



CALIFORNIA
RURAL HEALTH TRANSFORMATION



California Rural Health Transformation Program (CalRHT) Initiative One (1): Transformative Care Model Accelerator Partner Grant Guide for Applicants Grant Year 2026

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2020 WEST EL CAMINO AVENUE, SUITE 1222 • SACRAMENTO, CA 95833

“A healthier California where all receive equitable, affordable, and quality health care.”

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Background and Mission

The Department of Health Care Access and Information (HCAI), through the California Rural Health Transformation Program (CalRHT), is developing Accelerator Partners (AP) as a proposed funding opportunity under the Transformative Care Model (TCM) initiative. This Grant Guide is intended to explain, in applicant-facing terms, the purpose of the proposed opportunity, the anticipated application requirements, the award structure under consideration, and the key conditions that applicants should be prepared to meet.

CalRHT is designed to strengthen rural health access, quality, and sustainability across California. Under the TCM initiative, HCAI seeks to support a connected rural health system built around regional care collaboratives, hub-and-spoke relationships, evidence-based care redesign, strategic workforce supports, interoperable technology, and targeted stabilization for hospitals that are essential to maintaining access in rural communities.

Description of Program Services

Accelerator Partner funding is proposed as support for hospitals or other organizations in rural regions that demonstrate strong readiness and commitment to implement the California Rural Health Transformation (CA-RHT) TCM through regional care collaboratives and hub-and-spoke relationships which will seek to strengthen primary and maternity care in rural parts of the state.

Accelerator Partners will strengthen TCM performance metrics in their service areas (described in Appendix A), such as hypertension control and first-trimester prenatal care while serving as testing sites for innovative care models and approaches. Accelerator Partners will demonstrate how integrated service delivery can strengthen access, quality, and sustainability in rural and Frontier and Remote (FAR) communities. Accelerator Partner funding may also support hospitals, clinics, Tribal health programs, and affiliated providers in other CalRHT work, including:

- Implementing evidence-based care models (for example but not limited to Project ECHO, OB Nest, tele-OB, and tele-cardiology modules)
- Building capacity through workforce expansion and/or training essential to sustaining new care models in rural settings
- Expanding telehealth utilization
- Advancing interoperability (for example but not limited to establishing shared scheduling, call coverage, or transfer coordination systems that strengthen service continuity across the network)

Lessons learned from these Accelerator Partners will inform statewide scaling and continuous improvement of the regional care collaboratives and hub-and-spoke framework in future years.

Available Funding

The CalRHT Budget Period 1 planning amount totals **\$39,010,000** for Accelerator Partners, with grants for entities to design, test, and/or operationalize scalable models of rural care delivery. Final funding available for release, final award size, final number of

awards, and final disbursement structure remain subject to HCAI and Centers for Medicare & Medicaid Services (CMS) approval.

HCAI will award full, partial, or no funding to an applicant based on the applicant’s readiness, merit review results, alignment with CalRHT goals, and the amount of funds available for release. If additional approved funding becomes available, HCAI may make additional awards or adjust recommended award amounts.

Category	Details
Initiative	Transformative Care Model (TCM) initiative within CalRHT
Estimated number of awards	5-25 CalRHT Accelerator Partner subrecipients, subject to downward or upward revision based on CalRHT program decisions or if additional approved funding becomes available.
Award ceiling	Federal Fiscal Year (FFY) 2026-27 \$8 million dollar award limit; subject to downward or upward revision based on CalRHT program decisions
Funding method	Milestone-based payments
Funding status	Final applicant-facing release remains subject to HCAI and CMS approval

Eligibility

California will apply a structured, multi-stage review process to evaluate and select applicants for the Accelerator Partners program. Applications will be assessed based on the proposed use of funds, including the overall project concept, innovative approach, rural health care access gaps addressed, geographic reach, alignment with one or more Transformative Care Model (TCM) metrics, funding request, budget, and the applicant’s commitment to serving as a regional incubator for rural health care transformation.

The review process will also evaluate the applicant’s implementation readiness and organizational capacity, including the feasibility of the proposed workplan and budget, the applicant’s ability to launch project activities, and the systems needed to manage grant funds, documentation, and reporting requirements. In addition, applications will be assessed based on the proposed partnership structure, including the roles of participating entities, the extent of regional coordination, and the degree to which partners are positioned to support shared implementation, care delivery, referral pathways, workforce support, technology enablement, and other activities needed to advance the project.

