North Dakota BRFSS Comparisons by Urban/Rural County of Residence

(2019-2023)

	Urban Percent (95% CI)	Rural Percent (95% CI)
Chronic Diseases		
Diabetes	8.6 (8.1 – 9.0)	12.2 (11.4 – 13.0)
Asthma (ever)	13.6 (12.9 – 14.3)	12.2 (11.3 – 13.2)
Asthma (now)	9.3 (8.7 – 9.9)	8.7 (7.9 – 9.5)
Arthritis	23.6 (22.8 – 24.4)	30.5 (29.3 – 31.6)
Obesity	33.8 (32.8 – 34.8)	37.9 (36.5 – 39.3)
Any Cancer (except skin)	7.0 (6.6 – 7.5)	9.0 (8.4 – 9.7)
Skin Cancer	4.8 (4.5 – 5.2)	5.6 (5.1 – 6.1)
Heart Attack	3.7 (3.4 – 4.0)	5.4 (4.8 – 5.9)
Coronary Heart Disease	3.5 (3.2 – 3.7)	4.8 (4.3 – 5.2)
Stroke	2.4 (2.1 – 2.7)	3.7 (3.2 – 4.2)
Kidney Disease	3.0 (2.7 – 3.3)	3.7 (3.2 – 4.1)
Depression	21.5 (20.6 – 22.4)	16.1 (15.0 – 17.1)
COPD	5.0 (4.6 – 5.4)	6.1 (5.5 – 6.7)
Other Health Outcomes		
Frequent Mental Distress	16.9 (16.1 – 17.8)	13.9 (12.9 – 15.0)
Frequent Poor Physical Health	11.9 (11.3 – 12.6)	12.9 (12.0 – 13.8)
Health Behaviors		
Current Smoker	15.1 (14.3 – 15.8)	17.1 (16.0 – 18.2)
Current E-Cigarette User	8.5 (8.1 – 9.7)	6.8 (5.8 – 7.7)
Smokeless Tobacco User	6.0 (5.5 – 6.4)	7.0 (6.2 – 7.7)
Binge Drinker	22.1 (21.2 – 23.0)	20.0 (18.8 – 21.2)
Marijuana Use	8.9 (8.1 – 9.7)	6.8 (5.8 – 7.7)
Always wears Seatbelt	78.3 (76.9 – 79.7)	62.1 (59.9 – 64.3)
Participates in Physical Activity	76.6 (75.7 – 77.4)	71.6 (70.4 – 72.9)

*Urban and rural definition uses the 2013 NCHS classification scheme for counties

*Explore rural/urban comparisons on the BRFSS dashboard

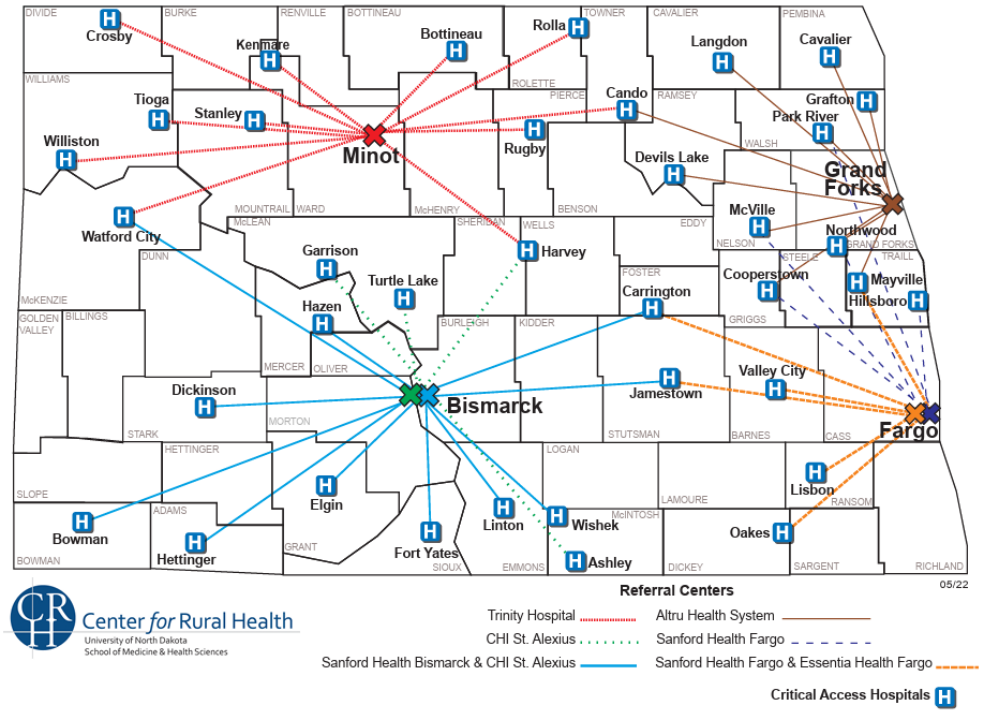

Figure 1: North Dakota Critical Access Hospitals and Referring Tertiaries

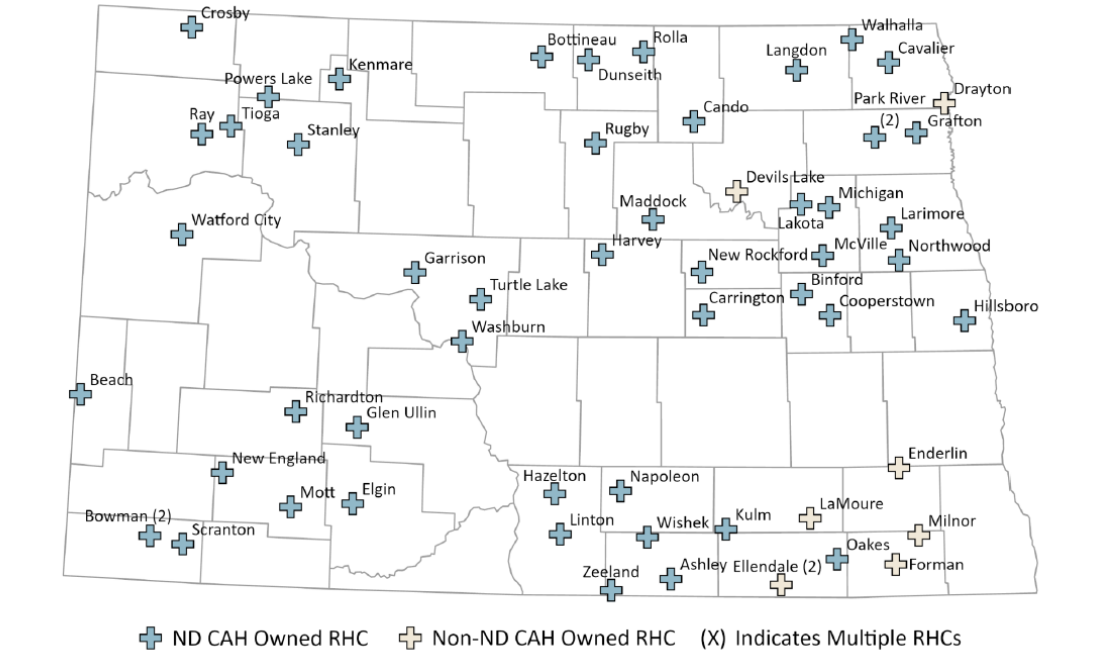

Figure 2: North Dakota Rural Health Clinics

Initiative: *Strengthen and Stabilize Rural Health Workforce*
Theme: *Expand Rural Healthcare Training Pipelines*
Project: *Expand Residency Training Opportunities in North Dakota*

Strategy: One of the gaps in the rural clinician training pipeline is the ability to complete the final step of medical training – residency – within a rural area. Residencies are nearly universally located in urban contexts, and with insufficient number of residency training opportunities in critical primary care areas (e.g., family medicine, internal medicine, general surgery and psychiatry) in rural and tribal areas. There is ongoing loss of talent to other states as trainees are forced to complete residency elsewhere, as well as a lack of exposure to rural and tribal practice settings. Given that clinicians are most likely to establish practice in the geographic area in which they complete their residency, there is a strong need to expand rural and tribal residency opportunities in North Dakota. We will also establish a new psychiatric pharmacy residency program in North Dakota, and expand upon the rural nurse practitioner residency program, to further expand clinicians in rural areas.

