



# RURAL HEALTH

## TRANSFORMATION

Notice of Funding Opportunity Webinar  
Centers for Medicare & Medicaid Services

SEPTEMBER 19, 2025

# Housekeeping and Logistics



This event is being recorded.  
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Please submit comments during  
this event via the **Q and A box**, not  
the chat function.

# Agenda

- 1. Introductions
- 2. Background
- 3. Application Process
- 4. Application Content
- 5. Funding & Scoring
- 6. Award Administration
- 7. Question & Answer Session
- 8. Closing

**Note:** The NOFO is the ultimate source of fact related to this program. If anything in this webinar differs from the NOFO, applicants should follow the guidance in the NOFO.

# Welcome



**Alina Czekai**  
Director, Office of Rural  
Health Transformation

# Introductions



**Kate Sapra**  
Acting Deputy Director,  
Office of Rural Health  
Transformation



**Emily Chen**  
Senior Advisor,  
Office of the  
Administrator

**Christopher Clark**  
Grants Management Officer,  
Office of Acquisition and  
Grants Management

# Background

# Opportunity for Impact

The Rural Health Transformation (RHT) Program presents a unique opportunity to deliver dependable care to rural communities across the country and is strongly aligned with Making America Healthy Again

The funding awarded by Congress enables the RHT Program to put States on a path to ensuring every American has access to affordable, high-quality care through sustainable healthcare innovation

**~60 million  
Americans  
live in rural areas**

## AGENDA

1. Introductions

**2. Background**

3. Application Process

4. Application Content

5. Funding & Scoring

6. Award Administration

7. Q & A

8. Closing

# Program At A Glance

The RHT Program<sup>1</sup> helps State governments to move from a system that fails rural America to one that builds lasting success. Through innovative system-wide change, the RHT Program is a critical investment for future generations.

## Strategic Goals

Make Rural  
America  
Healthy Again

Sustainable  
Access

Workforce  
Development

Innovative Care

Tech Innovation

## Features

State Led

Catalytic  
Funding

Technical  
Assistance

Transformative  
Change

Sustainable  
Impact

## AGENDA

1. Introductions

**2. Background**

3. Application Process

4. Application Content

5. Funding & Scoring

6. Award Administration

7. Q & A

8. Closing



# Funding At A Glance

## *\$50 billion over 5 budget periods:*

- \$25 billion distributed evenly amongst approved States
- \$25 billion allocated based on rural factors, application initiatives, State policies, and quality of application

## *Other Funding Highlights:*

- Up to 50 awards
- One-time application opportunity
- For each budget period, recipients will have until the end of the following federal fiscal year to spend awarded funding

### AGENDA

1. Introductions

**2. Background**

3. Application Process

4. Application Content

5. Funding & Scoring

6. Award Administration

7. Q & A

8. Closing

# Eligibility Requirements

## Who's eligible?

- **All 50 States** are encouraged to apply for a RHT Program award
  - The primary recipient of each award is a **single State**
  - The application must **come from the State government** and include a **letter of endorsement** signed by the **governor**

## Who's not eligible?

- The District of Columbia and U.S. Territories are **not** eligible
- All other entities and individuals are **not** eligible to apply

## AGENDA

1. Introductions

**2. Background**

3. Application Process

4. Application Content

5. Funding & Scoring

6. Award Administration

7. Q & A

8. Closing

# Strategic Goals

## Make Rural America Healthy Again

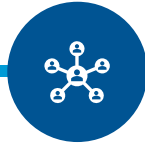
Support health innovations and new access points to promote preventive health and address root causes of diseases

## Sustainable Access

Help rural providers become long-term access points for care by improving efficiency and sustainability

## Workforce Development

Attract and retain a high-skilled health care workforce by strengthening recruitment and retention of healthcare providers in rural communities



## Innovative Care

Spark the growth of innovative care models to improve health outcomes, coordinate care, and promote flexible care arrangements

## Tech Innovation

Foster use of innovative technologies that promote efficient care delivery, data security, and access to digital health tools by rural facilities, providers, and patients

### AGENDA

1. Introductions

**2. Background**

3. Application Process

4. Application Content

5. Funding & Scoring

6. Award Administration

7. Q & A

8. Closing

# RHT Program Funding Scope

## Use funding to pay for...

- ✓ Transformation of care delivery
- ✓ Improved access to, quality of, and cost of healthcare in rural America
- ✓ Expanded or enhanced services but not duplicate programs
- ✓ Technological & infrastructure investments and startup costs that will have sustainable impact beyond the end of the program

## Do not use funding to pay for...

- × New construction
- × Clinical services that duplicate billable services and/or attempt to change payment amounts of existing fee schedules
- × Other specified limitations outlined in the NOFO

## AGENDA

1. Introductions

**2. Background**

3. Application Process

4. Application Content

5. Funding & Scoring

6. Award Administration

7. Q & A

8. Closing

# Program-specific Funding Limitations

## In a given budget period:

- Capital expenditures and infrastructure cannot exceed 20% of total funding awarded to a State
- Provider payments cannot exceed 15% of total funding awarded to a State
- Replacing an EMR system cannot exceed 5% of total funding if a previous HITECH certified EMR system was already in place as of Sept. 1, 2025
- No more than 10% of the amount allotted to a State for a budget period may be used by the State for administrative expenses, which includes indirect and direct costs
- Funding for initiatives like the “Rural Tech Catalyst Fund Initiative” cannot exceed the lesser of 10% of awarded funding or \$20 million

## AGENDA

1. Introductions

**2. Background**

3. Application Process

4. Application Content

5. Funding & Scoring

6. Award Administration

7. Q & A

8. Closing

# Application Process

# Application Submission Process

## Application materials

- Application materials are available via the [NOFO posted on Grants.gov](#)
- Funding Opportunity Number: CMS-RHT-26-001

## Registration process

- Start the registration process by visiting [SAM.gov Entity Registration](#)
- An active registration is required, including a Unique Entity Identifier (UEI)

## Due dates

- Optional Letter of Intent (LOI) due by September 30, 2025, 11:59 p.m. ET (Email to [MAHARural@cms.hhs.gov](mailto:MAHARural@cms.hhs.gov))
- Submit completed application via the [NOFO posted on Grants.gov](#) by the deadline of **November 5, 2025, 11:59 p.m. ET**

### REMINDERS:

- Refer to the **Step 2: Get Ready to Apply** section of the NOFO for full requirements and instructions
- CMS strongly recommends that you do not wait until the application due date to begin the application submission process

### AGENDA

1. Introductions

2. Background

**3. Application Process**

4. Application Content

5. Funding & Scoring

6. Award Administration

7. Q & A

8. Closing

# Submission Criteria and Formatting

## Formatting Requirements



### Format content

- Apply correct font size, formatting, and adhere to page limitations
- Ensure required forms are attached to be an eligible application

See “Step 3: Build Your Application” of the NOFO

## Application Criteria Review



### Review criteria

- Carefully review completeness and responsiveness criteria that will be used by merit review panel in their application review

See “Step 4: Understand Review, Selection, and Award” of the NOFO



**REMINDER:** Review NOFO application submission criteria and formatting requirements

## AGENDA

1. Introductions

2. Background

**3. Application Process**

4. Application Content

5. Funding & Scoring

6. Award Administration

7. Q & A

8. Closing



# Completeness and Responsiveness Criteria

To be considered, the State must meet **all eligibility criteria** and the application must:

- Be submitted by the deadline of November 5, 2025, 11:59 pm E.S.T.
- Be submitted through Grants.gov
- Include all components required in the application checklist
- Adhere to the formatting requirements, including spacing, font size, etc.