While multiple aspects of the application will be considered, projects must demonstrate a clear and credible pathway to achieving measurable improvements in one or more TCM metrics. Applicants will be evaluated on the strength of their proposed activities, the

anticipated impact on selected TCM metrics, and their ability to measure, monitor, and report progress over time. Additional consideration may be given to projects that support broader Rural Health Transformation Program objectives, including workforce development, technology and tools adoption, and virtual care expansion, when those activities contribute to the project’s primary TCM metric outcomes. See Appendix A for additional eligibility requirements.

Application Process Resources

It is critical that all organizations review the full application package before applying. The final applicant package will include the following resources:

1. **Accelerator Partners Request for Application (RFA).** This document sets forth the controlling solicitation terms, including dates, submission requirements, and evaluation procedures. This also includes the fillable application portal.
2. **Budget workbook template.** This template document provides structured instructions for budget development and submission and is a required attachment for applicants.
3. **Frequently asked questions, glossary, and addenda issued by HCAI, if / when applicable.**

HCAI is committed to supporting applicants throughout the application process and encourages interested organizations to reach out with any questions. Questions regarding the application or submission process may be directed to info@calruralhealth.org.

Key Dates

The final published Accelerator Partners application portal will specify the official application cycle dates which are subject to change. Estimated dates are as follows:

Milestone	Timeline
RFA release target	July 1 st , 2026
Application close	August 14 th , 2026
CMS review of selected applicants	August 2026
Award notifications issued	August / September 2026
Grant agreements executed	September / October 2026

Application Instructions

- Read this Grant Guide and the provided application materials before starting the application.
- Confirm organizational fit based on the final eligibility criteria.
- Identify a primary point of contact and an authorized representative before beginning the application.
- Prepare materials needed for each application component before the application close date.

A submitted application must contain all required information and conform to required formatting. Application Partners core application sections:

Section	Details
Applicant Profile	<p>This section consists of organizational identifiers and contact information for the applicant organization. This would reflect the legal entity that will execute the grant agreement. Fields in this section include:</p> <p>Entity Legal Name, Primary Point of Contact, Authorized Representative, Additional Contact (optional), SAM Status, Unique Entity Identifier, Taxpayer Identification Number / Employer Identification Number, National Provider Identifier (optional), Tribal Entity</p>
Project Overview	<p>This section provides information about the proposed request for funds, including an overview of proposed project, the innovative approach of the project, rural health care access gaps that will be addressed, geographic reach of the project, the alignment to at least one Transformative Care Model (TCM) metric, the amount of funding requested, a completed budget workbook, and the applicant’s commitment for the project to serve as regional incubator to lead rural health care transformations. Fields in this section include:</p> <p><u>Required:</u> Executive summary, funding requested, completed budget workbook, Innovative approach, geographic reach of the project, alignment to at least one TCM metric, commitment for project to serve as regional testing ground</p> <p><u>Optional:</u> Alignment to additional CalRHT Program Metrics (Workforce metrics and Technology & Tools metrics)</p>
Partnership Participants	<p>This section provides information about proposed or existing partnerships that will support the Applicant Entity in fulfilling the proposed Accelerator Partners projects. Fields in this section include:</p>

	Partnership descriptions, partner organization information, estimated amount of funding allocated for each partner, description of partner funding, and partnership documentation
Operations Capability	<p>This section is intended to assess whether the Applicant Entity has the experience, systems, governance structure, partnerships, workforce capacity, and operations readiness necessary to:</p> <ul style="list-style-type: none"> • Implement the proposed project • Manage grant funding and reporting requirements • Coordinate across participating partners • Support implementation and operations activities over time • Contribute to regional learning and scaling activities, if requested • Maintain stable leadership and organizational continuity throughout implementation <p>Fields in this section include:</p> <p>Partnership management capabilities, operations and grant management capabilities, IT, data, & telehealth infrastructure, staffing & workforce readiness, execution capabilities, scale readiness and governance experience</p>
Implementation	<p>This section provides information on a high-level implementation timeline, organized by quarter, that identifies the project’s major phases, milestones, anticipated deliverables, and the participating entity or organization responsible for each deliverable or milestone. Fields in this section include:</p> <p>Timeline and major milestones, project readiness</p>
Additional Documents	<p>Applicants must submit the most recent IRS Form 990 available for the Applicant Entity, if applicable. This information may be used to support organizational review, financial assessment, and grant administration activities. Fields in this section include:</p> <p>Form 990 or alternative documentation</p>
Attestations	<p>This section requires an authorized signature for final submission certifications. The Authorized Representative identified in the application will be authorized to act on behalf of the Applicant Entity and to make all representations, certifications, and attestations in this application. Fields in this section include:</p> <p>Disclosure of investigations or enforcement actions, commitment for project to serve as regional testing group and to scale, financial sustainability, non-duplicative funding, acknowledgement of allowable-use restrictions, documentation, and grant funding timeline</p>