Workplan and Milestones – Expand Rural Residency Training Program (RRTP)

Sponsor and Partners	NDHHS, NDSU, University of North Dakota School of Medicine and Health Sciences (Accreditation Council for Graduate Medical Education (ACGME) sponsor) in collaboration with Essentia Health, Sanford Health, Tribal Providers and new provider residency sites
Year 1 Activities	Select RRTP sites for new rural Internal Medicine (IM) and nurse practitioner (NP) slots, define GME institutional commitments and execute updated/new MOUs between partnering organizations, submit ACGME applications to request formal expansion of slots for tracks needing approval, finalize rotation schedules, identify and onboard new faculty/preceptors/mentors; confirm housing solutions; candidate interviews, match participation, onboarding, and GME readiness checks. Begin MOUs, policies/procedures and accreditation application for a new Pharmacy Psychiatry (PP) Residency program. **Milestones: 4 new rural IM residency slots start July 2026. 12 new rural NP residency slots start Aug. 2026. Total residents in training: 4 IM, 12 NP.**
Year 2 Activities	Finalize Family Medicine (FM), Psychiatry (psych), and General Surgery (GS) rotation schedules, identify and onboard new FM, psych, and GS faculty/preceptors; candidate interviews, match participation, onboarding, and GME readiness checks in all four specialty areas. Finalize plans and launch PP residency program. **Milestones: 7 new slots (4 FM, 2 psych and 1 GS) start July 2027. Second IM cohort begins. First PP cohort with 2 slots begins. Total residents in training: 8 IM, 4 FM, 2 Psych, 1 GS, 12 NP, 2 PP. Total residency completers: 12 NP.**
Year 3 Activities	Candidate interviews, match participation, onboarding, and GME readiness checks in FM and IS. Financial negotiations initiated between GME partners to finalize sustainability plans. Expand PP by an additional 2 slots. **Milestones: First IM cohort completes. Third IM cohort begins. Second FM cohort begins. Total residents in training: 12 IM, 8 FM, 2 Psych, 1 GS, 12 NP, 4 PP. Total residency completers: 4 IM, 24 NP, 2 PP.**
Year 4 Activities	Financial negotiations completed between GME partners with sustainability plan finalized. Federal GME dollar application submitted. **Milestones: First FM cohort completes. Second IM cohort completes. Total residents in training: 8 IM, 8 FM, 2 Psych, 1 GS, 4 PP. Total residency completers: 8 IM and 4 FM, 36 NP, 6 PP.**
Year 5 Activities	Sustainability plan finalized and implemented. **Milestones: First psych cohort completes. Second FM cohort completes. Third IM cohort completes. Total residents in training: 4 IM, 4 FM, 2 Psych, 1 GS*. Total residency completers: 12 IM, 8 FM, 2 psych, 48 NP, 10 PP.**

*GS completes in year 6.

Outcomes

- 11 additional permanent physician residency slots in North Dakota with enhanced rural rotations.
- 12 additional permanent nurse practitioner residency slots in rural North Dakota with enhanced rural rotations.
- 4 new permanent psychiatric pharmacy slots in rural North Dakota with enhanced rural rotations.
- 23 additional physicians practicing in rural North Dakota.
- 48 additional nurse practitioners practicing in rural North Dakota.
- 10 new psychiatric pharmacists practicing in rural North Dakota.
- Reduce HPSA counties.

Projected impact: Increased physician workforce in rural areas; increased sustainable capacity for training residents in rural and tribal areas.

Sustainability: North Dakota will collaborate with health systems and rural practice sites to secure ongoing funding to continue the physician residency programs, including through indirect GME dollars, maximizing long-term financing through Medicare direct graduate medical education dollars, and financial arrangements between the UND School of Medicine and Health Sciences and healthcare systems. The NP and PP residency programs will maximize long-term financing through optimization of billing for services during the residency and examination of cost-avoidance and cost-savings so the positions can be self-funded, as well as pursuit of financial arrangements between the NDSU School of Pharmacy and Nursing and healthcare systems. The implementation of NP residency programs is largely associated with cost-savings due to enhanced job satisfaction of novice NPs and reduced turnover. NPs with greater confidence and resilience who practice to their full scope benefits providers, employers, and underserved patients.

Initiative: *Strengthen and Stabilize Rural Health Workforce*
Theme: *Expand Rural Healthcare Training Pipelines*
Project: *Grow Train-in-Place Educational Programs, Expand Accessibility of Rural Clinical Rotations, and Create a Rural Health Preceptor Development Program*

Strategy: A key factor in successfully recruiting and employing health professionals in rural areas is providing opportunities to learn and train in rural contexts. However, limited opportunities to train-in-place for existing rural workforce, to participate in clinical rotations in rural communities for trainees, and to access clinical preceptors at rural facilities currently restricts North Dakota's rural healthcare training pipeline. This project will implement a comprehensive approach to: a) grow Train-In-Place (TIP) Opportunities for Existing Workforce to obtain higher credentials through virtual, evening, and weekend programs (beginning in Y1 with community health worker (CHW) training and expanding to four additional degree- or certificate-bearing training programs collaboratively developed during the funding period, in addition to microcredentials in

high-need areas to allow for further specialization within TIP programs such as maternal health) and provide trainings and technical assistance to employers in coding/billing and other employability factors for trained workforce (e.g., CHWs, community paramedicine); b) expand Rural Rotations and Housing for traditional students, facilitating embedding students into rural healthcare facilities; and c) create a Rural Health Preceptor Development Program to expand rural training opportunities for health professions students.

Workplan and Milestones – Grow TIP Educational Programs, Expand Rural Clinical Rotations, and Create a Rural Health Preceptor Development Program

Sponsor and Partners	NDHHS, NDSU, University of North Dakota Center for Rural Health (UND CRH - home of ND State Office of Rural Health (SORH) and Area Health Education Center (AHEC)) in collaboration with Health Systems and Tribes, critical access hospitals, rural health clinics, and ND's 6 universities and 5 community colleges
Year 1 Activities	Four new degree- or certificate-bearing Train-In-Place programs identified for implementation in Y2-5; employer training program launched; TIP CHW training program launched at UND CRH; microcredential areas for Y2-Y5 identified; Rural Rotations program expanded to new learner types and additional slots added; MOUs executed with universities and colleges for preceptor program; inventory or rural preceptors completed; preceptor training program developed and launched; preceptor incentive program launched. **Milestones: 25 new CHWs; 100 Rural Rotations trainees; 25 preceptors trained; 50 students precepted; 10 businesses trained**
Year 2 Activities	Y2 new Train-in-Place program launched; TIP/rural rotation/preceptor programs continue; 2 new microcredentials launched at UND CRH. **Milestones: 1 new Train-in-Place program launched; 2 new microcredentials launched; 20 new TIP students begin; 25 new CHWs complete; 100 Rural Rotations trainees; 25 preceptors trained; 100 students precepted; 20 businesses trained**
Year 3 Activities	Y3 new Train-in-Place program launched; Y1-2 TIP/rural rotation/preceptor programs continue; 2 new microcredentials launched. **Milestones: 1 new Train-in-Place program launched; 2 new microcredentials launched; 40 new TIP students begin; 25 new CHWs; 100 Rural Rotations trainees; 25 preceptors trained; 150 students precepted; 20 businesses trained**
Year 4 Activities	Y4 new Train-in-Place program launched; Y1-3 TIP/rural rotation/preceptor programs continue; 2 new microcredentials launched. **Milestones: 1 new Train-in-Place program launched; 2 new microcredentials launched; 60 new TIP students begin; 25 new CHWs; 100 Rural Rotations trainees; 25 preceptors trained; 200 students precepted; 20 businesses trained**
Year 5 Activities	Y5 new Train-in-Place program launched; Y1-4 TIP/rural rotation/preceptor programs continue; 2 new microcredentials launched. **Milestones: 1 new Train-in-Place program launched; 2 new microcredentials launched; 80 new TIP students begin; 25 new CHWs; 100 Rural Rotations trainees; 25 preceptors trained; 250 students precepted; 20 businesses trained**

Outcomes

- 5 new degree- or certificate-granting Train-in-Place (TIP) programs launched
- 8 new microcredential/upskilling programs to enhance TIP training launched
- 125 new CHWs trained
- 200 students complete additional new TIP programs
- 500 trainees receive Rural Rotations support
- 125 preceptors trained (minimum)
- 750 students precepted (minimum)

- 90 businesses trained in sustainable employment of TIP-trained staff
- Reduce HPSA counties.

Projected impact: Increased non-physician workforce in rural areas; increased exposure to rural practice among health professions students; increased clinical preceptor availability in rural areas.

Sustainability: TIP programs will be sustained through the establishment of tuition models. For employer training, we will prepare archivable resources (e.g., toolkits and webinars) that would be durable beyond the project period. For Rural Rotations, we will pursue additional funding streams after RHTP support, such as additional external funding and partnerships with employing agencies to sponsor students training at their facility as a recruitment effort. For the preceptor program, we will leverage the outcomes during RHTP funding to pursue continued support through the connected institutions of higher education as well as pursuing innovative policy approaches to sustain the financial incentive for preceptor participation (e.g., tax incentives for preceptors, billing codes for supervision).

Initiative: *Strengthen and Stabilize Rural Health Workforce*
Theme: *Expand Rural Healthcare Training Pipelines*
Project: *Expand Opportunities for Health Care Career Education in Middle and High Schools across North Dakota*

Strategy: The health professions pipeline literature clearly shows that early career education support timed well before college is essential in building confidence and self-efficacy for pursuing healthcare careers. This project will expand three existing healthcare career education programs in middle and high schools in addition to launching two new initiatives. We will grow the existing SORH and AHEC supported Scrubs Camps (1-day immersion experiences in rural North Dakota for grades 5-12), Scrubs Academies (four-day overnight immersion camps for grades 6-12), and HOSA-Future Health Professionals (formal career and technical education (CTE) programs operating in North Dakota high schools) by adding additional camps/academies, providing startup funds to high schools to launch new HOSA programs, and establishing an online HOSA chapter to serve ND high school students completing their diploma online. We will also launch a 2-year tuition waiver program combined with early/direct admissions agreements to incentivize and encourage North Dakota residents to fully complete their healthcare education within North Dakota, additionally bridging healthcare professions programs with rural healthcare workforce placement efforts to facilitate early recruitment and pre-hiring of students while still completing their educational programs, thereby creating a single pathway of support from elementary school through employment. Finally, we will create a robust shadowing and mentoring initiative to allow high school students the opportunity to gain peer mentoring from health professions students enrolled in ND programs and shadowing experiences with a health professions student and/or a practitioner, building exposure, confidence, and competitiveness in seeking health professions education.