**It is the State's responsibility to ensure the submission is complete and compliant**

## AGENDA

1. Introductions

2. Background

**3. Application Process**

4. Application Content

5. Funding & Scoring

6. Award Administration

7. Q & A

8. Closing

# General Reminders

## Authorized Organizational Representative



- The Authorized Organizational Representative (AOR) is the individual, named by the applicant/recipient, who is authorized to act for and legally bind the applicant/recipient and to assume the obligations imposed by the federal laws, regulations, requirements, and conditions that apply to grant applications or awards
- The AOR who will officially submit an application on behalf of the organization must register with Grants.gov to obtain a username and password

## Electronic signature



- The electronic signature of the individual who is logged in and submits the application to Grants.gov will automatically populate throughout the application
- The electronic signature must match the AOR named on the SF-424

### AGENDA

1. Introductions

2. Background

**3. Application Process**

4. Application Content

5. Funding & Scoring

6. Award Administration

7. Q & A

8. Closing

# Application Content

# Application Checklist

## Required items for all applications

### Narratives

- ☐ Project summary
- ☐ Project narrative
- ☐ Budget narrative

### Attachments

- ☐ Governor's endorsement
- ☐ Indirect cost rate agreement
- ☐ Business assessment of applicant organization
- ☐ Program duplication assessment
- ☐ Other supporting documentation

### Required forms

- ☐ SF-424: Application for Federal Assistance
- ☐ SF-424A: Budget Information for Non-Construction Programs
- ☐ Disclosure of Lobbying Activities (SF-LLL)
- ☐ Project/Performance Site Location

#### AGENDA

1. Introductions

2. Background

3. Application Process

**4. Application Content**

4.1 Narratives

4.2 Attachments

4.3 Other Required Forms

5. Funding & Scoring

6. Award Administration

7. Q & A

8. Closing

# Narratives Overview

## Project Summary

- One-page high-level overview of project, budget, and goals

## Project narrative

- Critical part of application
- Describes proposed project

## Budget narrative

- Use hypothetical amount of \$200 million per budget period
- Estimate spending for federal FY2026 to FY2031
- Tie line items to initiatives and project narrative

 **REMINDER:** Due to the complexity and importance of these sections, please be sure to review detailed information in the NOFO and in [Guidance for Preparing a Budget Request and Narrative](#)

### AGENDA

1. Introductions
2. Background
3. Application Process
4. Application Content
  - 4.1 Narratives
  - 4.2 Attachments
  - 4.3 Other Required Forms
5. Funding & Scoring
6. Award Administration
7. Q & A
8. Closing

# Project Summary: Overview

## About

- Serves as a succinct description of the proposed project
- Includes
  - Goals of the project
  - Total budget
  - Description of how the funds will be used
  - Names of any subrecipients or sub-awardees (if applicable and known)

**REMINDER:** Do not include any proprietary or confidential information in the project summary. This information will be used for public information requests if the State receives an award.

## AGENDA

1. Introductions

2. Background

3. Application Process

**4. Application Content**

**4.1 Narratives**

**4.1.1 Project Summary**

4.1.2 Project Narrative

4.1.3 Budget Narrative

4.2 Attachments

4.3 Other Required Forms

5. Funding & Scoring

6. Award Administration

7. Q & A

8. Closing

# Project Narrative: Overview

**The project narrative is a critical part of the application and should clearly describe the proposed project.**

Address the proposed goals, measurable objectives, and milestones across the following seven sections:

1. Rural Health Needs and Target Population
2. Rural Health Transformation Plan: Goals and Strategies
3. Proposed Initiatives and Uses of Funds
4. Implementation Plan and Timeline
5. Stakeholder Engagement
6. Metrics and Evaluation Plan
7. Sustainability Plan



## REMINDER:

### 60-page limit

For detailed information on writing each section, see the “Project narrative” section of the NOFO

## AGENDA

1. Introductions

2. Background

3. Application Process

**4. Application Content**

**4.1 Narratives**

4.1.1 Project Summary

**4.1.2 Project Narrative**

4.1.3 Budget Narrative

4.2 Attachments

4.3 Other Required Forms

5. Funding & Scoring

6. Award Administration

7. Q & A

8. Closing

# Project Narrative: Rural Health Needs and Target Population

Use this section of your project narrative to establish your State's need for rural health transformation

## Describe the:

- Current rural health landscape in your State
- Specific criteria your State uses to identify rural areas
- Rural health challenges your plan will tackle

## Provide data on:

- Rural demographics
- Health outcomes
- Healthcare access
- Rural facility financial health



## REMINDER:

Identify the target populations and geographic areas in your State that will benefit from the program

For example:

- “Rural residents in 20 high-need counties, including substantial tribal populations”
- “All rural hospitals, rural health clinics, and community health centers in rural areas statewide”

## AGENDA

### 4. Application Content

#### 4.1 Narratives

##### 4.1.1 Project Summary

##### 4.1.2 Project Narrative

#### ▪ Rural Health Needs and Target Population

#### ▪ Plan Goals and Strategies

#### ▪ Proposed Initiatives and Uses of Funds

#### ▪ Implementation Plan and Timeline

#### ▪ Stakeholder Engagement

#### ▪ Metrics and Evaluation Plan

#### ▪ Sustainability Plan

##### 4.1.3 Budget Narrative

#### 4.2 Attachments

#### 4.3 Other Required Forms



# Project Narrative:

## Rural Health Transformation Plan Goals and Strategies (1/2)

**Based on the rural needs identified in your “Rural Health Needs and Target Population” section, use the “Plan Goals and Strategies” section to present your vision, goals, and strategies for transforming rural health**

Include:

- Statutorily required “rural health transformation plan” content
- What outcomes the overall program will achieve by the end of the funding period
- How the plan aligns with the strategic goals of the program
- Any commitments to change legislation or regulations related to State policy action factors
- Required information on current State policies, most current list of CCBHC entities, and number of hospitals receiving a DSH payment



### REMINDER:

States must outline their current policy for each State policy related to the “State policy action” technical score factors

#### AGENDA

#### 4. Application Content

##### 4.1 Narratives

##### 4.1.1 Project Summary

##### 4.1.2 Project Narrative

- Rural Health Needs and Target Population

- **Plan Goals and Strategies**

- Proposed Initiatives and Uses of Funds

- Implementation Plan and Timeline

- Stakeholder Engagement

- Metrics and Evaluation Plan

- Sustainability Plan

##### 4.1.3 Budget Narrative

##### 4.2 Attachments

##### 4.3 Other Required Forms

# Project Narrative:

## Rural Health Transformation Plan Goals and Strategies (2/2)

This section of the application must address each of the following elements required by statute for the “rural health transformation plan”:

- Improving Access
- Improving Outcomes
- Technology Use
- Partnerships
- Workforce
- Data-driven Solutions
- Financial Solvency Strategies
- Cause Identification



**REMINDER:** States must clearly show how their plans promote **all** the elements specified in statute (42 USC 1397ee(h)(2)(A)(i))

### AGENDA

#### 4. Application Content

##### 4.1 Narratives

##### 4.1.1 Project Summary

##### 4.1.2 Project Narrative

- Rural Health Needs and Target Population

##### ▪ Plan Goals and Strategies

- Proposed Initiatives and Uses of Funds

- Implementation Plan and Timeline

- Stakeholder Engagement

- Metrics and Evaluation Plan

- Sustainability Plan

##### 4.1.3 Budget Narrative

##### 4.2 Attachments

##### 4.3 Other Required Forms

# Project Narrative: Proposed Initiatives and Use of Funds (1/2)

**The third section of your project narrative will describe the initiatives you plan to fund to achieve the goals and strategies outlined in your rural health transformation plan**

For each proposed initiative, include:

- Initiative title
- Description
- Main strategic goal
- Use of fund category(ies) associated with initiative
- Technical score factors associated with initiative
- Key stakeholders that will help carry out initiative
- Measurable outcomes you will use to assess initiative
- Impacted counties
- Estimated required funding



## **REMINDER:**

Technical Score factors are detailed in the Appendix of the NOFO

## AGENDA

### 4. Application Content

#### 4.1 Narratives

##### 4.1.1 Project Summary

##### 4.1.2 Project Narrative

- Rural Health Needs and Target Population
- Plan Goals and Strategies

##### ▪ **Proposed Initiatives and Uses of Funds**

- Implementation Plan and Timeline
- Stakeholder Engagement
- Metrics and Evaluation Plan
- Sustainability Plan

##### 4.1.3 Budget Narrative

##### 4.2 Attachments

##### 4.3 Other Required Forms

# Project Narrative: Proposed Initiatives and Use of Funds (2/2)

## Permissible uses of funds includes:

- A. Prevention and chronic disease
- B. Provider payments
- C. Consumer tech solutions
- D. Training and technical assistance
- E. Workforce
- F. IT advances
- G. Appropriate care availability
- H. Behavioral health
- I. Innovative care
- J. Capital expenditures and infrastructure
- K. Fostering collaboration



