Rural Health Transformation Program

Interim Rural Health Transformation Committee
Senator Bekkedahl, Chairman

Sarah Aker | Executive Director | Medical Services

October 21, 2025

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Agenda

- Follow-Up from October 14-15 Meeting
- Preliminary Funding Allocations
- Stakeholder Engagement
  - Stakeholder Communications
  - Making RHTP awards to providers, partners, and others

Strengthen and Stabilize Rural Health Workforce

- Expand Rural Healthcare Training Pipelines
- Improve Retention in Rural and Tribal Communities
- Use Tech as Extender for Rural Providers
- Provider TA and Training for Existing Workforce

Bring High-Quality Health Care Closer to Home

- Rightsizing Rural Health Care Delivery Systems for the Future
- Coordinating and Connecting Care
- Clinics without Walls
- Sustaining Revenue
- Ensuring Safety Net Service Delivery
- Ensuring Transportation

Make ND Healthy Again

- Building Connection and Resiliency
- Eat Well North Dakota
- Investing in Value
- ND Moves Together

Connect Tech, Data and Providers for a Stronger ND

- Cooperative Purchasing for Tech and Other Infrastructure
- Breaking Data Barriers
- Harnessing AI and New Tech

Listening Session Feedback

Strategic Priorities and Key Themes

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Follow-Up from October 14-15 Meeting

1. **Expansion of rural grocery, nutrition, and food bank programs.**
   Added to Eat Well North Dakota | Make North Dakota Healthy Again initiative.
2. **Assistance for rural grocery stores with information technology changes relating to the Supplemental Nutrition Assistance Program (SNAP) waiver.**
   Added to Eat Well North Dakota | Make North Dakota Healthy Again initiative.
3. **Additional focus on dentistry and optometry services in rural areas, including in schools.**
   Already included in current framework.
4. **Consideration of the possibility of providing grants in advance rather than on a reimbursement basis.**
   Not allowable. ND HHS exploring other options to address provider cash flow challenges.
5. **Improvements to information technology connections among pharmacists, medical providers, and other electronic medical records systems.**
   Already included in current framework.
6. **Expansion of federally qualified health centers.**
   Already included in current framework.

Follow-Up from October 14-15 Meeting

7. **Expansion of local public health units' or other providers' mobile services.**
   Already included in current framework.
8. **Utilization of metrics to ensure funding is distributed to areas of most need within the state.**
   HHS will include need or rural/frontier criteria in subgrant process.
9. **Provide for the modernization of equipment of providers.**
   Already included in current framework.
10. **Provide for the purchase of ventilators with remote monitoring.**
    Already included in current framework.
11. **Provide for the upgrading of emergency response communications equipment in rural areas.**
    Already included in current framework.
12. **Expansion of helicopter air ambulance services.**
    Added to Ensuring Safety Net Service Delivery | Bring High-Quality Health Care Closer to Home Initiative. CMS guidance indicated that vehicle purchase requests will be reviewed on case-by-case basis and that approval is not guaranteed.

Follow-Up from October 14-15 Meeting

13. **Expansion of information technology equipment for disability-related services.**
    Expansion of current programs is allowable. Will include under Technology an Extender for Rural Providers | Strengthen and Stabilize Rural Health Workforce.

14. **Scholarships for students in health-related occupations with a commitment that upon graduation the individual will serve in a rural community for a specified amount of time.**
    States can fund training programs focused on a subject matter area considered part of clinical workforce and tied to a commitment to serve for 5 years. CMS reserves the right to recoup funds not used for educational requirements or prerequisites to clinical practice.

15. **Provide for housing assistance.**
    States can use infrastructure funds to do minor alterations or renovations for the purpose of providing housing to students in a rotation. Funding for local housing is only allowable for short-term (less than 6 months) housing for rotations.

16. **Assistance with recruitment and relocation costs for rural provider staffing.**
    Already included in current framework.