Workplan and Milestones – Expand Opportunities in Middle and High Schools

Sponsor and Partners	NDHHS, University of North Dakota Center for Rural Health (home to North Dakota's SORH and AHEC programs) in collaboration with Mayville State University (AHEC Regional Office), ND Center for Distance Education, NDSU, Tribes, local school systems, critical access hospitals, and job development authorities, health professions programs statewide
Year 1 Activities	4 new Scrubs Camp communities identified, MOUs executed, and Camps scheduled; 2 new Scrubs Academy communities identified, MOUs executed, and Academies scheduled; HOSA Chapter Startup program application process created and disseminated; 10 HOSA Chapter Startup awards made to rural/frontier ND high schools; articulation and early admissions programs established connecting all North Dakota University System colleges/universities and Tribal Colleges and Universities; mentoring and shadowing program codified and MOUs executed; pilot mentoring/shadowing cohort launched **Milestones: 10 new HOSA chapters; 150 new HOSA students; 25 students awarded partial scholarships; 5 employers participate in pre-hiring initiative; 10 students receive shadowing experience; 10 students receive peer mentoring**
Year 2 Activities	New Scrubs Camps and Scrubs Academies implemented; mentoring and shadowing program launched; 10 Health Occupations Students of America (HOSA) Chapter Startup awards made; structure and logistics of Online HOSA Chapter finalized; mentoring and shadowing program expands **Milestones: 120 Scrubs Camp students; 30 Scrubs Academy students; 10 new HOSA chapters; 150 new HOSA students; 10 new employers participate in pre-hiring initiative; 50 students receive shadowing experience; 50 students receive peer mentoring**
Year 3 Activities	New Scrubs Camp and Scrubs Academy communities identified and MOUs executed (as needed); 10 HOSA Chapter Startup awards made; mentoring and shadowing program continues **Milestones: 120 Scrubs Camp students; 30 Scrubs Academy students; 10 new HOSA chapters; Online HOSA chapter started; 150 new HOSA students; 10 new employers participate in pre-hiring initiative; 50 students receive shadowing experience; 50 students receive peer mentoring**
Year 4 Activities	New Scrubs Camp and Scrubs Academy communities identified and MOUs executed (as needed); 10 HOSA Chapter Startup awards made; mentoring and shadowing program continues **Milestones: 120 Scrubs Camp students; 30 Scrubs Academy students; 10 new HOSA chapters; 150 new HOSA students; 10 new employers participate in pre-hiring initiative; 50 students receive shadowing experience; 50 students receive peer mentoring**
Year 5 Activities	New Scrubs Camp and Scrubs Academy communities identified and MOUs executed (as needed); 10 HOSA Chapter Startup awards made; mentoring and shadowing program continues **Milestones: 120 Scrubs Camp students; 30 Scrubs Academy students; 10 new HOSA chapters; 150 new HOSA students; 10 new employers participate in pre-hiring initiative; 50 students receive shadowing experience; 50 students receive peer mentoring**

Outcomes

- 480 students participate in a new Scrubs Camp and 120 students participate in a new Scrubs Academy.
- 750 new high school HOSA members in 50 new HOSA chapters in rural and frontier high schools
- Online HOSA chapter started to provide access to online-only high schoolers
- 45 employers participating in pre-hiring program

- 210 students receive peer mentoring from a ND health professions student
- 210 students receive shadowing experience with a ND health professions student and/or practitioner
- Reduce HPSA counties.

Projected impact: Increased pipeline into higher education health professions training programs; increased sustainable capacity for training middle and high school students in health care career education; creation of a sustainable complete pipeline from elementary school through employment; increased number of North Dakota citizens completing healthcare programs at NDUS institutions; increased hiring of ND residents into rural ND healthcare settings; improved staffing levels at rural healthcare settings; increased competitiveness of high school students in entering health professions programs

Sustainability: Following RHTP support we will have additional data on the impact of Scrubs Camps and Academies on the pipeline and will have built excitement and commitment to the programs in new communities, which will allow us to grow our existing fundraising efforts for these initiatives. HOSA chapters are designed to be sustainable and receive direct support in setting up the policies and procedures necessary for long-term viability. As a result, sustainability is an automatic priority and outcome of the seed funding provided to schools. For the elementary-to-employment program, RHTP funding will provide for the creation of the necessary articulation agreements and the creation of the academic-employer relationships necessary to sustain the employment pathway post-funding. In addition, the outcomes generated during RHTP support will allow for the business case to be made for rural ND healthcare employers to provide support for ongoing scholarship agreements as part of pre-hiring initiatives. For the peer mentoring and shadowing experience, the durable MOUs and partnerships will support ongoing activities, and we will additionally seek to codify mentoring/shadowing into health professions training programs as an extracurricular and/or elective/rotation experience.

Initiative: *Strengthen and Stabilize Rural Health Workforce*
Project: *Technical Assistance and Training for Existing Workforce*

Strategy: Strengthen North Dakota's existing rural and tribal health workforce through targeted TA, training, and skill development within local care teams. Focus areas include behavioral health, chronic and infectious disease management, maternal health, colonoscopy certification, and emergency preparedness to address community needs.

Workplan and Milestones – Technical Assistance/Training for Existing Workforce

Sponsor/ Partners	NDHHS, local/tribal health, healthcare boards/organizations/systems, UND School of Medicine & Health Sciences, NDSU, emergency systems.
Year 1 Activities	Evaluate training gaps; plan assessments; secure training development vendors for behavioral health (BH) TA/training for LTC, colonoscopy certification, rural maternal health issues, chronic disease management, and emergency preparedness and response. **Milestones: Up to 16 vendors selected.**

Year 2 Activities	CE for maternal health and chronic/infectious prevention; TA on evidence-based practices; launch BH health programs; initiate first colonoscopy training cohort; develop emergency preparedness curriculum. **Milestones: 200 pharmacists/techs trained on chronic/infectious prevention; BH training to 25% of LTC facilities; 10 clinicians complete colonoscopy certification program.**
Year 3 Activities	Pharmacy program launch; sustain BH trainings; host emergency preparedness tabletop exercise. **Milestones: Train 100 staff in disease management; BH training at 50%; 20 clinicians certified in colonoscopy; tabletop after action report completed within 90 days.**
Year 4 Activities	Continue efforts; update training content; establish EP just-in-time training. **Milestones: BH training at 75%.**
Year 5 Activities	Evaluate impact; enhance pharmacy-data system integration; continue BH training and colonoscopy certification; implement EP workforce tracking. **Milestones: BH training at 90%; colonoscopy access gap reduced by 40% in target areas.**

Outcomes:

- Increased workforce competency in chronic and infectious disease management and emergency readiness.
- Stabilized long-term care residents with behavioral health needs.
- Improved workforce retention through sustained local investment.
- Increase preventive screening rates.

Projected Impact: Expand access to quality care, modernize rural healthcare delivery, and build a resilient rural and tribal health workforce, driving healthier, more prepared communities through sustained prevention, behavioral health support, and emergency readiness.

Sustainability: Training will be embedded in existing workforce systems, with local capacity-building reducing reliance on external resources.

Initiative: *Strengthen and Stabilize Rural Health Workforce*
Project: *Improve Retention in Rural and Tribal Communities*

Strategy: Enhance recruitment and retention of North Dakota's rural and tribal health workforce by expanding proven training and incentive programs, addressing critical barriers such as childcare, and creating sustainable, family-friendly career pathways that strengthen rural and tribal health systems. Emphasizing long-term commitment and systemic change, this project fosters partnerships, mentorship networks, and supportive resources to improve rural health access and quality.

Workplan and Milestones – Recruitment and Retention

Sponsor/ Partners	NDHHS, NDSU, local/tribal health, Center for Rural Health, healthcare and education providers/boards/organizations/systems.
Year 1 Activities	Select TA contractor; develop recruitment/retention grant program; identify sites for developing/expanding on-site childcare. **Milestones: TA contract in place/program guidelines developed.**

Year 2 Activities	Award 25 recruitment/retention contracts (5-year service commitment); award 2 childcare contracts; TA to facilities; expand mentorship networks. **Milestones: Contracts fully executed.**
Year 3 Activities	Award 35 additional recruitment/retention contracts; award 2 additional childcare contracts; TA to facilities and mentorship networks. **Milestones: 60 active recruitment/retention contracts; 4 active childcare contracts; TA and mentorship programs improving recruitment/retention efforts.**
Year 4 Activities	Award 40 additional recruitment/retention contracts; incorporate TA findings into statewide retention strategies. **Milestones: 100 active recruitment/retention contracts; childcare programs operating at 2 contracted sites.**
Year 5 Activities	Evaluate program impact and retention improvements; disseminate mentorship and TA best practices. **Milestones: 100 recruitment/retention contracts awarded over the project; childcare programs operating at all 4 contracted sites; evaluation report completed; toolkits and best practices shared.**

Outcomes:

- Recruit new rural physicians, clinicians and dental providers.
- Increase the rural primary care provider retention rate.
- Reduce HPSA counties.