### REMINDER:

States must carry out activities in at least 3 Use of Funds categories

## AGENDA

### 4. Application Content

#### 4.1 Narratives

##### 4.1.1 Project Summary

##### 4.1.2 Project Narrative

- Rural Health Needs and Target Population

- Plan Goals and Strategies

##### ▪ **Proposed Initiatives and Uses of Funds**

- Implementation Plan and Timeline

- Stakeholder Engagement

- Metrics and Evaluation Plan

- Sustainability Plan

##### 4.1.3 Budget Narrative

##### 4.2 Attachments

##### 4.3 Other Required Forms

# Project Narrative: Implementation Plan and Timeline (1/2)

**For each proposed initiative and general program activities in your State's application, provide a timeline and milestones planned for FY26 - FY31**

**Include dates and milestones that align with these phases:**

- **Stage 0**—Project planning underway, but no work on executing project plan and implementing initiative has begun.
- **Stage 1**—Project plan created, and staff assigned. Initial work on implementing initiative has begun.
- **Stage 2**—Implementation of project plan and goal achievement underway. Original project plan refined and adjusted.
- **Stage 3**—Implementation of project plan and goal achievement halfway complete and continuously being worked on.
- **Stage 4**—Deliverables being finalized, proposed goals nearly achieved.
- **Stage 5**—Initiative fully implemented, initiative's goals completely achieved. Initiative is producing measurable outcomes that can be reported on.



## REMINDER:

Provide best estimate on timelines and milestones – States can update timelines and milestones in their annual reporting

## AGENDA

### 4. Application Content

#### 4.1 Narratives

##### 4.1.1 Project Summary

##### 4.1.2 Project Narrative

- Rural Health Needs and Target Population

- Plan Goals and Strategies

- Proposed Initiatives and Uses of Funds

#### ▪ Implementation Plan and Timeline

- Stakeholder Engagement

- Metrics and Evaluation Plan

- Sustainability Plan

##### 4.1.3 Budget Narrative

#### 4.2 Attachments

#### 4.3 Other Required Forms

# Project Narrative: Implementation Plan and Timeline (2/2)

## Describe how you will implement your Rural Health Transformation Plan:

- Include legislative or regulatory actions committed to enact, as applicable
- Describe your governance and project management structure
- Describe how you will coordinate among State health agencies and with external stakeholders throughout the program life

### AGENDA

#### 4. Application Content

##### 4.1 Narratives

##### 4.1.1 Project Summary

##### 4.1.2 Project Narrative

- Rural Health Needs and Target Population
- Plan Goals and Strategies
- Proposed Initiatives and Uses of Funds
- **Implementation Plan and Timeline**
- Stakeholder Engagement
- Metrics and Evaluation Plan
- Sustainability Plan

##### 4.1.3 Budget Narrative

##### 4.2 Attachments

##### 4.3 Other Required Forms

# Project Narrative: Stakeholder Engagement

**CMS values robust stakeholder processes since transformation can affect many local interests**

Describe how rural stakeholders have been and will be involved when planning and carrying out the program:

- List stakeholders you have consulted or will consult
- Describe how project governance reflects the communities being engaged

- Develop an engagement framework outlining a formal process for regular stakeholder coordination
- Specifically include how the following entities will be regularly engaged:
  - State health agency or department of health
  - State Medicaid agency
  - State office of rural health
  - State tribal affairs office or tribal liaison, as applicable
  - Indian health care providers, as applicable

**REMINDER:** You can provide letters of support from stakeholders as attachments

| AGENDA                                     |
|--------------------------------------------|
| 4. Application Content                     |
| 4.1 Narratives                             |
| 4.1.1 Project Summary                      |
| 4.1.2 Project Narrative                    |
| ▪ Rural Health Needs and Target Population |
| ▪ Plan Goals and Strategies                |
| ▪ Proposed Initiatives and Uses of Funds   |
| ▪ Implementation Plan and Timeline         |
| ▪ <b>Stakeholder Engagement</b>            |
| ▪ Metrics and Evaluation Plan              |
| ▪ Sustainability Plan                      |
| 4.1.3 Budget Narrative                     |
| 4.2 Attachments                            |
| 4.3 Other Required Forms                   |

# Project Narrative: Metrics and Evaluation Plan

**How will you show that your plan is having a transformative impact on rural areas in your State?**

- Outline what performance measures and outcomes you will track to evaluate success for each initiative
- Identify at least four (4) quantifiable metrics for each initiative, including at least one (1) on a county or community level of granularity for each initiative
- You may use the same outcome metric to measure multiple initiatives
- Provide baseline data for metrics if available. At a minimum, we expect meaningful reporting of outcome metrics by 2028

## *Illustrative examples of metrics:*

**Access metrics:** Specialist appointment wait times in rural areas

**Quality and health outcomes:** Rural hospital readmission rates

**Financial metrics:** Operating margin of rural hospitals in aggregate

**Workforce metrics:** Ratio of physicians to residents in rural areas

**Technology use:** Percentage of rural patients with access to telehealth

**Program implementation:** Counts of new programs launched

## AGENDA

### 4. Application Content

#### 4.1 Narratives

##### 4.1.1 Project Summary

##### 4.1.2 Project Narrative

- Rural Health Needs and Target Population

- Plan Goals and Strategies

- Proposed Initiatives and Uses of Funds

- Implementation Plan and Timeline

- Stakeholder Engagement

#### ▪ Metrics and Evaluation Plan

- Sustainability Plan

##### 4.1.3 Budget Narrative

#### 4.2 Attachments

#### 4.3 Other Required Forms



# Project Narrative: Sustainability Plan

**Rural Health Transformation Program funding is intended to transform rural healthcare delivery in the long term**

- Describe the plan to ensure lasting change rather than using funds as a temporary infusion
- Show that investment in the plan will have long-lasting benefits
- Discuss how lessons from this program may be integrated into ongoing policy

| AGENDA                                     |
|--------------------------------------------|
| 4. Application Content                     |
| 4.1 Narratives                             |
| 4.1.1 Project Summary                      |
| 4.1.2 Project Narrative                    |
| ▪ Rural Health Needs and Target Population |
| ▪ Plan Goals and Strategies                |
| ▪ Proposed Initiatives and Uses of Funds   |
| ▪ Implementation Plan and Timeline         |
| ▪ Stakeholder Engagement                   |
| ▪ Metrics and Evaluation Plan              |
| ▪ Sustainability Plan                      |
| 4.1.3 Budget Narrative                     |
| 4.2 Attachments                            |
| 4.3 Other Required Forms                   |

# Budget Narrative: Overview

In developing a budget, consider if the costs are reasonable and consistent with the project's purpose and activities, and the restrictions on spending funds

- Yearly cost breakdown from federal **FY26** to federal **FY31**
- **Two fiscal years** to spend funds
- Use **hypothetical \$200 million** award amount per budget period
- **Indicate which initiative(s)** each line item of funding will support
- Provide narrative on any **anticipated or planned funding allocations** like subawards, subgrants, or subcontracts
- No more than **10% for administrative expenses**
- **Estimated** budget → **Updated** in non-competing continuation application (NCC) and annual report