17. **Inclusion of tribal colleges and tribal health systems.**
    Already included in current framework. Called out tribes and tribal health systems as specific partners.

Follow-Up from October 14-15 Meeting

18. **Expansion of transportation services, mileage reimbursement, or stipends to access health services.**
    Expansion of transportation services is already included in the framework. Mileage reimbursement or stipends to access health services are not allowable for Medicaid members since it duplicates Medicaid NEMT reimbursement.
19. **Inclusion of cultural programming.**
    Already included in current framework.
20. **Inclusion of tribal health data in shared evaluation metrics.**
    Already included in current framework.
21. **Assistance for nursing homes to renovate facilities to offer dementia care or other services and to acquire geriatric equipment.**
    Already included in current framework.
22. **Consideration of funding for senior meals programming.**
    Already included in current framework.

Follow-Up from October 14-15 Meeting

23. **Expansion of glucose monitoring and nutrition coaching by pharmacies or other providers and expansion of aging-related community services.**

    Already included in current framework. Work currently being provided or already reimbursed by insurance is not allowable.

24. **Expansion of nutrition and related services provided by the North Dakota State University Extension Service.**

    Already included in current framework. Current services provided by Extension Service are not allowable.

25. **Demolition/remediation of unoccupied health care buildings.**

    Not allowable, considered a construction cost.

26. **Consider loan repayment apportioned by year over 5-year period.**

    Loan repayment is not an allowable use. Framework updated to Recruitment/Relocation Grants in place of loan repayment.

Strategic Priorities

STRENGTHEN AND STABILIZE RURAL HEALTH WORKFORCE

BRING HIGH-QUALITY HEALTH CARE CLOSER TO HOME

MAKE NORTH DAKOTA HEALTHY AGAIN

CONNECT TECH, DATA, AND PROVIDERS FOR A STRONGER ND

Draft Funding Allocations By Initiative

Initiative	Percentage	Total funds under a hypothetical $500M total RHTP budget	Total funds under a hypothetical $1B total RHTP Budget
Strengthen and Stabilize Rural Health Workforce	16.2%	$81M	$162M
Make ND Healthy Again	8.6%	$42.4M	$84.8M
Bring High-Quality Health Care Closer to Home	58.4%	$291.7M	$583.4M
Connect Tech and Data for a Stronger ND	16.8%	$84.9M	$169.9M
Grand Total	**100%**	**$500M**	**$1B**

Note: Budget is under development; allocation percentages may change. Final funding amounts dependent on CMS scoring and award.