Projected Impact: Through sustained recruitment, retention, and family-centered supports like childcare, this project will create a resilient rural and tribal health workforce, reduce provider turnover, and advance long-term system transformation.

Sustainability: By embedding mentorship, childcare supports, and recruitment and retention strategies within existing health systems, the project builds lasting local capacity and ensures workforce stability.

Initiative: *Strengthen and Stabilize Rural Health Workforce*
Theme: *Technology as an Extender for Rural Providers*
Project: *Equip facilities with remote monitoring, smart technology, robotics and artificial intelligence to reduce reliance on physical workforce.*

Strategy: Through equipping facilities with remote patient monitoring (RPM), smart technology, robotics, and artificial intelligence, care capacity in areas facing workforce shortages can be dramatically enhanced. AI and new technology can be used for early detection of chronic illness and behavioral health conditions. By automating routine tasks, enhancing diagnostic accuracy, and enabling continuous virtual care, technology reduces reliance on limited physical staff while improving patient outcomes, efficiency, and access to high-quality care across rural communities.

Workplan and Milestones – Technology as an Extender for Providers

Sponsor and Partners	NDHHS, rural hospitals, clinics, FQHCs, CHAD, long-term care facilities
Year 1 Activities	Create funding opportunity announcement and application pathway for facilities; award first facility grants.

	Milestones: at least 20 grants awarded. Facilities begin implementation and data collection.
Year 2 Activities	Facilities continue implementation and data collection. New facilities onboarded and begin implementation and data collection. **Milestones: additional 10 grants awarded. Data collection continues.**
Year 3 Activities	Facilities continue implementation and data collection. New facilities onboarded and begin implementation and data collection. **Milestones: additional 10 grants awarded. Data collection continues.**
Year 4 Activities	Initial evaluation report showing outcomes of RPM, smart technology, robotics and AI. Work with facilities to refine strategy and implementation based on initial evaluation report. **Milestones: First evaluation report published. TA with facilities to maximize implementation impact based on findings from evaluation report.**
Year 5 Activities	Facilities finalize sustainability plans and finish implementation and data collection. Updated evaluation report. **Milestones: Evaluation report published. TA with facilities to on sustainability plans.**

Outcomes

- Expanded remote monitoring and AI-assisted care to reduce staffing needs.
- Reduce adverse actionable events per care episode, reduce chronic disease burden and risk, reduce avoidable ED visits, improve coordination of care and getting care quickly.

Projected impact: By investing in these technologies, rural health systems can:

- Deliver monitoring and follow-up care remotely, reducing need for patients to travel and for on-site constant staffing.
- Manage chronic disease better with fewer in-person visits.
- Free up on-site staff to focus on high-complexity care rather than routine monitoring.
- Increase their capacity without proportional increase in physical workforce.
- Potentially reduce the higher cost burden that rural facilities face (due to smaller scale, higher logistics) by deploying scalable tech.
- Mitigate geographic isolation.

Sustainability: Investing in remote monitoring, smart technology, robotics, and AI is sustainable because it reduces long-term costs, strengthens workforce capacity, and builds a scalable care infrastructure that continues to serve rural communities efficiently over time. It's not just a short-term modernization – it's a long-term strategy for financial, operational, and health system resilience in rural areas.

Initiative: *Make North Dakota Healthy Again*
Project: *Eat Well North Dakota*

Strategy: Making healthy food choices is a critical component of health. However, individuals and families aren't always able to make a healthy choice because of knowledge and/or access. Our Eat Well ND initiative takes a two-prong approach to increase healthy eating by ensuring residents are receiving nutrition education from their providers and community resources and developing programs and partnerships that bring healthy foods to more community members.

Workplan and Milestones – Eat Well North Dakota

Sponsor and Partners	ND HHS, Tribes, Communities, ND DPI, K-12 Education, Churches, Youth Sport Coaches, Higher Education, childcares, Medical Providers, CHAD, NDMA, NDSCS, grocery stores, NDSU Extension, food assistance partners.
Year 1 Activities	Develop nutrition curriculum. Identify partners for nutrition education, Farm to Table, healthy snack outreach, and collaborative purchasing partnerships. Meet with NDSCS on IBCLC program and contractors on meal delivery. Identify tech needs and grocery stores for SNAP waiver changes. Support capacity for meal distribution in four communities. **Milestones: Partnerships established.**
Year 2 Activities	Provide nutrition trainings. Select stores for nutrition education. Select partners for Farm to Table. Develop healthy eating tools and IBCLC program. Share healthy snack resources. Support cooperative food purchasing agreements. **Milestones: 6 new activities established.**
Year 3 Activities	Continue established activities. Start IBCLC cohort, monthly nutrition education and Farm to Table. Healthy eating tools outreach. **Milestones: 3 new activities established.**
Year 4 Activities	Continued expansion of all activities. **Milestones: 15 contracts awarded.**
Year 5 Activities	Maintenance and sustainability of all activities. **Milestones: 20 total contracts awarded.**

Outcomes

- Increased number of IBCLC, particularly in rural areas.
- Increased number of nutritious prepared meals available for older adults.
- Increased Farm to Table opportunities.
- Reduce obesity.
- Reduce chronic disease burden and risk.

Initiative: *Make North Dakota Healthy Again*
Project: *ND Moves Together*

Strategy: ND Moves Together reduces chronic disease by making physical activity a daily norm by implementing policy, systems, and environmental (PSE) strategies to increase movement opportunities where people live, learn, work, and play.

Workplan and Milestones – ND Moves Together

Sponsor/ Partners	NDHHS, Tribes, Center for Rural Health (CRH), education, healthcare, childcare, faith, workplaces, and state agencies (e.g., parks and recreation).
Year 1 Activities	Development of ND Moves Together: concept, strategy, and tools **Milestones: contract with marketing firm-campaign launched; contract for training plan; contract for digital tool development; evaluation plan developed; contract for clinical integration (CI): 50 providers trained; 12 community grants; 200 wearable device users.**
Year 2 Activities	Early Implementation/Expansion: pilot, feedback, and refinement **Milestones: Campaign reach increased by 10%; 4 training events; PSE in 6 communities; 6 innovation projects; 1 strategic collaboration (e.g., parks and rec); CI: additional 100 providers trained, 12 new community grants, 940 total wearable users.**
Year 3 Activities	Scaling Up: strategic growth, reach, replication, and partnerships **Milestones: Campaign reach increased 25%; 6 trainings; PSE in 6 new communities; 6 new innovation projects; 2 new strategic collaborations; dashboard tracking**

	community progress; CI: additional 100 providers trained, 13 new community grants – 37 total.
Year 4 Activities	Sustained Implementation: embedding practices and measuring impact **Milestones: 5 trainings; PSE in 6 new communities; 4 new innovation projects; 2 new collaborations; CI: additional 100 providers trained.**
Year 5 Activities	Maintenance, Sustainability, and Final Evaluation **Milestones: 2 trainings – 17 total; PSE in 2 new communities – 20 total; 2 new innovation projects – 18 total; 2 new collaborations – 7 total; final evaluation supporting replication and sustainability; CI: additional 100 providers trained – 450 total.**

Outcomes

- Improve youth and adult activity and reduce obesity.
- Reduce chronic disease burden and risk.

Projected impact: Increased participation in regular physical activity leading to improved health behaviors, reduced risk of chronic diseases, and the creation of supportive environments for active living.

Sustainability: ND Moves Together will sustain impact by embedding physical activity into existing systems, fostering community ownership through strong partnerships and leadership, and advancing lasting PSE strategies.

Projected impact: More individuals and families have access to and make healthier food choices, leading to improved overall health, reduced diet-related diseases, and greater food security.

Sustainability: Eat Well ND will sustain impact by embedding training and curriculum into existing systems and fostering community ownership through strong partnerships.

Initiative: *Make North Dakota Healthy Again*
Project: *Building Connection and Resiliency*

Strategy: As part of the Make North Dakota Healthy Again initiative, Building Connection and Resiliency strengthens the behavioral health and well-being of rural communities through prevention, connection, and local empowerment. This strategy emphasizes upstream, evidence-informed approaches that build protective factors, reduce suicide and substance use risk, and enhance community capacity to respond to behavioral health needs. By supporting rural healthcare providers, schools, families, and community organizations, this project will create a more connected and resilient North Dakota—where individuals, families, and communities have the tools and supports to thrive.