## AGENDA

1. Introductions

2. Background

3. Application Process

**4. Application Content**

**4.1 Narratives**

4.1.1 Project Summary

4.1.2 Project Narrative

**4.1.3 Budget Narrative**

4.2 Attachments

4.3 Other Required Forms

5. Funding & Scoring

6. Award Administration

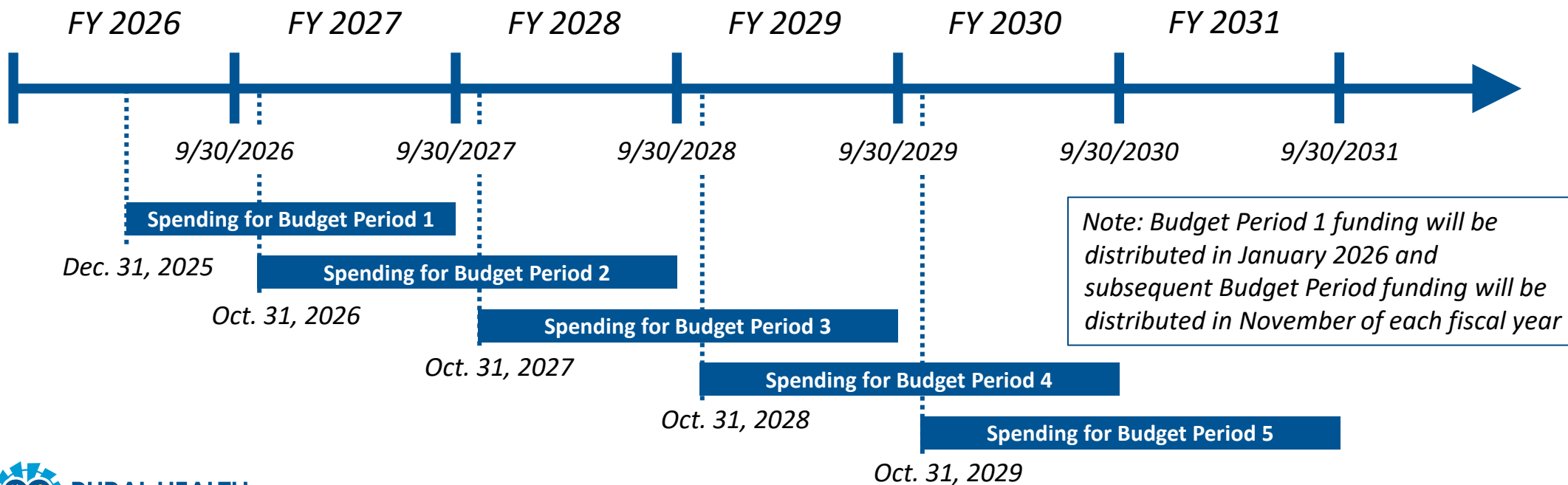
7. Q & A

8. Closing

# Budget Narrative: Relationship between Federal Fiscal Year and Budget Period

**Program funding is appropriated from FY2026 through FY2030:**

- Each Federal fiscal year's funding aligns with five budget periods
- For each budget period, recipients will have until the end of the following Federal fiscal year to spend awarded funding



## AGENDA

1. Introductions
2. Background
3. Application Process
- 4. Application Content**
  - 4.1 Narratives**
    - 4.1.1 Project Summary
    - 4.1.2 Project Narrative
    - 4.1.3 Budget Narrative**
  - 4.2 Attachments
  - 4.3 Other Required Forms
5. Funding & Scoring
6. Award Administration
7. Q & A
8. Closing

# Budget Narrative: Components

- Explain how you separate costs and funding administered directly by you as the lead agency, from funding you subcontract to other partners
- Be clear about how costs link to each activity and the goals of this program
- Identify a principal investigator or program director (PI/PD) who will dedicate sufficient time and effort to manage and provide oversight of the grant program
- Include a yearly breakdown of costs for each line item in your SF-424A
- Describe the proposed costs for each activity or cost within the line item
- Define the proportion of the requested funding designated for each activity
- Justify the costs, including how you calculated them

## AGENDA

1. Introductions

2. Background

3. Application Process

**4. Application Content**

**4.1 Narratives**

4.1.1 Project Summary

4.1.2 Project Narrative

**4.1.3 Budget Narrative**

4.2 Attachments

4.3 Other Required Forms

5. Funding & Scoring

6. Award Administration

7. Q & A

8. Closing

# Attachments

## Attachments for the application include:

### ☐ Governor's endorsement

- Required letter expressing Governor's support for the State's proposed RHT Program plan
- Include office responsible for the program
- Describe required stakeholder engagement
- Commit to State-level action to ensure success
- Certify not spending award funds on prohibited activities
- Describe benefit to rural residents across entire State

### ☐ Indirect cost agreement

If indirect costs included in budget using an approved rate or cost allocation plan, include a copy of current agreement approved by your Cognizant Federal Agency for indirect costs

### ☐ Business assessment of applicant organization

Required business assessment questions found in the [Business Assessment of Applicant Organization](#) section on the CMS website

### ☐ Program duplication assessment

- Explain understanding of program duplication risk and your plan for avoiding program duplication
- See [NOFO](#) for what is required for this attachment

### ☐ Other supporting materials:

See [NOFO](#) for other materials that may and may not be included



**REMINDER:** Note page limitation for these sections in the NOFO

## AGENDA

1. Introductions

2. Background

3. Application Process

4. Application Content

4.1 Narratives

4.2 Attachments

4.3 Other Required Forms

5. Funding & Scoring

6. Award Administration

7. Q & A

8. Closing

# Required Forms

The following standard forms are required with the application:

## ☐ **SF424: Official Application for Federal Assistance**

- Used to apply for Federal grants
- The Federal awarding agencies and OMB use information reported on this form for general management of federal assistance awards programs
- The Authorized Organizational Representative (AOR) completes and signs this form

## ☐ **SF424A: Budget Information Non-Construction**

- Used to budget and request grant funds for non-construction programs
- The federal awarding agencies and OMB use information reported on this form for general management of federal assistance awards programs

## ☐ **SF LLL: Disclosure of Lobbying Activities**

- All applicants must submit this SF-LLL form
- If your entity does not engage in lobbying, please insert “Non-Applicable” on the form and include the required AOR name, contact information, and signature

## ☐ **Project/Performance Site Location**

- All applicants must submit this Project/Performance Site Location form

## AGENDA

1. Introductions

2. Background

3. Application Process

**4. Application Content**

4.1 Narratives

4.2 Attachments

**4.3 Other Required Forms**

5. Funding & Scoring

6. Award Administration

7. Q & A

8. Closing

# Funding & Scoring

# Funding Details

## Reminder: Cooperative Agreement

- The type of award issued under this NOFO is a **Cooperative Agreement (CoAg)**
- A CoAg requires **substantial collaboration** between the federal awarding agency and the non-federal entity (e.g., State) in carrying out the activity contemplated by the federal award



### AGENDA

1. Introductions

2. Background

3. Application Process

4. Application Content

5. Funding & Scoring

6. Award Administration

7. Q & A

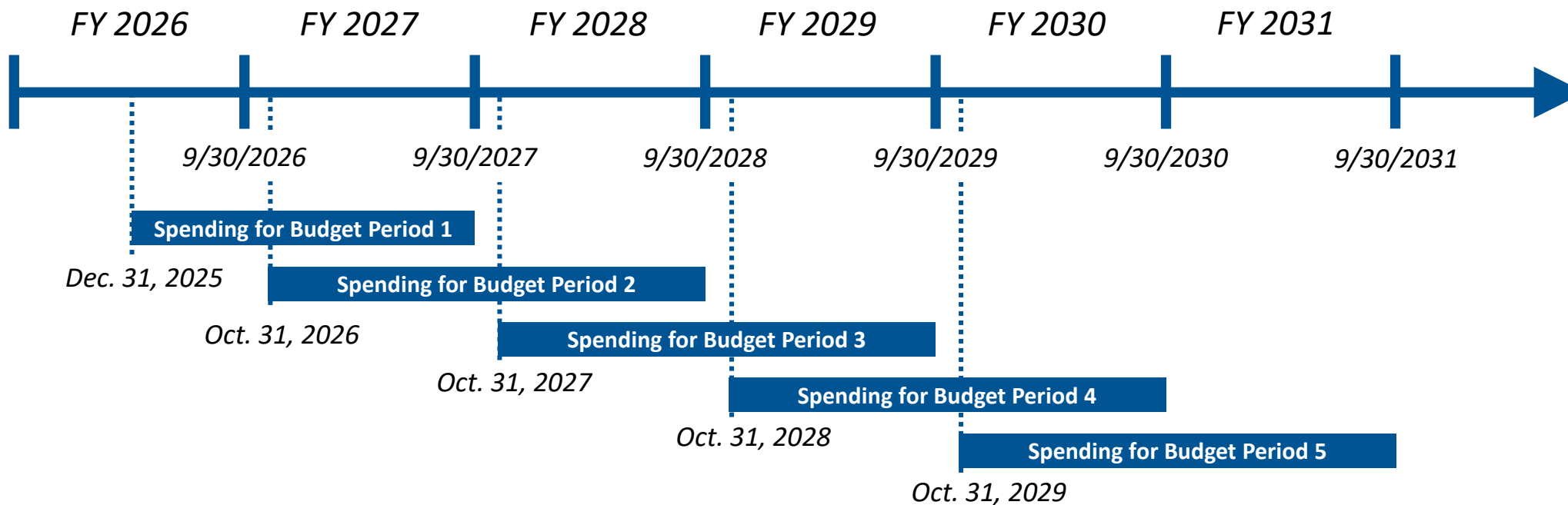
8. Closing



# Funds Distribution and Use Deadlines

**For each budget period, recipients will have until the end of the following fiscal year (September 30) to spend awarded funding**