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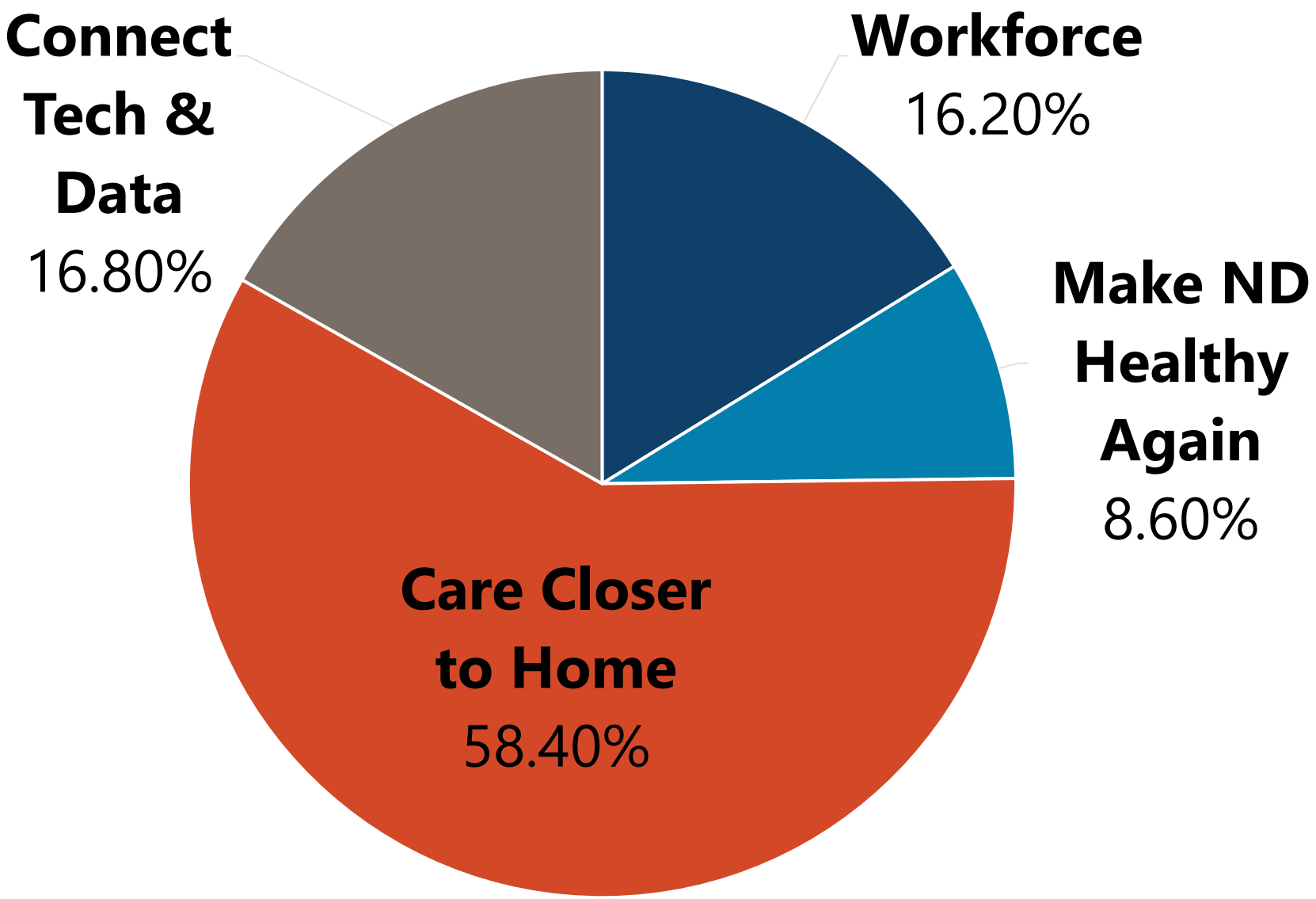
Draft Funding Allocations By Initiative



