
 - Describe the broad, high-level change(s) your organization seeks to achieve
 - If the proposed project serves additional populations or is located in an urban area, describe how rural or tribal healthcare workforce will be served in their communities
- Is your project already in progress, currently funded by another source or actively being implemented in your organization or community?
 - Identify current or similar projects and their funding sources.
 - Why is the expansion needed?
 - How will your proposed project enhance or expand rather than duplicate existing efforts?

18. Application - Narrative

Strategies, Activities and Measurable Outcomes

- Use outcome-focused terms to describe the strategies and activities
 - Order in priority, if applicable
 - Specific, realistic, measurable and aligned with funding opportunity guidance, metrics and eligibility
- Sustainability (priority numbers)
- Continued maintenance and use of technology and equipment

19. Application - Narrative

Strategies, Activities and Measurable Outcomes

How does your project align with elements of CMS's RHTP?

For the identified elements, briefly explain the connection to the project by responding to the stated questions.

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

20. 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

- Internal
- Consultants

21. Application – Budget

Template for itemized budget

- Cover
- Budget
- Lease vs. Purchase
- Appropriate justification for each cost category

Proposals will only be accepted for:

- The indicated award amount of \$40,000.
- An additional \$42,000 for the CAH Analytics tool, if applicable.

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.

22. Application Submission

Applications must be submitted through [Qualtrics](#)

- Can start, save and go back
- Submit early to avoid technical issues
- Don't forget to include required attachments
 - Approval of the grant application by the government body
 - Itemized Subrecipient Budget Template (found on [funding opportunity webpage](#))

Reminder:

- Applications due by 5 p.m. CT on May 22, 2026
- Applications not received by the submission date and time will be considered non-responsive and not reviewed

23. Reporting

Quarterly and annual reports

- Reimbursement requests
- Impact stories
- Progress reports
 - Metrics
 - Use of funds

24. Questions

- Review of questions received
- To ask a question today:
 - Submit via chat
- Funding opportunity FAQ and resources will be added to website

- We may not be able to answer all questions today.

25. Submitted Questions and Answers

Question: Is there any flexibility in the TA vendor selection? If an applicant has an existing relationship with a similar TA vendor, would the state consider allowing them to stay with that TA vendor while still meeting all of the assessment areas required in the application guidance?

- Answer: As stated in the funding opportunity guidance, to comply with state and federal procurement requirements and meet year one timelines, ND HHS has selected Eide Bailly as a preferred vendor to provide technical assistance for this funding opportunity.

Question: If an FQHC does not participate in this year one Rightsizing TA funding, will they still be eligible to apply for future rightsizing implementation funding in the future, utilizing their existing data and assessments to inform approach and advance RHTP metrics/outcomes?

- Answer: In future years of RHTP, additional funding opportunities will be offered to implement recommendations from the technical assistance. Facilities who do not complete the technical assistance will not be eligible for funding to implement recommendations from the technical assistance. Additional technical assistance will be offered in future years of RHTP.

26. Submitted Questions and Answers

Question: Does Eide Bailly have specific expertise in the unique regulations, requirements, and revenue cycle management for FQHCs

- Answer: Eide Bailly has significant experience with Federally Qualified Health Centers (FQHCs), offering tailored audit, cost reporting, and reimbursement services. Their dedicated healthcare team supports FQHCs, rural health clinics, and critical access hospitals with financial, strategic, and operational consulting to navigate complex regulatory requirements.

27. Resources and Reminders

- Visit the [Rural Health Transformation Program webpage](#)
- [Sign up to receive email updates](#)
- [Funding Guidance](#)
- Submit questions: [FAQ Survey](#)
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28. Rural Health Transformation Program

This presentation is supported by the Centers for Medicare & Medicaid Services (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% 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.