Workplan and Milestones – Building Connection and Resiliency

Sponsor and Partners	NDHHS, Tribes, ND Hospital Association, Healthcare facilities, community organizations, schools, public health units.
Year 1 Activities	Suicide Follow-Up Protocols: Identify 8–10 pilot hospitals/clinics; develop ND-specific toolkit and training; establish reporting and evaluation plan. Community Wellness Grants:

	Design grant framework; form advisory committee; fund first 10–12 rural communities; deliver technical assistance. Parents Lead Expansion: Develop Train-the-Trainer curriculum to include information on healthy technology use; onboard 8-15 pilot trainers. **Milestones: Toolkits, training, and data systems operational in pilot sites; 10–12 community grants awarded; 8–15 Parents Lead trainers; Baseline community data collected.**
Year 2 Activities	Suicide Follow-Up Protocols: Continue pilot implementation; evaluate engagement and outcomes; refine rural adaptations. Community Wellness Grants: Provide technical assistance and site visits; launch evaluation framework; fund second cohort of grantees. Parents Lead Expansion: Deliver first training; conduct baseline parent survey; refine training; build partnerships with employers, faith-based, and tribal groups; launch awareness campaign. **Milestones: Pilot sites demonstrate improved follow-up compliance and satisfaction; 20–25 new community projects launched; Baseline parent data collected; statewide visibility increased.**
Year 3 Activities	Suicide Follow-Up Protocols: Expand to new hospitals and FQHCs; determine feasibility of integrating Caring Contacts into electronic health record; form regional peer-learning network. Community Wellness Grants: Evaluate and identify promising practices; host statewide learning summit; scale successful models. Parents Lead Expansion: Expand to 35 trainers; embed in school and community programs; host statewide summit; refine curriculum using survey data. **Milestones: Follow-up model active in 50% of rural hospitals; Statewide community wellness summit completed; Parents Lead network expanded to 35 trainers; Positive shifts in parent survey results.**
Year 4 Activities	Suicide Follow-Up Protocols: Standardize protocols statewide in collaboration with ND Hospital Association; establish ongoing training/certification; publish outcomes. Community Wellness Grants: Integrate practices into county/regional health plans; support sustainability for early grantees. Parents Lead Expansion: Deepen partnerships; target rural and tribal outreach; expand trainer pool; publish Year 3 survey findings. **Milestones: Follow-up protocols adopted across all rural hospitals; Wellness practices embedded in local health plans; ≥75 Parents Lead trainers statewide; rural outreach expanded.**
Year 5 Activities	Suicide Follow-Up Protocols: Conduct statewide evaluation; embed in state suicide prevention policy; secure long-term funding mechanisms. Community Wellness Grants: publish evaluation report, work collaboratively with communities to identify sustainability plans. Parents Lead Expansion: Institutionalize trainer network under HHS; publish 5-year impact report; maintain annual survey. **Milestones: Statewide reductions in suicide reattempts and improved care transitions; Sustainable community wellness grant model; Parents Lead institutionalized statewide; measurable gains in parent engagement and child well-being.**

Outcomes

- Rural hospitals and clinics adopt standardized post-suicide protocols, improving continuity of care and reducing reattempts.
- At least 40 rural communities implement evidence-based wellness initiatives that strengthen mental health and prevent substance use.
- A statewide network of Parents Lead trainers empowers over 5,000 parents and caregivers to support children's behavioral health.

- Sustained partnerships among healthcare, education, and community organizations to support behavioral health at every life stage.
- Reduce suicide attempts.

Projected impact: The Building Connection and Resiliency initiatives will strengthen North Dakota's behavioral health system by improving follow-up care after suicide attempts, expanding community-led wellness and prevention efforts, and empowering parents to support children's mental health. Together, these efforts will reduce suicide risk, prevent substance use, and build lasting resilience across families and communities statewide.

Sustainability: The proposed implementation plan creates a sustainable statewide infrastructure of a coordinated system of providers, communities, and families working together under shared frameworks—ensuring long-term impact through policy integration and data-driven evaluation.

Initiative: *Make North Dakota Healthy Again*
Theme: *Investing in Value*
Project: *Advancing Value-Based Purchasing and Payment Innovation*

Strategy: North Dakota HHS will strengthen rural provider sustainability and improve health outcomes and align value-based care goals across multiple payers. Through targeted investment in alternative payment models (APMs), NDHHS will reduce rural providers' dependence on volume-based reimbursement and enable a shift toward person-centered, high-quality, efficient care that offers predictable, performance-linked revenue.

Key components of North Dakota's payment transformation include:

- Progressive APM design: NDHHS will implement a phased approach to payment reform, beginning with shared savings, care management fees, and upside-only quality incentives. Over time, eligible providers will transition to prospective per-member-per-month and global payment models, with accountability for access and quality (HCPLAN Categories 2–4).
- Rural system partnerships: In collaboration with the Rough Rider High Value Network (RRHVN) and other rural systems, NDHHS will expand Medicaid Value-Based Purchasing (VBP) for Critical Access Hospitals (CAHs), Rural Health Clinics (RHCs), and Federally Qualified Health Centers (FQHCs). These models will link a portion of payments to performance on access, quality, and equity metrics.
- Tailored rural APMs: Recognizing the unique challenges underscoring the need for thoughtful, phased development of low-volume settings, NDHHS will explore APMs that offer predictable, prospective payments to stabilize revenue, reduce volatility, and support care delivery transformation in frontier and underserved areas.

- Multi-payer alignment and data transparency: NDHHS will work to align incentives across Medicaid and other payers and invest in transparent data tools that support continuous quality improvement and provider engagement.

Workplan and Milestones – Advancing Value-Based Purchasing and Payment Innovation

Sponsors and Partners	NDHHS, RRHVN, Optumas (Actuarial Support), CAH's, Rural Emergency Hospitals (REH), Tribal Providers, Community Health Providers, Federally Qualified Health Centers (FQHC), CHAD, Stakeholders, CAH Quality Network, Associations, Payers
Year 1 Activities	Foundation & Design: Establish infrastructure, stakeholder alignment, and initial payment model design. • Form Rural VBP/APM stakeholder and quality workgroups (NDHHS, RRHVN, CAHs, RHCs, FQHCs) and begin stakeholder engagement with multi-payer alignment • Conduct baseline data analysis: cost, utilization, quality, access • Design initial VBP/APMs: shared savings, care management fees, upside-only incentives • Develop Medicaid VBP expansion strategy for rural providers • Secure data platforms and define transparency metrics **Milestones: Finalize VBP/APM design and secure CMS approval for pilot launch.**
Year 2 Activities	Launch & Early Implementation: Launch pilots, test payment models, and refine based on continuous stakeholder feedback. • Implement pilot VBP/APMs with select CAHs, RHCs, FQHCs • Launch ND VBP expansion with performance-linked payments • Begin testing on tailored VBP/APMs for low-volume settings • Initiate multi-payer discussions with Medicaid, managed care, and private insurers • Deloy initial dashboards for provider feedback and quality tracking **Milestones: 20% of rural providers engaged in pilot VBP/APMs; ND Medicaid VBP expansion operational.**
Year 3 Activities	Scale and Stabilize: Expand participation, stabilize payment flows, and strengthen data transparency. • Expand APM participation to all eligible rural providers • Introduce per-member per month payments • Refine global payment models for CAHs • Formalize multi-payer alignment • Enhance data tools with real-time reporting and equity metrics **Milestones: 40% of rural providers under VBP/APM contracts; multi-payer alignment framework agreement signed.**
Year 4 Activities	Optimization & Accountability: Optimize payment models, deepen accountability, and improve outcomes. • Transition majority of providers to prospective payments (PMPM or global) • Embed HCPLAN Category 3-4 accountability measures (access, quality, equity) • Conduct formal evaluation of financial stability and care outcomes • Expand provider training on data use and care transformation • Launch public-facing dashboards for transparency and community trust **Milestones: ≥60% rural providers under prospective VBP/APMs with quality-linked payments. Public annual report published.**
Year 5 Activities	Sustainability & Innovation: Institutionalize reforms, ensure sustainability, and explore Total Cost of Care models for a defined population. • Codify VBP/APMs into Medicaid Policy and frameworks • Use real-time data to test, refine and scale promising approaches

	• Evaluate long-term impact on rural access, equity and financial resilience • Explore advanced models (e.g. total cost of care, population health bundles) • Maintain continuous improvement cycles with provider and community input **Milestones: Final evaluation report completed demonstrating successful VBP/APMs identified to have provided stable, predictable revenue streams with quality incentives focused on delivering efficient quality care. Sustainability plan adopted. Findings are disseminated to CMS, legislature, and stakeholders.**

Outcomes

- Increase rural providers participating in Medicaid VBP/APMs by 2030.
- Reduction in Adverse Actionable Events (AAE %) per episode.
- Demonstrated alignment across Medicaid and private payers on shared outcome metrics by 2030.

Projected impact: Increased rural hospital participation in value-based care; improved care quality and outcomes and statewide data transparency.

Sustainability: These coordinated efforts directly support CMS's rural health transformation priorities by stabilizing rural health infrastructure, reducing avoidable hospitalizations and adverse events, expanding access to high-value, community-based care, advancing health equity and financial resilience in rural communities by ensuring North Dakotans receive high-value care close to home. By integrating value-based payment structures into Medicaid and multi-payer frameworks, North Dakota will create lasting financial stability for rural providers. Savings realized through reduced avoidable events and improved care efficiency will be reinvested to sustain ongoing VBP incentives and data transparency tools beyond the grant period. Alignment with existing RRHVN and CAH Quality Network activities ensures continuity and statewide impact.