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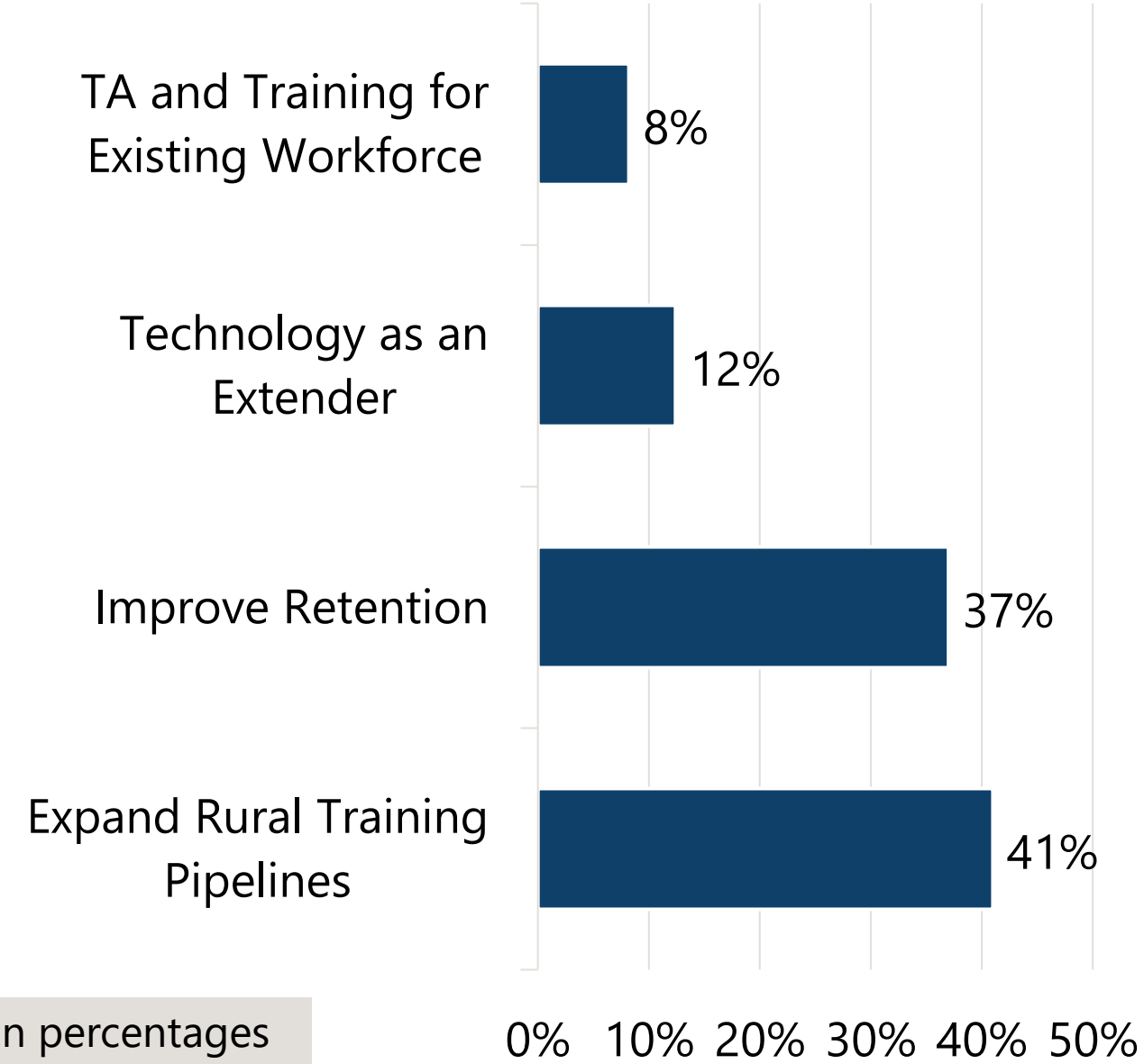
Strengthen and Stabilize Rural Health Workforce

Draft Allocation by Key Theme

Draft Percent of total budget: **16.2%**

Note: Budget is under development; allocation percentages may change. Final funding amounts dependent on CMS scoring and award.



