

Rural Health Transformation Program Technical Assistance for Train In Place May 6, 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: 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)

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. Train in Place Funding Opportunity

- Train in place programs are defined as those that lead to degrees, certificates or microcredentials in high-need areas to allow for further specialization.
- Funding opportunity solicitation number: 210-211
- Total Funding: \$2 million
- An estimated 15 awards of approximately \$135,000 each are expected to be funded in year one

6. Eligibility

Eligible:

- Hospitals, clinics and home care providers
- Long-term care facilities
- Behavioral health providers
- Tribes and tribal health organizations, excluding Indian Health Services
- Emergency medical services providers
- Other health care providers
- Local public health
- Nonprofit organizations
- Education systems

Priority Considerations

- Develop a new degree-bearing, certificate-bearing or microcredential train in place program.
- Complete business-practice training, including coding and billing, that supports the sustainable employment of staff participating in train in place programs.

7. Eligibility

Target Populations

- Rural* or tribal North Dakota healthcare workforce
- Must be done in the rural community

*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% North Dakota rural citizens or the focus of the grant funding will be used for North Dakota rural citizens. RHTP funding must be used to support North Dakota rural citizens.

8. Purpose and Outcomes

Purpose

To create opportunities for existing healthcare workforce to obtain higher credentials through virtual, evening and weekend programs closer to home.

Must support North Dakota's RHTP

Expected Outcomes

- Increase the rural provider retention rate at three and five years
- Recruit new rural providers
- Reduce Health Professional Shortage Area (HPSA) counties
- Five new degree- or certificate-granting Train in Place programs launched
- Eight new microcredential/upskilling programs to enhance Train in Place training launched
- 200 students complete additional new Train in Place programs
- 90 businesses trained in sustainable employment of Train in Place trained staff

9. Funding Opportunity Period

- Begin: 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 that date.

Timeline

- May 15, 2026, 5 p.m. CT: Applications due
- May 15-June 12, 2026:
 - Review and scoring
 - Communication with applicants for adjustments if needed

- Approvals by CMS and ND HHS leadership
- Agreement development
- September 2026: All year one funds must be awarded
- September 30, 2027: All year one funds must be expended

10. 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.

11. Unallowable Costs and Limits for the Train In Place Funding Opportunity

- Modified total direct administrative costs are not allowable for the Train in Place funding opportunity.
- Capital expenditures are not allowed with this funding opportunity.
- Staff completing an individual skill-building award must be employed and on the payroll at the time this funding application was posted. If funds are used for staff to complete a training program, please identify staff person in the budget.
- Contracted or locum tenens providers are not eligible for train in place programs, as these efforts are intended to focus on developing a long-term provider base.

12. 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 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.

13. 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.

14. Application

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

15. Application - Background

- Organization name and background
- Project lead and contact information
- Project title and brief description of why you’re applying

16. Application - Narrative

Identified need and proposed goals

- Identify the need for the proposed project
 - Challenges the proposed project aims to address
 - Describe the specific training, upskilling or credentialing issues impacting the organization and the current workforce, including the issues of receiving training locally

- 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?

17. 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
- If the project will lead to a service commitment, documentation of policies, procedures
- Sustainability (priority numbers)
- Continued maintenance and use of technology and equipment

18. Application - Narrative

Strategies, Activities and Measurable Outcomes

- How does your project align with elements of CMS's RHTP?
- Improving access
- Improving outcomes
- Technology use
- Partnerships
- Workforce
- Data-driven solutions
- Financial solvency strategies
- Cause identification

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

19. Application – Action Plan

Timeline and Milestones

- 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

20. Application – Budget

Template for itemized budget

- Cover
- Budget
- Lease vs. Purchase
- Appropriate justification for each cost category
- Proposals may exceed the estimated award amount

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.

21. Application Submission

Applications must be submitted through [Qualtrics](#)

- Your progress is automatically saved every time you click the Next button at the bottom of a page.
- If you need to stop, simply close your browser and you can resume within one week.

- To resume, click the original survey link again from the same device and browser.
- This feature will not work if you are using a private or incognito browser window.
- Submit early to avoid technical issues

Reminder:

- Applications due by 5 p.m. CT on May 15, 2026
- Applications not received by the submission date and time will be considered non-responsive and not reviewed
- Don't forget to include required attachment – Itemized Subrecipient Budget Template

22. Application Review

Dates: May 15-June 12, 2026

- Review and scoring by a committee
- Communication with applicants for adjustments, if needed
- Approvals by CMS and ND HHS leadership
- Agreement development

[Scoring Criteria on Funding Opportunity Webpage](#)

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

Question: Are all of the grants in the category, "strengthen and stabilize rural health workforce" released? This grant doesn't appear to relate to new to the field pipeline, will there be another grant to cover the "expand rural healthcare training pipeline" strategic priority?

- Answer: No, not all funding opportunities in Initiative 2 have been released. At this stage, all funding opportunity details have not been finalized. We encourage you to visit our website and sign up for RHTP updates to receive timely notifications as new opportunities and resources are released.

Question: In the RFP, in the funding opportunity section second bullet point it, second sentence states "This must include training on coding and billing." Is this a must or is it suppose to say can include training on billing and coding?

- Answer: Business-practice training that promotes the sustainable employment of staff receiving training in place must include training on coding and billing. This was noted in ND's RHTP application, as noted on pages 4-6 of the appendices.

26. Submitted Questions

Question: We submitted an application for a funding opportunity and now recognize that some of our proposal aligns with a new funding opportunity just posted. Do we need to apply for both? If we apply for both, can we be awarded for both?

- Answer: Yes, applicants must submit an application for each funding opportunity that they want to be considered for. Applicants can be awarded multiple funding opportunities. However, the same project cannot be funded by two different funding opportunities.

Question: If we want to submit more than one application for this opportunity, how do we do that? When I click on the Qualtrics link in the RFP, it takes me to the application I've already started.

- Answer: One application per organization should be submitted. As stated in the application guidance, if there are multiple strategies and activities, please number in order of priority.

27. Resources and Reminders

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

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.