Initiative: *Bring High-Quality Care Closer to Home*
Project: *Rightsizing Rural Health Care Delivery Systems for the Future*

Strategy: Technical assistance funding will help providers successfully navigate licensure or scope changes, ensuring compliance and smooth transitions that maintain essential services in rural communities. Remodeling and technology investments enable facilities to "right size" their operations—aligning physical infrastructure and service lines with actual community health needs, improving efficiency, and supporting sustainable models like Rural Emergency Hospitals and regional hubs. Modernization and technology grants for residential facilities reduce reliance on scarce in-person workforce, enhance safety and quality of care, and help providers meet new licensure or billing requirements—securing access to critical reimbursement pathways and long-term financial stability. Together, these targeted investments create a more adaptable, efficient, and sustainable rural health system that can continue meeting community needs despite workforce and financial challenges.

Workplan and Milestones – Rightsizing Rural Health Care Delivery Systems

Sponsor and Partners	NDHHS, rural hospitals, clinics, FQHCs, long-term care facilities, Tribes, TA vendor(s)
Year 1 Activities	Select vendor(s) for technical assistance and connect vendor with facilities. Create funding opportunity and application pathway for facilities; award first facility grants. **Milestones: vendor(s) for TA secured. At least 20 grants awarded. Facilities begin implementation and data collection.**
Year 2 Activities	TA continues. Facilities continue implementation and data collection. New facilities onboarded and begin implementation and data collection. **Milestones: TA continues. Additional 20 grants awarded. Data collection continues.**
Year 3 Activities	TA continues. Facilities continue implementation and data collection. New facilities onboarded and begin implementation and data collection. **Milestones: additional 20 grants awarded. Data collection continues.**
Year 4 Activities	TA continues. Facilities continue implementation and data collection. **Milestones: Facility changes captured in initial evaluation report. Refine implementation based on findings from evaluation report.**
Year 5 Activities	Facilities finalize sustainability plans and finish implementation and data collection. Updated evaluation report. **Milestones: Evaluation report published. TA with facilities to finalize sustainability plans.**

Outcomes

- Expanded remote monitoring and AI-assisted care to reduce staffing needs.
- Increase telehealth encounters.
- Reduce avoidable ED visits, improve coordination of care, improve getting care quickly, improve getting appointments with specialists as soon as needed.

Projected impact: These investments are projected to create a more financially sustainable, accessible, and resilient rural health system—one that can adapt to changing demographics, workforce realities, and care delivery models while effectively meeting community needs.

Sustainability: These investments create self-sustaining rural health systems by optimizing facility size and function, stabilizing finances, integrating efficient technology, and building a resilient workforce. Over time, they reduce dependency on emergency funding and allow rural providers to thrive within evolving care and payment models.

Initiative: *Bring High-Quality Health Care Closer to Home*
Project: *Clinic Without Walls*

Strategy: Clinic Without Walls transforms care delivery by expanding telehealth networks, deploying virtual medical rooms/pods in community locations, and investing in mobile/satellite clinics and remote monitoring. Leveraging broadband and EHR integration, it connects residents to preventive, chronic, and behavioral health services.

Workplan and Milestones – Clinic Without Walls

Sponsor/ Partners	NDHHS, local/tribal health, healthcare providers/entities, long-term care, pharmacies, community health workers, schools, libraries, grocery stores, jails, senior centers, and other community entities.

Year 1 Activities	Complete needs assessments; solicit proposals; award planning grants; purchase mobile units/equipment; develop mobile clinic toolkit/guide. **Milestones: Purchase 1 dental and 1 mobile mammography unit; purchase 14 behavioral health mobile vans; 5 telehealth/pod awards.**
Year 2 Activities	Fund mobile units/equipment; support permitting/staffing/training; set service/screening goals, launch behavioral health/telehealth; upgrade LTC clinic equipment/IT support; TA to provide remote monitoring into EHR. **Milestones: mobile units deployed; 2 new mobile mammography units; 5 new telehealth/pod awards; 20 awards for remote monitoring.**
Year 3 Activities	Provide outreach care (dental, behavioral, preventive); expand telehealth; launch data tracking and midterm evaluation. **Milestones: 2 LTC satellite clinics; 2 new mobile mammography; 3 new telehealth/pod sites (13 total sites); provider outreach awards.**
Year 4 Activities	Expand services; implement EHR/broadband/data integration; track outcomes and refine operations. **Milestones: Service areas expanded; 5 total mobile mammography; LTC tele-dentistry established; EHR integrated with Cancer Registry.**
Year 5 Activities	Maintenance; sustainability; final evaluation **Milestones: Service/screening goals achieved.**

Outcomes:

- Increase preventive screening rates.
- Increased patient choice and care continuity through reduced geographic barriers and expanded service options.

Projected impact: Clinic Without Walls will improve rural and tribal health by increasing access to preventive services and screenings, behavioral health, and chronic disease management, leading to better health outcomes and strengthened healthcare capacity.

Sustainability: Clinic Without Walls will sustain impact through strong local partnerships, workforce development, integration of telehealth and mobile services into existing systems, and establishing reimbursement pathways. Ongoing data evaluation and community ownership will ensure lasting access and adaptability.

Initiative: *Bring High-Quality Care Closer to Home*
Theme: *Ensure Safety Net Service Delivery*
Project: *TA/training/grants for providers filling a gap in the current system*

Strategy: This initiative addresses critical gaps in North Dakota's behavioral health continuum by expanding provider capacity, modernizing infrastructure, and improving access to essential care. Through targeted technical assistance, workforce training, facility remodeling grants, and Medicaid payment incentives, the project will support hospitals and community providers in developing medically managed withdrawal management (detox) services and partial hospitalization/day treatment programs for both youth and adults. These investments will strengthen the rural behavioral health workforce and ensure timely, equitable access to care across North Dakota's rural and frontier communities.

Workplan and Milestones – TA/training/grants for providers filling a gap in the current system

Sponsor and Partners	NDHHS, Tribes, healthcare facilities, community organizations.
Year 1 Activities	Design Medicaid reimbursement models and payment incentives for medically managed withdrawal management services. Develop eligibility criteria and guidance for provider grant applications to establish youth and adult partial hospitalization/day treatment programs. Identify technical assistance and training partners to support implementation. **Milestones: Medicaid payment incentive proposal completed. Grant and TA framework finalized. Initial outreach to 5+ potential provider sites completed.**
Year 2 Activities	Award first round of facility remodeling and program development grants. Launch 2–3 sites for medically managed withdrawal management within rural hospitals. Initiate 2–3 partial hospitalization/day treatment pilots for youth and adults. Begin collecting baseline data on access, utilization, and staffing. **Milestones: First medically managed withdrawal management services operational; Baseline data on access and utilization collected.**
Year 3 Activities	Expand medically managed withdrawal management pilots to 2–3 additional hospitals; refine payment and staffing models; Support additional grants for partial hospitalization/day treatment programs; Provide advanced TA and peer learning opportunities for participating providers. Conduct mid-cycle evaluation to identify barriers and successes. **Milestones: 4–5 medically managed withdrawal management sites operating; First round of partial hospitalization/day treatment programs active statewide; Mid-cycle evaluation completed; TA and funding strategies adjusted.**
Year 4 Activities	Standardize quality and outcome reporting across funded sites. Provide statewide training on billing, clinical protocols, and data management. Publish interim report highlighting outcomes and cost savings. **Milestones: Services integrated into systems; Providers demonstrate billing and reporting sustainability; Improved statewide access to behavioral health services.**
Year 5 Activities	Conduct comprehensive evaluation of service outcomes, system impact, and cost-effectiveness. Formalize Medicaid reimbursement policies for detox and partial hospitalization/day treatment programs. Publish five-year outcomes report and sustainability roadmap. **Milestones: Medicaid incentives institutionalized; Statewide infrastructure for detox and partial hospitalization/day treatment sustained**

Outcomes:

- Establish 4–5 medically managed withdrawal management (detox) programs and 3–5 partial hospitalization/day treatment programs for youth and adults.
- Engage 15+ hospitals and community providers through TA, grants, and incentive structures to expand behavioral health capacity.
- Reach thousands of North Dakotans annually with improved access to intermediate behavioral health services, reducing preventable ER visits and hospitalizations.
- Increase rural behavioral health workforce skills and retention through targeted training and operational supports.
- Decrease suicide attempts.

Projected impact: Over five years, this initiative will help North Dakota establish a more complete behavioral health continuum of care—reducing emergency department utilization, ensuring timely access to medically managed withdrawal management and day treatment, and improving patient outcomes. Rural and frontier residents will experience greater continuity of care, reduced travel for services, and improved behavioral health stability, strengthening both community well-being and economic resilience.

Sustainability: Sustainability will be achieved through permanent Medicaid reimbursement policies, integration of new services into existing provider networks, and an ongoing TA and peer learning system to maintain program quality. Funded infrastructure—modernized facilities, trained staff, and regional coordination capacity—will provide durable access points for behavioral health care long after the initial grant period ends.

Initiative: *Bring High-Quality Care Closer to Home*
Theme: *Ensuring Safety Net Service Delivery*
Project: *Rural Emergency Medical Services*

Strategy: This project strengthens rural emergency medical services and brings high-quality care closer to home by integrating technology, coordination, and local response capacity. We will modernize rural ambulance systems with updated equipment, including telehealth and EMR connectivity, support ambulance district consolidation, centralized dispatch and medical command, expansion of treat in place implementation, and launch an enhanced first responder program to place trained responders in North Dakota's 1,800 townships.