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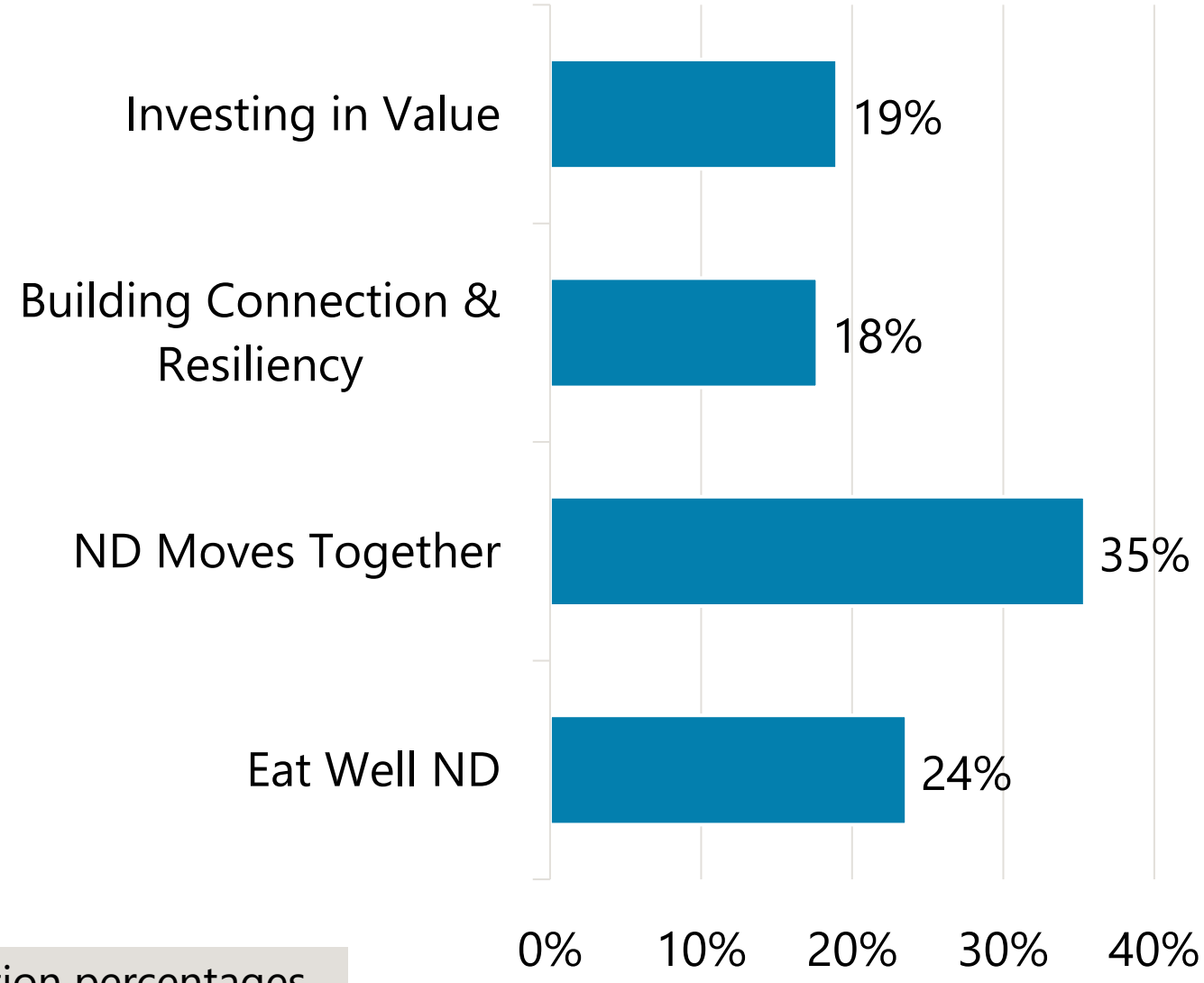
Make North Dakota Healthy Again

Draft Allocation by Key Theme

Draft Percent of total budget: **8.6%**



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Bring High-Quality Health Care Closer to Home