- Applicants are responsible for providing all necessary application information and ensuring that the application submitted is complete and accurate.
- Application development costs in anticipation of award shall not be charged to the State of California.
- Pre-award costs cannot be applied to the grant (e.g. not reimbursable, as occurs outside of the window of award).
- HCAI will not consider late or incomplete applications except to the extent expressly stated in the final published application materials.

Application Review

HCAI will conduct a threshold review to determine entities that are eligible to apply based on the eligibility criteria, as described in Filter 2 through 6 in Appendix A. Then, HCAI will conduct a merit review evaluating applicants' submitted details.

HCAI staff will review each submitted application and will provide technical and informational assistance to eligible applicants as needed. All applications that meet the eligibility requirements described in 'Award Category and Eligibility' of this Grant Guide will be considered for funding through this program. Applications will be evaluated against criteria described in the Eligibility and Selection Framework in Appendix A of this Grant Guide.

Applications submitted by the application close date will be treated as final. If an application contains false or misleading information or documentation that does not support a claim made in the application, HCAI will reject the application.

Evaluation Criteria

Applications will be evaluated across four components: (1) Project Overview, (2) Partnership Participants, (3) Operations Capability, and (4) Implementation. Explanations for these components can be found below.

Project Overview

This section is an overview of how the project will be structured and its expected impact. This section of the application will include the following:

- The total funding requested, how innovative the project is, what rural health care access gap(s) will be addressed and how, the geographic reach of the project, which TCM metric(s) the project aligns to, which workforce metric(s) the project will support (if any), which technology and tools metric(s) the project will support (if any), additional project-specific metrics proposed by the applicant, and commitment to serve as regional incubator to lead rural health care transformation.

Partnership Participants (if applicable)

This section will describe the proposed partnerships that the applicant plans to collaborate with, to successfully implement the proposed project. This section of the application will include the following:

- Geographic location of partners, capabilities of partners, how much funding will be allocated to each partner, documentation related to applicant's legal ability to enter into grant agreements, and documentation of existing relationships between applicant and partners.

Operations Capability

This section will demonstrate the applicant's ability to carry out the proposed project based on previous experience and current capabilities. This section of the application will include the following:

- Experience and previous partnerships, operations and management capabilities, IT, data, and telehealth infrastructure, staffing and workforce readiness, and governance and organizational stability.

Implementation

This section will ask applicants to demonstrate their plan for implementing the proposed project. This section of the application will include the following:

- Project timeline, major milestones, which organization owns deliverables / milestones, and how soon a project can be implemented.

Final Selection and CMS Approval

- HCAI reviews eligible applications and develops award recommendations.
- HCAI may recommend full awards, partial awards, conditional awards, or no awards.
- HCAI will submit subrecipient proposal and budget details for CMS review.
- CMS may approve, request modifications, modify the grant award, or deny the award.
- After CMS responds, HCAI notifies the applicant of the final award amount and terms for disbursement.