Workplan and Milestones

Sponsors and Partners	NDHHS, EMS Agencies, State Office of Rural Health, NDIT (SIRN), NDEMSA, NDHA, Hospitals, County Governments, Tribes
Year 1 Activities	Conduct statewide EMS and dispatch assessment; establish steering committee; develop technical and operational plans for telemedicine and data integration; begin broadband upgrades; develop EMS and first responder training curriculum and mobile alerting application. **Milestones: Assessment completed; governance established; implementation roadmap approved; pilot regions selected; application completed**
Year 2 Activities	Launch telemedicine-equipped ambulances; initiate EMS–hospital record linkage; begin dispatch/online medical direction system design and stakeholder engagement; pilot first responder program based on response data. **Milestones: Telemedicine operational in pilot areas; data exchange live with at least two hospital systems; dispatch blueprint and budget finalized; initial training completed.**
Year 3 Activities	Expand telemedicine and data integration; begin construction and IT build-out of central dispatch center; recruit and train dispatch staff; implement first responder program.

	Milestones: 50% of rural ambulances telemedicine-equipped; dispatch center build-out underway; initial staff trained; first responders in 25% of townships.
Year 4 Activities	Integrate statewide EMS–hospital data systems; transition initial dispatch centers to central hub; expand first responder coverage; pilot district consolidation; develop sustainability plan. **Milestones: 75% of ambulances equipped and connected; 8 dispatch centers consolidated; 75% township first responder coverage; sustainability plan approved.**
Year 5 Activities	Complete dispatch transition; evaluate outcomes and efficiency; institutionalize training, maintenance, and quality improvement; disseminate results statewide. **Milestones: Centralized dispatch operational statewide; all ambulances connected; full township coverage; evaluation report completed and shared.**

Outcomes:

- Improved access, care coordination, operational efficiency, expand local capacity.
- Increase telehealth encounters.
- Reduce avoidable ED visits.
- Improve coordination of care and getting care quickly.

Projected Impact: The project will transform rural emergency medical services into a connected, efficient, and sustainable system that delivers timely, high-quality care closer to home for every rural resident.

Sustainability: Long-term sustainability will rely on a diversified funding approach that blends multiple community and system-based sources rather than ongoing state appropriations. Continuing costs, such as technology maintenance, physician oversight, dispatch operations, and workforce support, will be offset through regional cost-sharing among EMS districts, partnerships with hospitals and health systems benefiting from improved coordination and telehealth reimbursement from public and private payers. Additional federal, state, and private grant opportunities, service fees, and data demonstrating cost savings and improved outcomes will support continued investment and ensure long-term viability.

Initiative: *Bring High-Quality Health Care Closer to Home*
Project: *Ensuring Transportation*

Strategy: There are significant challenges for Non-Emergency Medical Transportation (NEMT) delivery in rural areas: the significant upfront cost burden for providers and the difficulty NEMT providers, who are often family members or general members of the public, can have in navigating a claims processing system that is designed for medical providers. Individual NEMT providers do not have software systems like hospitals and clinics do for submitting HIPAA compliant transactions. Difficulty in billing can lead NEMT providers to not renew their enrollment which contributes to access issues for NEMT. This project will address both issues.

Workplan and Milestones – Ensuring Transportation

Sponsor and Partners	NDHHS, Tribes, existing transportation providers, potential transportation providers
Year 1 Activities	Announce grant program for wheelchair vans, stretcher vans, and other NEMT vehicle purchase. Begin accepting application proposals from existing organizations. Draft and release RFP for development of a Medicaid NEMT billing app. **Milestones: Develop qualifications for organizations to qualify for vehicle purchase grants. Draft and release RFP for NEMT billing app development.**
Year 2 Activities	Award vehicle purchase grants to qualifying applicants. Select contractor for NEMT billing app development and have app functional and launched by midyear. **Milestones: 2 vehicle purchase grant awards. Launched app for NEMT billing with provider use.**
Year 3 Activities	Ongoing awards for vehicle purchase grants. Ongoing NEMT app use with upgrades as suggested by user feedback. **Milestones: 2 vehicle purchase grant awards. NEMT billing app upgrade.**
Year 4 Activities	Ongoing awards for vehicle purchase grants. Ongoing NEMT app use with upgrades as suggested by user feedback. **Milestones: 2 vehicle purchase grant awards. NEMT billing app upgrade.**
Year 5 Activities	Ongoing awards for vehicle purchase grants. Ongoing NEMT app use with upgrades as suggested by user feedback. **Milestones: 2 vehicle purchase grant awards**. NEMT billing app upgrade.

Outcomes

- Eight new NEMT vehicles purchased and in operation managed and maintained by existing rural community providers.
- Fully functional NEMT billing app, maintenance ongoing through state.
- Improve coordination of care and getting care quickly.

Projected impact: Increased NEMT access in rural areas and increased provider satisfaction and retention.

Sustainability: The billing app can be funded with Medicaid administrative funds when RHTP ends.

Initiative: *Bring High-Quality Care Closer to Home*
Theme: *Coordinating and Connecting Care*
Project: *Technical assistance for ND Medicaid, private payers and providers to develop care coordination programs for patients with chronic disease or behavioral health conditions.*

Strategy: North Dakota faces ongoing challenges managing chronic disease and behavioral health, especially in rural and frontier areas. Fragmented systems, workforce shortages, and limited coordination among NDHHS and external stakeholders

contribute to inefficiencies, preventable hospital use, and unequal access to care. Certain groups such as dual eligible Medicaid/Medicare members are more impacted than others, due to the nature and severity of their chronic conditions. While care coordination models exist, there is no unified statewide approach. This project will establish shared standards, build capacity, and apply data-driven strategies to improve integration and outcomes.

Workplan and Milestones – Technical Assistance for care coordination

Sponsor and Partners	NDHHS, NDIT, Tribes, payers, providers, community-based organizations, Medicare Advantage plans, AHRQ, Rural Health Information Hub, IT sponsors
Year 1 Activities	Assess existing care coordination programs and IT platforms across payers and providers. Form cross-sector advisory committee. Identify target populations including dual-eligible Medicaid/Medicare members, pilot regions, and technical needs. **Milestones: Gap analysis completed in coordination with health care data hub project planning; advisory committee established; pilot sites and IT needs identified.**
Year 2 Activities	Develop technical assistance framework, toolkit, and data-sharing infrastructure. Integrate IT systems and launch pilot programs and learning collaboratives. **Milestones: TA framework finalized; data-sharing pilot operational; first collaborative completed; pilots launched.**
Year 3 Activities	Strengthen NDHIN or other platform integration and shared performance measures. Conduct mid-point evaluation. **Milestones: Shared metrics adopted; data platforms operational; evaluation completed.**
Year 4 Activities	Expand successful pilots statewide. Align policy and reimbursement models. Conduct workforce and sustainability training. **Milestones: Statewide expansion completed; policy recommendations finalized; sustainability plan approved.**
Year 5 Activities	Complete final evaluation and disseminate best practices. Establish ongoing technical assistance hub within NDHHS. **Milestones: Final report completed; best practices toolkit published; TA hub institutionalized.**

Outcomes: Strengthened care coordination capacity statewide; increased integration of behavioral health and chronic disease management; improved data interoperability; reduced preventable hospitalizations and emergency visits; sustainable infrastructure for statewide coordination and technical assistance.

Projected impact: The project will enhance collaboration and improve outcomes for North Dakotans with chronic and behavioral health conditions. Technical assistance will strengthen disease management, reduce preventable hospital use, and advance data integration to improve access for underserved rural populations.

Sustainability: This initiative will create a durable foundation for integrated care coordination in North Dakota. By aligning Medicaid and external partners under a shared framework, it will sustain improved access, quality, and outcomes through policy integration, workforce development, and continued data exchange supported by the health care data hub.

Initiative: *Connect Tech, Data and Providers for a Stronger North Dakota*
Theme: *Breaking Data Barriers*
Project: *Modernize ND's Health Care Data Environment*

Strategy: Adress data access gaps in North Dakota's rural and tribal communities by building a modern, unified network of secure, integrated, cloud-based platforms that will empower providers, transform care coordination, and deliver vital population-level insights to make North Dakota healthier. Platforms to be developed include:

- Statewide unified health care data infrastructure: unite EMR, payer data and pharmacy data into a secure, integrated platform.
- Closed-loop referral system and community information exchange to facilitate information sharing and referrals across organizations.
- All-payer claims database to enhance transparency and accountability in cost and quality.
- NDHHS data hub and substance use monitoring system: a centralized home for data across Medicaid, SNAP, behavioral health and other health and human services programs.