Draft Allocation by Key Theme

Draft Percent of total budget: **58.4%**

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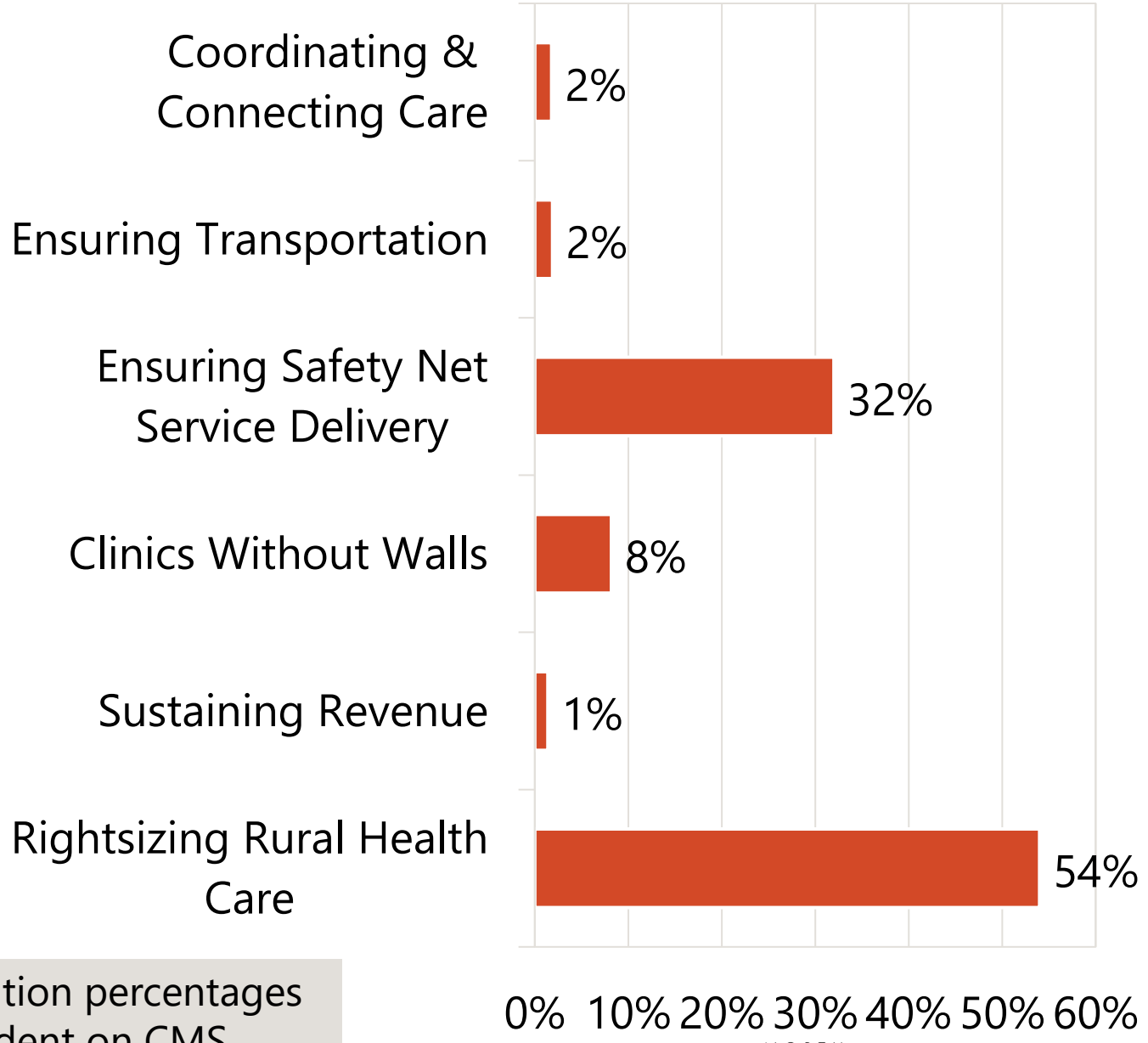

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Connect Tech, Data, and Providers for a Stronger ND