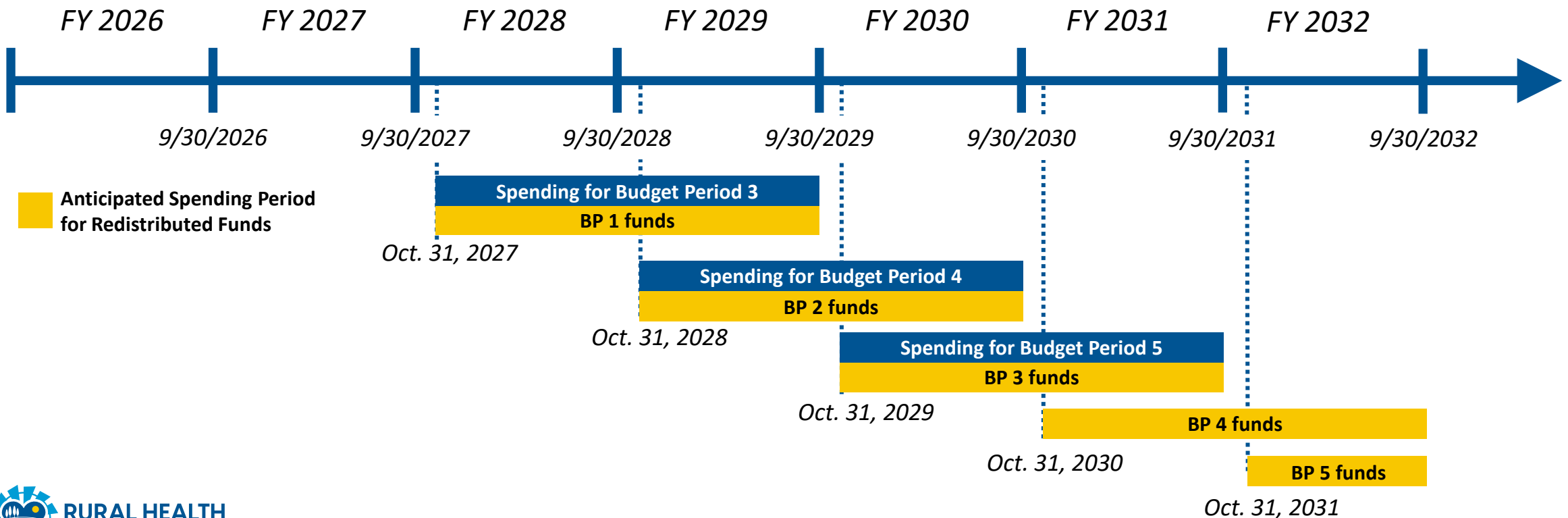
- Recap: Budget Period 1 will start on December 31, 2025, and Subsequent Budget Periods will start on October 31 of each fiscal year



# Funding Redistribution

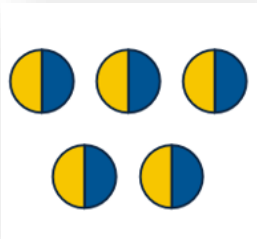
**Funds that a State does not spend by the end of the following fiscal year, or that are not allocated by CMS will be redistributed in the upcoming fiscal year:**

- States will have until the end of the following fiscal year to spend redistributed funds except for any funds redistributed in FY 2032. Those funds must be spent by the end of FY 2032



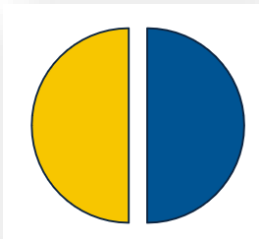
# Scoring Breakdown – Key Concepts

## Expected award distribution



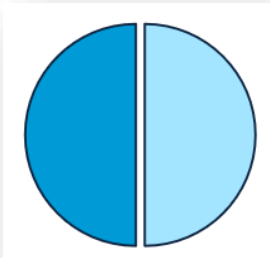
\$50 Billion awarded over 5 budget periods

## Funding per budget period



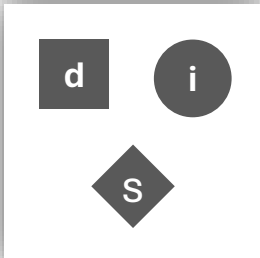
Awards include Baseline and Workload Funding

## Scores



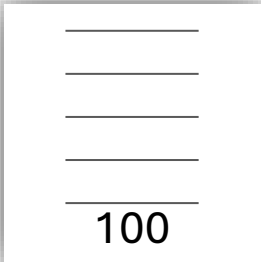
Workload Funding is Based on Rural and Technical Scores

## Funding factors



Scores are based on Data, Initiatives, and State Policy

## Scoring criteria



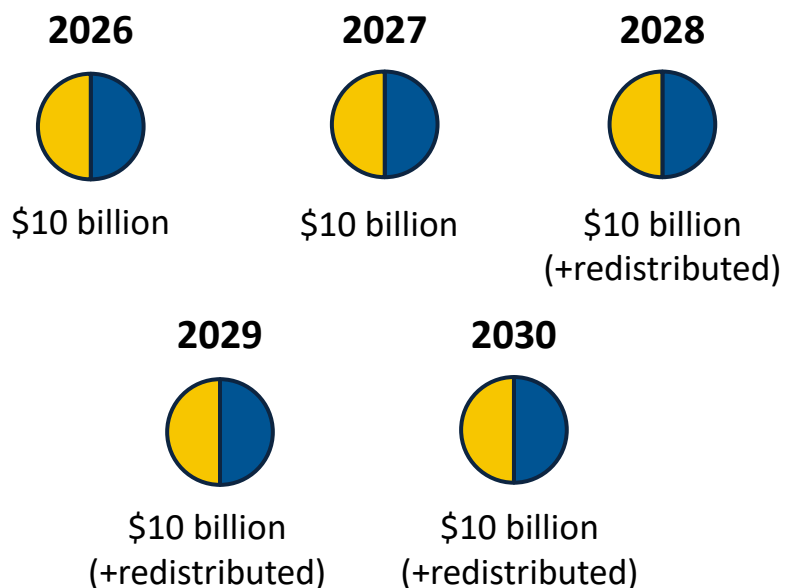
Initiative-based factors are based on Scoring Criteria

### AGENDA

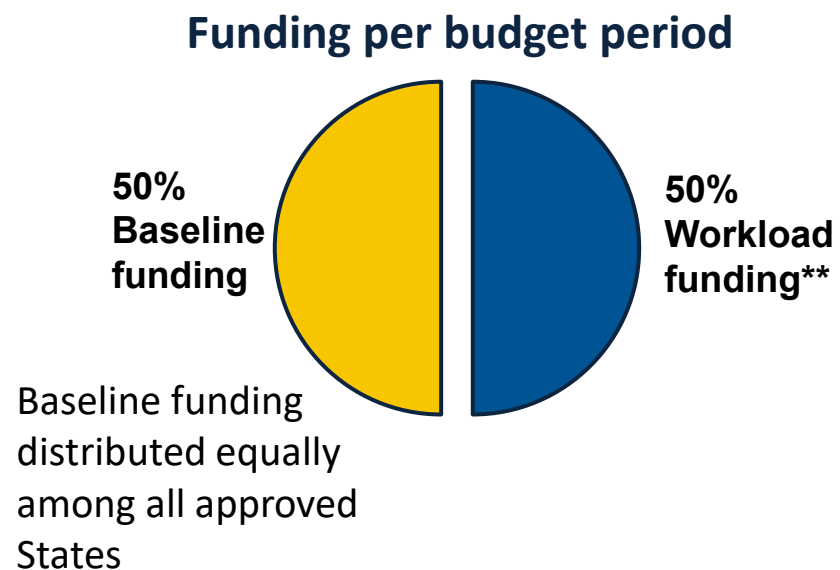
- 1. Introductions
- 2. Background
- 3. Application Process
- 4. Application Content
- 5. Funding & Scoring
- 6. Award Administration
- 7. Q & A
- 8. Closing

# Distribution of Baseline Funding and Workload Funding

**\$50 billion awarded over five years,\*  
with \$10 billion awarded each budget period  
(plus any redistributed funds)**



**For each budget period, available funding is split  
equally between baseline and workload funding**



*\* FY 2026 – FY 2030*

*\*\*No less than a quarter of the States with an approved application are allotted workload funding for a given fiscal year*

## AGENDA

1. Introductions
2. Background
3. Application Process
4. Application Content
- 5. Funding & Scoring**
6. Award Administration
7. Q & A
8. Closing

# Baseline Funding

To be considered for funding, the application must...