Budget Restrictions

The full allowable costs and cost limitations as restricted by CMS are referenced in Appendix B. Applicants should review the budget restrictions in Appendix B to understand the federal rules to which CMS Rural Health Transformation Program (RHTP) funds are subject. Some of the unallowable costs include but are not limited to:

- Pre-award costs
- Payment for clinical services that duplicate billable services (i.e., could be reimbursed by health coverage)
- Meeting matching requirements for any other federal funds or local entities

- Services, equipment, or supports that are the legal responsibility of another party under any civil rights law, such as modifying a workplace or providing accommodations that are obligations under law
- Goods or services not allocable to the project
- Supplanting existing State, local, tribal, private, or other federal funding of infrastructure or services, such as staff salaries
- Purchase of covered telecommunications and video surveillance equipment (See 2 CFR 200.216) as well as financial assistance to households for installation and monthly broadband internet costs
- Construction, lobbying, or other unallowable costs under applicable CMS, HHS, and 2 CFR Part 200 requirements unless expressly approved by HCAI and CMS

Additional Terms and Conditions

1. By submitting an application, the applicant acknowledges that any award will be subject to the final terms and conditions of the program
2. HCAI may consider the submission of an application to imply acceptance of the final published terms and conditions. All applicants must agree to the final terms and conditions before receiving funds.
3. If the applicant requires internal approval to contract, the applicant must inform the approving authority of the terms and conditions contained in the final award agreement package.
4. Applicants must comply with civil rights, nondiscrimination, accessibility, records retention, audit readiness, required disclosures, privacy and security, and any applicable federal or state publicity requirements.
5. All reports and supporting documentation become State property and are subject to the California Public Records Act. In addition, CMS retains a royalty-free, nonexclusive, irrevocable license to reproduce, publish, and use all works developed under the Federal Award for federal purposes (2 CFR 200.315(b); Exhibit A, A.12).

Grant Deliverables and Payment Provisions

The final sub-award agreement will define the payment method and required deliverables. Milestone-based payments could include but are not limited to startup milestones, output-based milestones, outcomes-based milestones, or administrative / reporting milestones.

HCAI Department Contact

For questions related to the Transformative Care Model Accelerator Partner (TCM AP) application, please email the HCAI staff at: info@calruralhealth.org

Additional CalRHT resources are available on the [HCAI California State Office of Rural Health / CalRHT webpage](#)

Thank You!

Thank you for your interest in the California Rural Health Transformation Program and for your continued commitment to preserving and strengthening access to care in rural California communities.

Appendix A. Accelerator Partners Under the Rural Health Transformative Care Model and Eligibility Expanded

Purpose and Context

Accelerator Partners in the Rural Health Transformative Care Model (TCM) are investments in a group of organizations that demonstrate the capacity to lead transformation in care delivery, care coordination, operations management, technology, and revenue management in rural and FAR communities. As described in the Project Narrative, California's rural communities are geographically expansive, demographically diverse, and operate under widely varying conditions. These entities will contribute to closing gaps across the region by serving as local innovators and implementation leaders that identify clinical and operational challenges, develop practical solutions, and translate strategic initiatives into measurable practice change. The intent of Accelerator Partners is to establish real-world testing environments that incubate innovation, strengthen rural health care delivery, improve access, reduce fragmentation, and generate actionable insights to inform broader statewide scaling. Accelerator Partners are therefore not solely implementers of TCM initiatives, but strategic learning collaboratives that advance the program's broader goals of sustainable access, enhanced care coordination, technology-enabled care, workforce innovation, and improved rural health outcomes.

Accelerator Partners will play a role in advancing regional partnerships that further the goals of CalRHT. Through new collaborations, Accelerator Partners will strengthen shared learning, align implementation efforts, and accelerate the adoption of effective practices across rural communities. When applicable, applicants should demonstrate how proposed partnerships will support coordinated implementation, expand regional capacity, and drive sustainable improvements in rural health care access, quality, and outcomes.

Eligibility and Selection Framework

California will apply a structured, multi-stage process to select proposals for the Accelerator Partners program. The objective is to ensure that awards are directed to applicants that are (1) positioned to drive measurable progress on Transformative Care Model (TCM) metrics, (2) capable of serving as regional incubator to lead rural health transformation, (3) capable of capturing lessons learned from their project and prepared to support statewide scaling through structured learning, (4) capable of maintaining accountability for documentation and reporting requirements, (5) have the necessary management capabilities to implement their proposed program, and (6) can implement the proposed project upon receiving funding.