Draft Allocation by Key Theme

Draft Percent of total budget: **16.8%**

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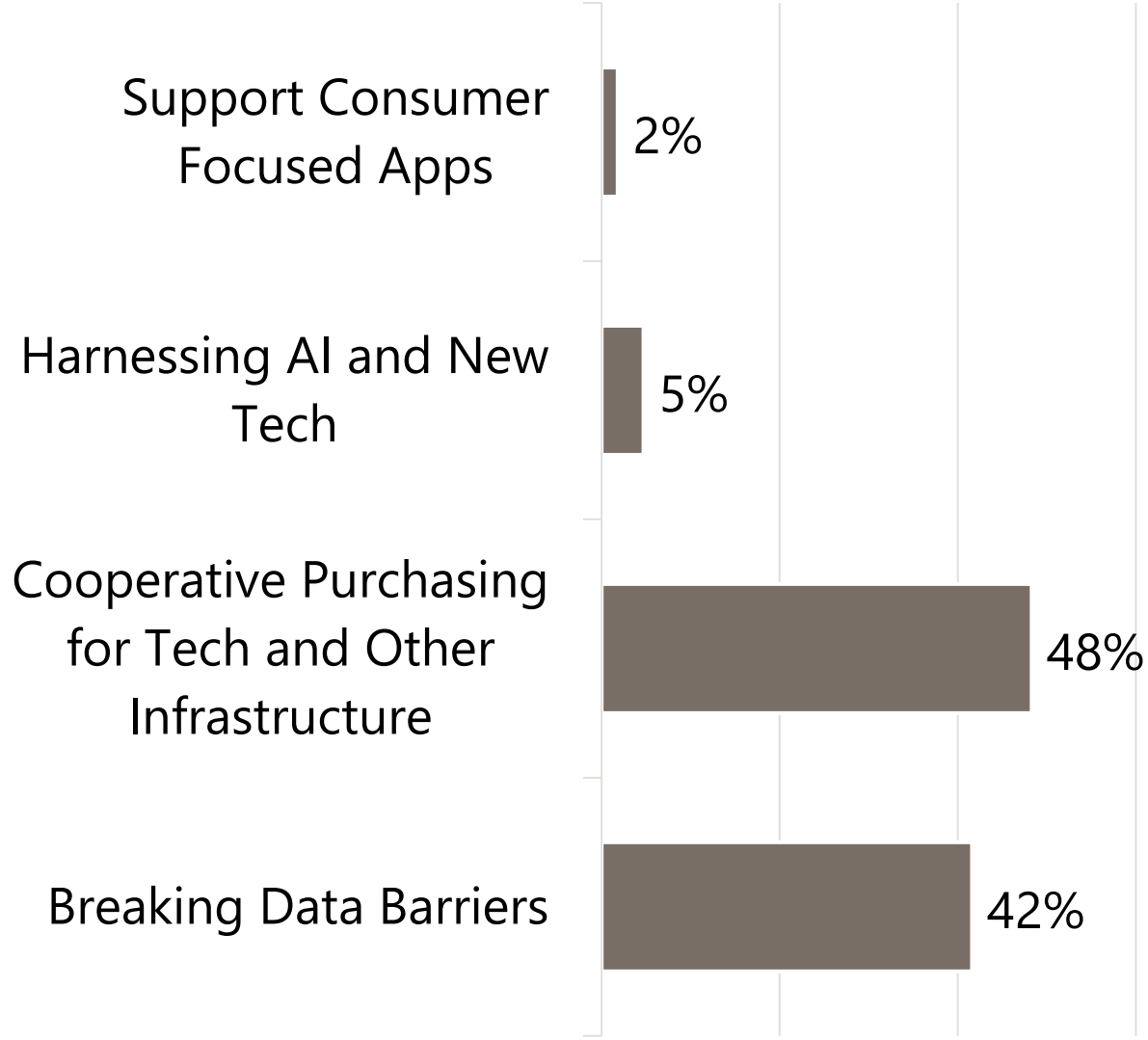

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Stakeholder Communication

- Webpage
- Email listservs
- HHS Committees/Councils
- Listening Sessions
- RHTP Legislative Committee

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Making RHTP Awards

All awards will require an agreement between HHS and the entity awarded funds.

HHS plans to use multiple processes to award funds:

- Many awards will not require a formal procurement process.
  - Grants can be provided to all qualifying entities within a particular category.
  - Grants may also be provided to a limited number based on scoring.
- Some awards may require a more formal procurement process. If more info is needed, an RFP or RFI process can be beneficial – ex. technology solutions or equipment.