1

Fulfill completeness  
and responsiveness  
criteria

2

Include all required  
content by the  
deadline

3

Show funds  
addressing at least  
three approved uses  
of funds

4

Confirm funds will  
not be used for any  
prohibited spending

## AGENDA

1. Introductions

2. Background

3. Application Process

4. Application Content

**5. Funding & Scoring**

6. Award Administration

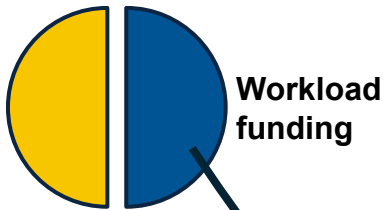
7. Q & A

8. Closing

# Workload Funding: Overview

## Workload funding is based on two scores

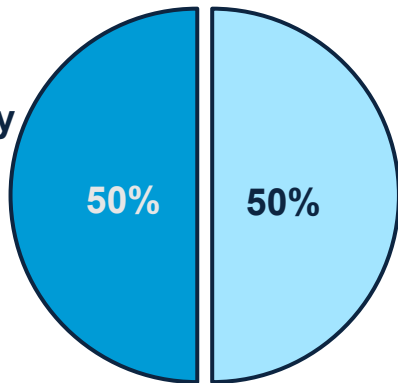
Budget period



Scores

**1**  
Rural Facility  
and  
Population

d



**2**  
Technical

d

i

s



## Scores are awarded based on three types of funding score factors

d

### Data-driven:

value of State's metrics compared to other States

i

### Initiative-based:

qualitative assessment of programmatic initiatives outlined in the application and subsequent follow through

s

### State policy actions:

current State policy, proposed policy action that the State commits to by accepting the award, and subsequent follow-through toward meeting policy action commitments

**For all three score factor types,  
scores are indexed to 100 points total  
for a given factor**

## AGENDA

1. Introductions

2. Background

3. Application Process

4. Application Content

**5. Funding & Scoring**

6. Award Administration

7. Q & A

8. Closing

# Rural Facility and Population Score Overview

Points are awarded based on the value of a State's metric compared to other approved States



| Rural Facility & Population Score Factors                           | Weight | Factor Type |
|---------------------------------------------------------------------|--------|-------------|
| A. 1. Absolute size of rural population in a State                  | 10%    | d           |
| A. 2. Proportion of Rural Health Facilities in the State*           | 10%    | d           |
| A. 3. Uncompensated care in a State                                 | 10%    | d           |
| A. 4. % of State population located in rural areas                  | 6%     | d           |
| A. 5. Metrics that define a State as being frontier                 | 6%     | d           |
| A. 6. Area of a State in total square miles                         | 5%     | d           |
| A. 7. % of hospitals in a State that receive Medicaid DSH payments* | 3%     | d           |

## Factor Types

- d** Data-driven
- i** Initiative based
- S** State policy actions

Rural facility & population scores are set in the first year and do not change

\*States will need to self-report certain metrics on their application

## AGENDA

1. Introductions
2. Background
3. Application Process
4. Application Content
- 5. Funding & Scoring**
6. Award Administration
7. Q & A
8. Closing

# Technical Score Overview

Scores are awarded based on three types of funding score factors



| Technical Score Factors                         | Weight | Factor Type |
|-------------------------------------------------|--------|-------------|
| B. 1. Population Health Clinical Infrastructure | 3.75%  | i           |
| B. 2. Health and Lifestyle                      | 3.75%  | i S         |
| B. 3. SNAP Waivers                              | 3.75%  | S           |
| B. 4. Nutrition Continuing Medical Education    | 1.75%  | S           |
| C. 1. Rural Provider Strategic Partnerships     | 3.75%  | i           |
| C. 2. EMS                                       | 3.75%  | i           |
| C. 3. Certificate of Need                       | 1.75%  | S           |
| D. 1. Talent Recruitment                        | 3.75%  | i           |

| Technical Score Factors                                     | Weight | Factor Type |
|-------------------------------------------------------------|--------|-------------|
| D. 2. Licensure Compacts                                    | 1.75%  | S           |
| D. 3. Scope of Practice                                     | 1.75%  | S           |
| E. 1. Medicaid Provider Payment Incentives                  | 3.75%  | i           |
| E. 2. Individuals Dually Eligible for Medicare and Medicaid | 3.75%  | i d         |
| E. 3. Short-Term, Limited-Duration insurance                | 1.75%  | S           |
| F. 1. Remote Care Services                                  | 3.75%  | i S         |
| F. 2. Data Infrastructure                                   | 3.75%  | i d         |
| F. 3. Consumer-Facing Tech                                  | 3.75%  | i           |

## AGENDA

1. Introductions

2. Background

3. Application Process

4. Application Content

5. Funding & Scoring

6. Award Administration

7. Q & A

8. Closing

## Factor Types

- d** Data-driven
- i** Initiative-based
- S** State policy actions\*

\* Requests State-reported information or confirmation of State Policy Actions



# Technical Scores: Initiative-based (1/2)

There are 10 technical score factors that can be included in the State's initiatives in the application 

## Initiative-based technical score factors

- B. 1. Population health clinical infrastructure
- B. 2. Health and lifestyle
- C. 1. Rural provider strategic partnerships
- C. 2. EMS
- D. 1. Talent recruitment
- E. 1. Medicaid provider payment incentives
- E. 2. Individuals dually eligible for Medicare and Medicaid
- F. 1. Remote care services
- F. 2. Data infrastructure
- F. 3. Consumer-facing tech

**State initiatives need not cover every factor; States can designate relevant factors they are choosing to pursue in their application.**

## Notes on initiative-based scores

- Scores are awarded on an individual assessment of each States' application content
- Points are based on information submitted in applications
- Each measure scored distinctly (see Table 4 in the NOFO)

## AGENDA

1. Introductions

2. Background

3. Application Process

4. Application Content

**5. Funding & Scoring**

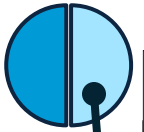
6. Award Administration

7. Q & A

8. Closing



# Technical Scores: Initiative-based (2/2)



A State's full score potential is based on 5 criteria for each initiative based technical score factor. 

## Initiative-based factor scoring criteria

|                         |                 |
|-------------------------|-----------------|
| Strategy                | 20 points (max) |
| Workplan and Monitoring | 20 points (max) |
| Outcomes                | 20 points (max) |
| Projected Impact        | 20 points (max) |
| Sustainability          | 20 points (max) |

**100 points available (max)**

- Merit reviewers will assign points for each score factor based on information in the application
- States do not immediately receive points credit for full score potential – States receive incremental credit over time as they progress in implementation

Scores on initiative-based factors can increase up to the full score potential as States meet milestones

**2026** Initial score set to 50% of full score potential

**2027**  
**2028**  
**2029** ↓ Scores increase as States meet application milestones

**2030** Potential to reach 100% of full score potential

- In the first year:
  - Merit reviewers will use scoring criteria to establish a full score potential (e.g., the maximum points a State can earn on an initiative-based score factor)
  - States' initiative-based scores will be set to 50% of their full score potentials
- In subsequent years, a State's initiative-based score will be based on progress towards application milestones

## AGENDA

1. Introductions

2. Background

3. Application Process

4. Application Content

**5. Funding & Scoring**

6. Award Administration

7. Q & A

8. Closing

# Technical Scores: State policy actions

There are 8 State policy action technical score factors



## State policy action technical score factors

- B. 2. Health and lifestyle
- B. 3. SNAP waivers
- B. 4. Nutrition Continuing Medical Education
- C. 3. Certificate of Need
- D. 2. Licensure compacts
- D. 3. Scope of practice
- E. 3. Short-term, limited-duration insurance
- F. 1. Remote care services