Filter 1: Drive measurable progress on TCM metrics

HCAI will assess the ability of proposed projects to contribute to one or more of the following TCM metrics:

- improving the rate of hypertension control
- decreasing the rate of poor diabetes control

- increasing the rate of screening for colorectal cancer
- increasing the rate of first-trimester prenatal care
- increasing the rate of uncomplicated vaginal births after cesarean sections
- increasing the amount of telehealth virtual visits / electronic consultations.

Filter 2: Serve as regional incubator to lead rural health care transformations

HCAI will assess the ability of proposed projects to serve for regional testing and scaling, and serve as regional incubator to lead rural health care transformation.

Filter 3: Capture lessons learned and support statewide scaling through structured learning

HCAI will assess the willingness of applicants to capture lessons learned through implementation of proposed projects and cooperate with the state of California to create structured learnings for future rural health care delivery.

Filter 4: Maintain accountability for documentation and reporting

HCAI will assess the willingness of applicants to provide documentation and fulfill reporting requirements associated with Federal Rural Health Transformation (RHTP) funding program.

Filter 5: Have the management capabilities to implement program

HCAI will assess the ability of applicant to implement proposed project and meet the requirements outlined in Filters 3 and 4.

Filter 6: Capability to start project upon receiving award

HCAI will assess the ability for applicant to start implementing the project as soon as funds are received to expedite testing of innovative care models that will be used in upcoming work with Hub-and-Spoke implementation.

Ineligibility criteria

- Applicants must be eligible to receive federal funds (e.g., cannot be suspended, debarred, or deemed ineligible in SAM.gov)
- Applicants must be verified as legitimately licensed, certified, and qualified to provide the rural health services approved under the respective award
- Applicants must have appropriate financial management procedures, controls, and capabilities to manage and report on the funds used (refer to the federal guidance for the complete set of qualifying criteria)
- Applicants cannot be currently under, or subject to, bankruptcy proceedings (voluntary or involuntary)

Appendix B. Budget restrictions and allowable costs guide

The following sections detail allowable and unallowable costs for all RHTP funding as set forth by the federal government. CalRHT Accelerator Partners Grant is subject to the following. Thus, applicants should review the following federal rules to ensure that their plans for any application component remain within the federal parameters. The following may not be comprehensive, and HCAI may set additional funding restrictions to be detailed elsewhere.

Allowable use of RHTP funds

It is important to understand that RHTP funds are subject to specific federal rules about what costs are allowed. RHTP funds may only be used for purposes permitted by federal statute and approved by CMS. CalRHT Accelerator Partners subrecipients are subject to CalRHT restrictions, thus are not allowed to use CalRHT Accelerator Partners funds for Category B or Category J as described below. CMS allowable use categories include¹:

- A. **Prevention and chronic disease:** Promoting evidence-based, measurable interventions to improve prevention and chronic disease management.
- B. **Provider payments (not allowed):** Provider payments are not allowed for CalRHT Accelerator Partner subrecipients.
- C. **Consumer tech solutions:** Promoting consumer-facing, technology-driven solutions for the prevention and management of chronic diseases.
- D. **Training and technical assistance:** Providing training and technical assistance for the development and adoption of technology-enabled solutions that improve care delivery in rural hospitals, including remote monitoring, robotics, artificial intelligence, and other advanced technologies.
- E. **Workforce:** Recruiting and retaining clinical workforce talent to rural areas, with commitments to serve rural communities for a minimum of 5 years.
- F. **IT advances:** Providing technical assistance, software, and hardware for significant information technology advances designed to improve efficiency, enhance cybersecurity capability development, and improve patient health outcomes.
- G. **Appropriate care availability:** Assisting rural communities to right size their health care delivery systems by identifying needed preventative, ambulatory, pre-hospital, emergency, acute inpatient care, outpatient care, and post-acute care service lines.
- H. **Behavioral health:** Supporting access to opioid use disorder treatment services (as defined in section 1861(jjj)(1) of the Social Security Act), other substance use disorder treatment services, and mental health services.
- I. **Innovative care:** Developing projects that support innovative models of care that include value-based care arrangements and alternative payment models, as appropriate. For Accelerator Partners, this could include bringing an already existing care model, workflow, partnership structure, service, technology use, or way of

¹ CMS-RHT-26-001, Rural Health Transformation Program, [Notice of Funding Opportunity](#)

delivering services to a community that does not currently have it. The proposed model must be novel and not an existing model in the local area or service region.