Workplan and Milestones – Modernize North Dakota's Data Environment

Sponsor and Partners	NDHHS, NDIT, ND Hospitals, ND Tribes, ND Board of Pharmacy, Vendors, Community Organizations, State/Local Behavioral Health, Law Enforcement, Laboratories, Payers, Military, local public health units
Year 1 Activities	Recruit personnel, establish partnerships, governance/rules, define requirements, begin selection of vendors. **Milestones: Charters approved, issue initial RFPs, evaluation plan established, data collection begins.**
Year 2 Activities	Finalize vendors, begin pilot platform implementation, onboard data sources, recruit partners and publish initial reports. **Milestones: Pilots begin, first public outputs published, Y1 report published.**
Year 3 Activities	Scale platforms by expanding users and datasets, evaluate pilot programs, implement testing protocols, launch tribal data matching pilot. **Milestones: User base expanded statewide, pilot evaluation delivered to governance, tribal pilot operational, Y2 report published.**
Year 4 Activities	Focus on system optimization and automation, continue statewide and tribal data expansion. **Milestones: Second tribal partner operational, data processes evaluated/automated, data access expanded, Y3 report published.**
Year 5 Activities	Transition to sustainable state, finalize long-term governance and financial models and prepare final reports. **Milestones: Long-term sustainability plan adopted, Y4 and final project reports published.**

Outcomes: A statewide health care data hub; improved care coordination through a closed-loop referral system and community information exchange; increased healthcare transparency through an all-payer claims database; and data-driven public health decisions through a centralized data hub and substance use surveillance system.

Projected impact: Turning a fragmented data landscape into an integrated network will improve decision-making, health outcomes, access to care, and quality of care.

Sustainability: Sustainability will be achieved by utilizing FMAP to supplement state funds with a federal match, a mechanism proven effective in other states. This will be supported by a cost-sharing model between partners and agencies, with additional funding from federal grants and state funds.

Initiative: *Connect Tech, Data and Providers for a Stronger North Dakota*
Project: *Cooperative Purchasing of Technology and Other Health Care Infrastructure*

Strategy: High value networks (HVNs) provide rural hospitals and clinics with the structure to collaborate, share resources, and achieve economies of scale while preserving local independence. Unlike informal alliances, HVNs operate as clinically integrated networks with defined governance, shared data systems, coordinated care programs, and unified payer contracting. To accomplish the goals, tools are utilized - population health platform, care coordination tool, telemedicine, remote patient monitoring, AI documentation and clinical decision support, referral and transfer hub, rural value-based care plans, and workforce solutions. The HVN provides the infrastructure for cooperative purchasing of technology and other health care infrastructure.

Workplan and Milestones – Cooperative Purchasing

Sponsor and Partners	NDHHS, Rough Rider High Value Network, rural and tribal hospitals and clinics
Year 1 Planning Activities	Finalize project workplans and staffing across all funded initiatives. Execute vendor contracts for population health platform, care coordination, telemedicine, RPM, AI clinical documentation, shared purchasing, and referral/transfer hub. Complete baseline data collection: hospitalizations, preventive screenings, SDOH, transfer times, provider satisfaction, and financial benchmarks (county and tribal). Conduct facility readiness assessments and confirm pilot sites, including at least one tribal facility. **Milestones: Vendor contracts executed; baseline metrics established at county and tribal levels; governance structures operational by end of Q1 FY26.**
Year 1 – Early Launch and Initial Implementation Activities	Begin phased go-lives for core projects (population health platform pilots, initial care coordination teams, early RPM sites, telemedicine vendor contracting, AI documentation testing). Recruit and train central and local staff (care coordinators, IT/clinical champions, monitoring clinicians). Configure data integrations (EHR feeds, payer claims, ADT, pharmacy, SDOH). Launch pilot referral/transfer hub in selected rural and tribal regions. **Milestones: First facilities, including one tribal clinic, live on population health platform, care coordination, RPM, and AI documentation; telemedicine contracts executed; referral hub pilot operational, analyze what shared services should be targeted and prioritize, survey facilities regarding cyber security. Strengthen cybersecurity infrastructure, prioritizing those with identified vulnerabilities, to enhance system resilience and safeguard sensitive health information.**
Years 2 and 3 Activities	Refine workflows based on real-time data, patient outcomes, and stakeholder feedback. Expand telemedicine and care coordination service lines to all facilities, embedding RPM and AI documentation in chronic disease, oncology, behavioral health, and ED workflows. Demonstrate measurable improvements in gap closure, specialty access, transfer times, readmissions, and provider satisfaction. Validate

	financial outcomes: labor savings, increased shared savings, improved contract performance. **Milestones: ≥50% improvement in gap closure, ≥15% reduction in avoidable hospitalizations, ≥25% reduction in oncology time-to-treatment. At least one tribal and one frontier county report significant improvements documented by FY29. Member savings from shared services. Continue implementing cybersecurity infrastructure.**
Year 4 Activities	Standardize statewide workflows and reporting structures across all projects. Expand county- and community-level dashboards to demonstrate equitable impact across rural and tribal communities. Publish interim evaluation reports with quality, financial, and equity outcomes. Finalize sustainability frameworks with payers, including PMPM payments, shared savings, and long-term contracts. Implement final cybersecurity infrastructure updates. **Milestones: Interim statewide and county/tribal outcomes report published; sustainability agreements in place by FY30.**
Year 5 Activities	Achieve full operationalization of all initiatives across the Network, with projects embedded in local facility workflows. Document measurable statewide outcomes: reduced avoidable transfers, improved access to specialty care, enhanced quality scores, provider satisfaction ≥90%, validated multi-million-dollar savings. Submit final evaluation reports with facility-, county-, and tribal-level outcomes. Transition to sustainable operations financed through PMPM contributions, payer incentives, and shared savings. **Milestones: Final evaluation submitted by Q4 FY31; sustainability plan operational; dissemination of best practices to other rural and tribal networks.**

Outcomes

- Clinical Integration & Standardization - ≥90% compliance with shared protocols and reporting standards
- Preventable Hospitalizations & Readmissions (County/Community Level) - 10% reduction in preventable hospitalizations (to 25/1,000); 3-point reduction in readmissions (to 13%)
- Care Gap Closure & Timeliness of Intervention - ≥60% gap closure rate; 25% reduction in time-to-treatment (≤34 days)
- Value-Based Care Readiness & Financial Stability - ≥75% facilities in multi-payer VBC contracts; 200,000 lives pooled
- Shared Services & Scale - All 23 facilities using ≥3 shared services by Year 2; ≥20% cost savings; 100% of facilities with identified cybersecurity vulnerabilities will have completed a comprehensive security risk assessment and mitigation plan, by the end of Year.

Projected impact: Deliver transformative, measurable improvements in rural healthcare across ND. Integrate care coordination, telemedicine, remote patient monitoring, AI documentation, and a population health platform. Key projected outcomes include improved cyber security infrastructure, a reduction in avoidable hospitalizations, increase in care gap closures, improvement in chronic disease control and preventive screenings, and multi-million-dollar annual savings from reduced transfers and readmissions. Financial sustainability is ensured through shared savings

contracts, pooled services, and payer partnerships, with a 3–4x ROI expected. Workforce resilience will be strengthened via recruitment incentives, reduced administrative burden, and expanded telehealth access.

Sustainability: Ensures long-term viability beyond the RHTP funding period by embedding financial, operational, and community-level strategies into its rural healthcare initiatives. It leverages value-based care and payer partnerships to generate shared savings and improve quality, while shared services like group purchasing and staffing models create economies of scale. By expanding local care access and reducing patient outmigration, RRHVN retains revenue and strengthens rural economies. Operational efficiencies through digital infrastructure and workforce innovations enhance resilience, and governance structures reinvest savings to sustain growth. Proven across multiple states, the model projects a 3–4x ROI over 3–5 years, ultimately achieving full financial independence through shared savings, retained revenue, and strategic reinvestment.

October 24, 2025

Sarah Aker
Executive Director, Division of Medical Services
North Dakota Health and Human Services

Ms. Aker –

On behalf of the North Dakota State Office of Rural Health, the Community HealthCare Association of the Dakotas, the North Dakota Hospital Association, the North Dakota Long Term Care Association, the North Dakota Medical Association, the North Dakota Rural Health Association, and the Rough Rider High Value Network, please accept this letter of strong support for the State of North Dakota's application in response to CMS-RHT-26-001: Rural Health Transformation Program.

As the statewide agencies representing rural health, federally qualified health centers, hospitals, physicians, long term care facilities, and clinically integrated networks within North Dakota, we are united in our goal to advance the health of our state. Your proposal for RHTP funding, centering on strengthening and stabilizing rural health workforce, making North Dakota healthy again, bringing high-quality care closer to home, and connecting tech and data for a strong North Dakota, will transform health and healthcare throughout the rural and frontier areas of our state. The plan that has been developed is responsive to community input, addresses high-priority needs, and is built for feasibility and sustainability – all of which will maximize the impact of funds.

We have appreciated the State's deep commitment to collaboration in the preparation of this application, including the direct engagement of the signatories of this letter in developing priority areas and implementation strategies. To support successful implementation of RHTP activities upon funding, we each commit to: 1) continued collaboration with you and ND HHS on the implementation of initiatives; and 2) serving as a connection point to our own organizational constituencies in communicating RHTP programming and opportunities for funding.

Together, we can build upon our robust collective infrastructure to make a deep and long-lasting impact on the health of rural and frontier North Dakota through RHTP funding. If there is any additional support that we can provide, please let us know.

Jacob Warren, Director
Center for Rural Health (ND SORH)

Shelly Ten Napel, Chief Executive Officer
Community HealthCare Association of the Dakotas

Tim Blasl, President
North Dakota Hospital Association

Nikki Wegner, President
North Dakota Long Term Care Association

Courtney Koebele, Executive Director
North Dakota Medical Association

Kylie Nissen, Executive Director
North Dakota Rural Health Association

Alfred Sams, President
Rough Rider High Value Network