Points can be based on current or committed State policy actions

### Points based on current State policy actions

- Points are based on current policies, verified by cited sources in NOFO and States' application
- Each measure scored distinctly (see NOFO Table 4)

### Points based on committed State policy actions

- States can receive additional points for making commitments to enact policies by specific dates:

| Scoring Factors              | Implementation Deadline |
|------------------------------|-------------------------|
| B.3, C.3, D.2, D.3, E.3, F.1 | 12/31/2027              |
| B.2, B.4                     | 12/31/2028              |

- Failure to implement policy action by the deadline will result in removal of additional points for policy commitments and fund recovery by CMS
- Refer to NOFO pp. 31-33 for reporting requirements on policy change

## AGENDA

1. Introductions

2. Background

3. Application Process

4. Application Content

5. Funding & Scoring

6. Award Administration

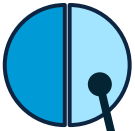
7. Q & A

8. Closing



# Technical Scores: Data-driven

There are 2 data-driven technical score factors d



## Technical score factors

E. 2. Individuals dually eligible for Medicare and Medicaid

F. 2. Data infrastructure



## Notes on data-driven scores

- Scores are awarded based on a State's points compared to points earned by other approved States
- Points are based on data from government sources, or data reported or validated by States
- Recalculated each budget period
- Each measure scored distinctly (see Table 4 in the NOFO)

## AGENDA

1. Introductions

2. Background

3. Application Process

4. Application Content

5. Funding & Scoring

6. Award Administration

7. Q & A

8. Closing

# Technical Score & Workload Funding Rescoring

- CMS will re-calculate each State's workload funding each budget period
- While rural facility and population score factors will not be re-calculated, the technical score factors will be rescored based on initiative progress, status of State policy commitments, and changes in technical score data-driven metrics
- For initiative-based factors, the full score potential of a particular factor will not change, but the points credit awarded will increase as a State meets its milestones

## AGENDA

1. Introductions

2. Background

3. Application Process

4. Application Content

**5. Funding & Scoring**

6. Award Administration

7. Q & A

8. Closing

# Award Administration

# Federal Award Administration Information

If successful, States will receive a Notice of Award (NoA) signed and dated by the CMS Grants Management Officer



NoA

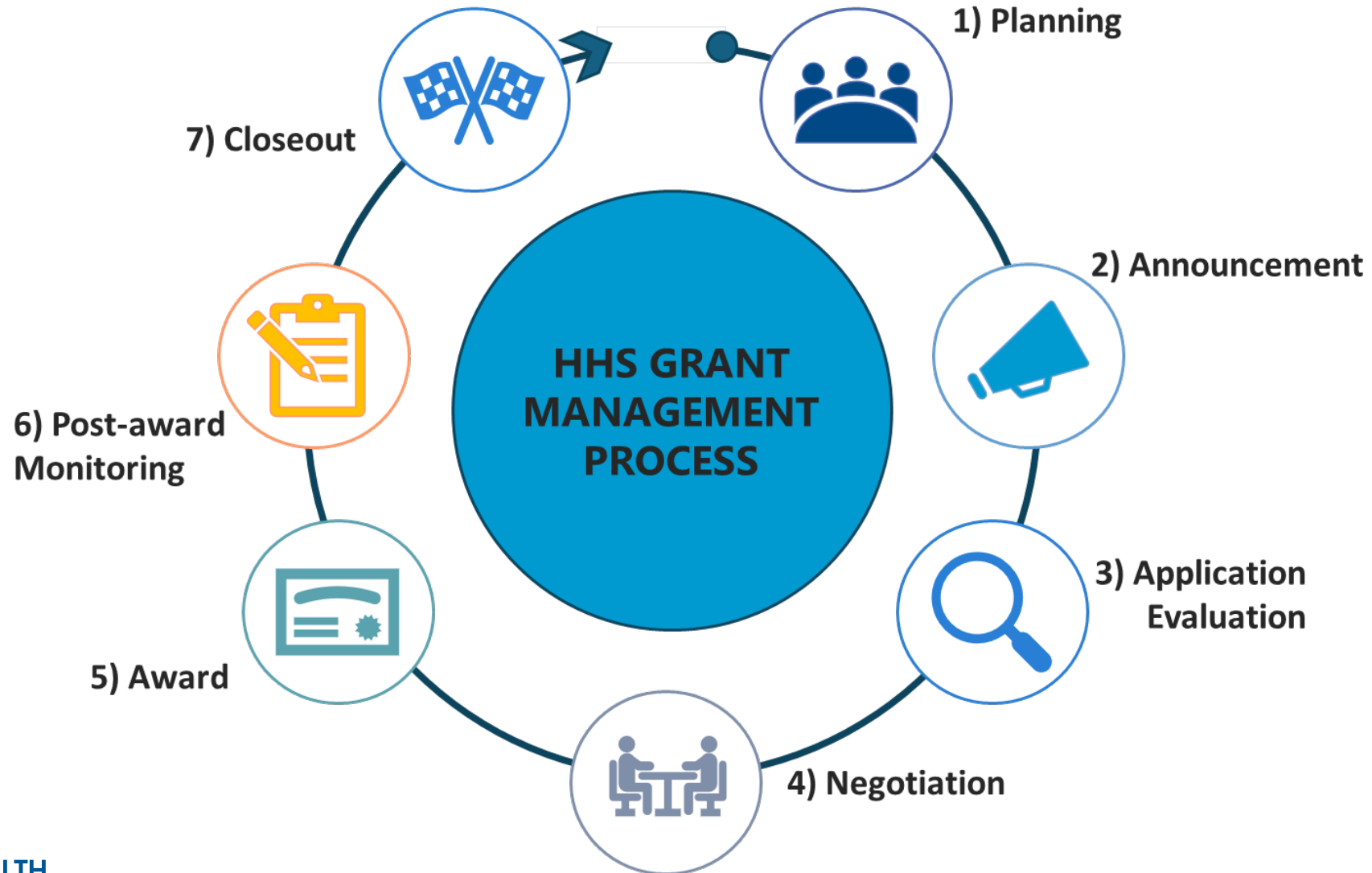
The NoA is the legal document authorizing the Cooperative Agreement award and issued to the applicant as listed on the SF-424

| NoA Administration                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• The NoA is available to the applicant through the online grants management system. GrantSolutions is used by CMS and recipients.</li><li>• Any communication between CMS and the applicant prior to issuance of the NoA is not an authorization to begin performance of a project</li></ul> |

If unsuccessful, CMS notifies the applicant electronically via the email address listed on its SF-424 within 30 days of the award date

| AGENDA                         |
|--------------------------------|
| 1. Introductions               |
| 2. Background                  |
| 3. Application Process         |
| 4. Application Content         |
| 5. Funding & Scoring           |
| <b>6. Award Administration</b> |
| 7. Q & A                       |
| 8. Closing                     |

# HHS Grant Management Process



## AGENDA

1. Introductions

2. Background

3. Application Process

4. Application Content

5. Funding & Scoring

**6. Award Administration**

7. Q & A

8. Closing



# Post-Award Reporting

## Reporting requirements include:

- Progress reports
- Federal Financial Report (FFR)
- SAM.gov Responsibility/Qualification record/Federal Funding Accountability and Transparency Act (FFATA)
- Payment Management System (PMS)
- Audit reporting (Federal Audit Clearinghouse)
- Workplan updates
- Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification



**REMINDER:** For more information on reporting, see Post-Award Reporting Requirements on the CMS website

## AGENDA

1. Introductions

2. Background

3. Application Process

4. Application Content

5. Funding & Scoring

**6. Award Administration**

7. Q & A

8. Closing

# Continued Eligibility

**After an application is approved, eligibility continues for all five years of the program**

- Continued funding depends on
  - Availability of funds
  - Program authority
  - Satisfactory performance
  - Compliance with the terms and conditions of the Federal award
- Funding can be decreased or terminated if the requirements of the award are not followed
- CMS can suspend or terminate the award if there are performance issues

## AGENDA

1. Introductions

2. Background

3. Application Process

4. Application Content

5. Funding & Scoring

**6. Award Administration**

7. Q & A

8. Closing

# Grant Regulation and Policy

## Applicable regulatory and policy requirements include:

- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards
  - 2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards
  - Applicable provisions in 2 CFR Part 300
- HHS Grants Policy Statement
- Sam.gov
  - Excluded Parties List System (EPLS)
  - Central Contractor Registration (CCR)