- J. **Capital expenditures and infrastructure (not allowed):** *Capital expenditures and infrastructure payments are not allowed for CalRHT Accelerator Partner subrecipients.*
- K. **Fostering collaboration:** Initiating, fostering, and strengthening local and regional strategic partnerships between rural facilities and other health care providers to promote quality improvement, improve financial stability of rural facilities, and expand access to care.

Unallowable use of HHS funds (Under “Limitations” section in CMS NOFO²)

Federal rules do not allow RHTP funds to be used for certain expenses that the CalRHT Accelerator Partners program is subject to follow. Applicants should review these policies to ensure their proposed plan and use of funds fits within the RHTP funding parameters and to avoid developing plans and budgets that rely on unallowable uses of funds. The federal government does not allow the following costs:

- Pre-award costs.
- Meeting matching requirements for any other federal funds or local entities.
- Services, equipment, or supports that are the legal responsibility of another party under federal, State, or tribal law, such as vocational rehabilitation or education services.
- Services, equipment, or supports that are the legal responsibility of another party under any civil rights law, such as modifying a workplace or providing accommodations that are obligations under law.
- Goods or services not allocable to the project.
- Supplanting existing State, local, tribal, or private funding of infrastructure or services, such as staff salaries.
- Construction or building expansion, purchasing or significant retrofitting of buildings, cosmetic upgrades, or any other cost that materially increases the value of the capital or useful life as a direct cost.
- The cost of independent research and development, including their proportionate share of indirect costs. See 2 CFR 300.477.
- Funds related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order.
- Purchase of covered telecommunications and video surveillance equipment (See 2 CFR 200.216) as well as financial assistance to households for installation and monthly broadband internet costs.
- Meals, unless in limited circumstances such as:
 - Subjects and patients under study.
 - Where specifically approved as part of the project or program activity, such as in programs providing children’s services.
 - As part of a per diem or subsistence allowance provided in conjunction with allowable travel.

² CMS-RHT-26-001, Rural Health Transformation Program, [Notice of Funding Opportunity](#)

- Activities prohibited under 2 CFR 200.450 and the HHS Grants Policy Statement, including but not limited to:
 - Paying the salary or expenses of any grant recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before the Congress or any State government, State legislature, or local legislature or legislative body.
 - Lobbying, but subrecipients can lobby at their own expense if they can segregate federal funds from other financial resources used for lobbying.

Unallowable use of RHTP funds (Under “Unallowable costs” section in CMS NOFO²)

- New construction is unallowable. Supplanting funding for in-process or planned construction projects or directing funding towards new construction builds is unallowable. Renovations or alterations, as described in category J of the CMS allowable use of funds section, are not allowed for Accelerator Partners subrecipients.
- CMS will not accept payments to clinical services if they duplicate billable services and/or attempt to change payment amounts of existing fee schedules. If you plan to fund direct health care services, you must justify why they are not already reimbursable, how the payment will fill a gap in care coverage (such as uncompensated care or services not covered by insurance), and/or how they transform the current care delivery model.
 - Funding cannot be used for initiatives that fund certain cosmetic and experimental procedures that fall within the definition of a specified sex-trait modification procedure at 45 CFR 156.400 because that is beyond the scope of this program.
- Accelerator Partners applicants should be aware that no more than 5% of total funding for the CalRHT program (includes Accelerator Partners and other programs) in a given budget period can support funding the replacement of an EHR system if a previous HITECH certified EHR system is already in place as of September 1, 2025.
- Clinician salaries or wage supports for facilities that subject clinicians to non-compete contractual limitations.

SSA Section 2105(c), paragraphs (1), (7), and (9) apply as funding limitations. These limitations are related to general limitations, limitations on payment for abortions, and citizenship documentation requirements for payments made with respect to an individual.