- Award process will include a mechanism to ensure funding is prioritized relative to impacts to communities in need and/or rural/frontier communities.
- HHS intends to limit administrative burden on applying for awards. All awards will require reporting and monitoring in compliance with federal guidance.

Award Example

Safety Net Service Delivery Expansion

Funding Opportunity

HHS announces RHTP Funding opportunity and technical assistance

Funding Award

HHS selects CAH for Award

ONGOING MONITORING

Ongoing communication, monitoring and technical assistance between HHS, CAH, and related any related consultants.

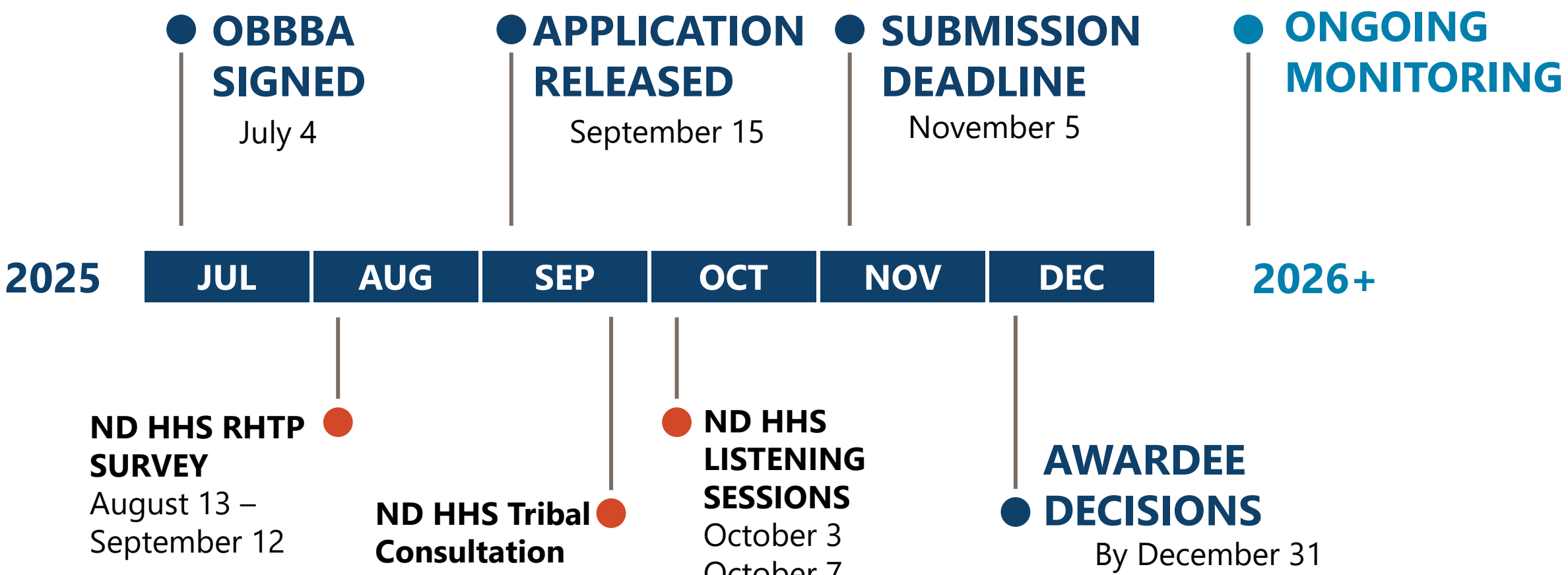
Provider Application

Critical Access Hospital (CAH) Submits Brief Proposal to Restart Obstetric/Delivery Services

Contract Signed

CAH signs contract with HHS based on RHTP allowable activities.

Timeline
Rural Health Transformation Program



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