*\*Notice of Funding Opportunity: Step 6: Learn What Happens After Award*

## AGENDA

1. Introductions

2. Background

3. Application Process

4. Application Content

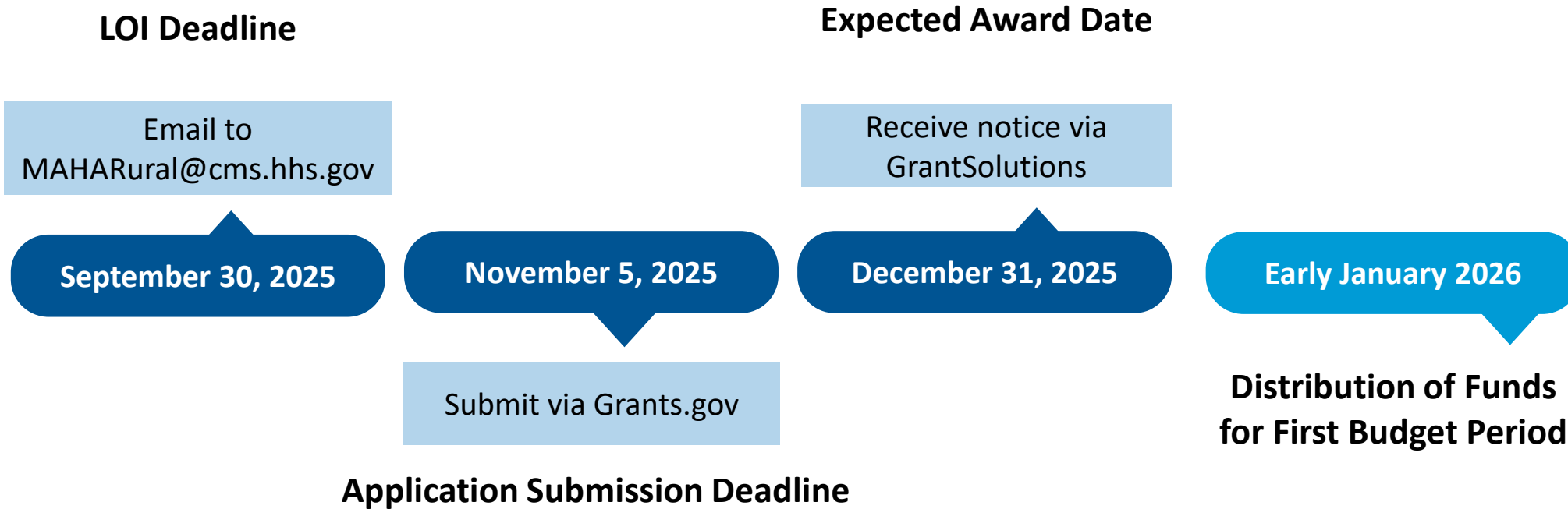
5. Funding & Scoring

**6. Award Administration**

7. Q & A

8. Closing

# Key Milestones



**REMINDER:** For more information on the Rural Health Transformation Program, sign up for email updates at [Centers for Medicare & Medicaid Services \(CMS\) Email Updates](#)

## AGENDA

1. Introductions
2. Background
3. Application Process
4. Application Content
5. Funding & Scoring
- 6. Award Administration**
7. Q & A
8. Closing

# Question & Answer

*Please submit questions via the Q&A box to the right of your screen*

# Closing and Resources

# Applicant Resources

## NOFO and Program Websites

- [NOFO posting on Grants.gov](#)
- [Rural Health Transformation \(RHT\) Program | CMS.gov/RHTProgram](#)

## RHT Program Mailbox

- [MAHARural@cms.hhs.gov](mailto:MAHARural@cms.hhs.gov)

## Help with Systems

- Grants.gov
- SAM.gov



**REMINDER:** Sign up for the RHT Program Listserv on our website or at:  
[Centers for Medicare & Medicaid Services \(CMS\) Email Updates](#)

**Note:** The NOFO is the ultimate source of fact related to this program. If anything in this webinar differs from the NOFO, applicants should follow the guidance in the NOFO.

## AGENDA

1. Introductions

2. Background

3. Application Process

4. Application Content

5. Funding & Scoring

6. Award Administration

7. Q & A

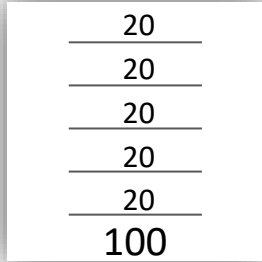
**8. Closing**



# RURAL HEALTH TRANSFORMATION

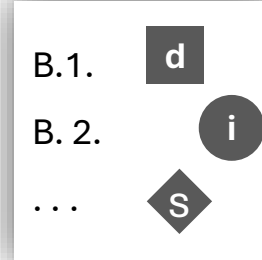


# Recap: Calculating Total Scores



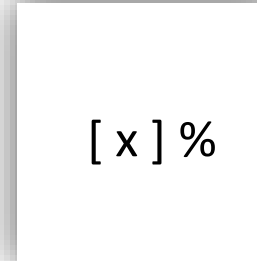
## Scoring points

determine how many points each State gets



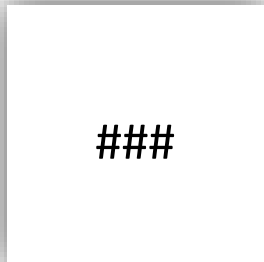
## Factor scores sum to 100

States' points are re-indexed to 100 points total score for each factor



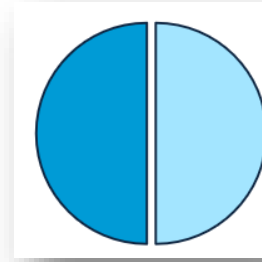
## Factor weight

determines what each score is weighted relative other factors



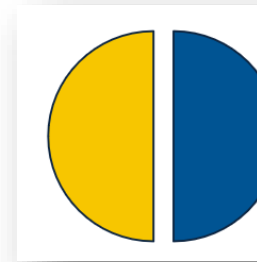
## Weighted factor score

determine a State's total points for a score factor



## Total score

sum of all a State's weighted factor scores



## Funding per budget period

determine what percentage of workload funding is awarded to each State

## AGENDA

1. Introductions

2. Background

3. Application Process

4. Application Content

5. Funding & Scoring

6. Award Administration

7. Q & A

8. Closing

# Illustrative Example Technical Score Calculation

E.g., State A for Technical Score Factor C.3.

50 Points

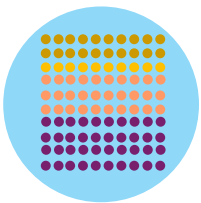
I.e., 45-79 score from the Cicero report for States with moderate CONs across facility categories.

50 points

Scoring points

determines how many points each State gets

Factor score is distributed among States



|         | Points | Score |
|---------|--------|-------|
| State A | 50     | 20    |
| State B | 25     | 10    |
| State C | 75     | 30    |
| State D | 100    | 40    |
|         | 250    | 100   |

Factor scores sum to 100

States' points are re-indexed to 100 points total score for each factor

E.g., Technical Score Factor C.3.

B.1. Score factor weight = 3.75%

Factor weight

determines what each score is weighted relative other factors

State A, Technical Score Factor C.3.

20

\*

3.75%

=

.75

Weighted factor score

determines a State's total points for a score factor

All weighed factor scores for State A

|         | A.1. | ... | B.1. | B.2. | Total |
|---------|------|-----|------|------|-------|
| State A | ##   | ##  | .75  | ##   | 10    |
| ...     |      |     |      |      |       |
| ...     |      |     |      |      |       |

Total score

sum of all a State's weighted factor scores

\$5 billion of workload funding is distributed among approved States

|         | Total | State % | Award   |
|---------|-------|---------|---------|
| State A | 10    | 10%     | \$500 m |
| State B | 5     | 5%      | \$250 m |
| ...     | ...   | ...%    | \$... b |
|         | 100   | 100%    |         |

Funding per budget period

determine what percentage of workload funding is awarded to each State

AGENDA

|                         |
|-------------------------|
| 1. Introductions        |
| 2. Background           |
| 3. Application Process  |
| 4. Application Content  |
| 5. Funding & Scoring    |
| 6. Award Administration |
| 7. Q & A                |
| 8. Closing              |