Appendix C. Glossary

- **Accelerator Partners (AP):** Organizations within care collaboratives and hub-and-spoke relationships that serve as innovation hubs, incubators to lead new workforce strategies, technologies, partnerships, and payment approaches that can be replicated across rural regions.
- **California Department of Health Care Access and Information (HCAI):** The state agency leading the California Rural Health Transformation Program (CaIRHT) and responsible for program oversight and implementation
- **California Rural Health Transformation Program (CaIRHT):** A statewide initiative designed to improve access, quality, workforce capacity, and financial sustainability of health care delivery in rural and FAR California communities.
- **Capital Expenditures and Infrastructure:** Investing in existing rural health care facility buildings and infrastructure, including minor building alterations or renovations and equipment upgrades to ensure long-term overhead and upkeep costs are commensurate with patient volume.
- **Centers for Medicare & Medicaid Services (CMS):** The federal agency within the U.S. Department of Health and Human Services that administers Medicare, Medicaid, and other national health care programs.
- **Code of Federal Regulations (CFR):** The official collection of federal government regulations and rules.
- **Community-Based Organizations (CBOs):** Local organizations that provide social, educational, or supportive services and partner with health providers to address community needs.
- **Chief-level executive suite (C-suite):** A collective term for an organization's top executive leaders whose titles typically begin with "Chief," such as Chief Executive Officer (CEO), Chief Financial Officer (CFO), Chief Operations Officer (COO), and Chief Medical Officer (CMO).
- **Coronavirus Disease 2019 (COVID-19):** An infectious respiratory disease caused by the SARS-CoV-2 virus.
- **Electronic Consultation (eConsult):** An asynchronous or synchronous provider-to-provider consultation that allows primary care clinicians to obtain specialist input without requiring an in-person patient visit.

- **Electronic Health Record (EHR):** Electronic records containing a patient's medical history and key administrative and clinical data relevant to that person's care.
- **Federally Qualified Health Center (FQHCs):** A federally funded community health center that provides comprehensive primary care services regardless of patients' ability to pay.
- **Federal Fiscal Year (FFY):** The account period that spans 12 months from October 1 to September 30. This differs from California's state Fiscal Year, which runs from July 1 through June 30.
- **Frontier and Remote (FAR) Area:** Extremely rural areas characterized by very low population density and significant geographic isolation. "Frontier and Remote (FAR)" designations are determined by USDA, which is one of several inputs that the Federal Office of Rural Health Policy (FORHP) at HRSA use to determine its rural definition.
- **Health Information Technology for Economic and Clinical Health (HITECH):** A 2009 federal law focused on supporting the use of health information technology, including electronic health records and secure electronic health information exchange.
- **Hub-and-Spoke Model:** A regional care delivery model in which a central "hub" (typically a hospital with specialty capacity) supports multiple "spoke" sites such as clinics, rural hospitals, and community providers.
- **Information Technology (IT):** Systems and services related to computing, software, networks, and digital infrastructure.
- **Interoperability:** The ability of different health information systems and EHRs to exchange, interpret, and use data effectively.
- **Memoranda of Understanding (MOUs):** A written agreement, typically non-binding, outlining intentions, objections, and general framework of collaborating parties.
- **Notice of Funding Opportunity (NOFO):** A formal notice typically issued by a federal agency to announce the availability of funding and describe application requirements.

- **OB Nest Model:** An evidence-based maternity care model that reduces in-person visits through virtual check-ins and home monitoring while maintaining care quality and outcomes.
- **Obstetrics (OB):** The medical specialty focused on pregnancy, childbirth, and postpartum care.
- **Point of Contact (POC):** The designated individual responsible for coordinating and managing the application, and potential project, on behalf of the Applicant Entity.
- **Primary Care Health Provider Shortage Area (PCHPSA):** A designation indicating insufficient access to primary care providers within a defined geographic area.
- **Project Extension for Community Healthcare Outcomes (Project ECHO):** A tele-mentoring model that connects specialists with rural providers to improve care access and expertise.
- **Provider Payments:** Providing payments to health care providers for the provision of health care items or services.
- **Request for Applications (RFA):** A formal announcement issued by government agencies, foundations, or organizations to solicit proposals for grants.
- **Rural Health Clinic (RHC):** A clinic certified by CMS to provide primary care services in rural areas and receive enhanced reimbursement.
- **Rural Health Transformation Program (RHTP):** A federal initiative created by the One Big Beautiful Bill Act (H.R. 1) to reshape and strengthen healthcare systems in rural communities across the United States, with a total of \$50 billion available in funding across 50 states over a 5-year period.
- **Social Security Act (SSA):** A federal law governing social insurance and healthcare programs, including Medicare and Medicaid.
- **Supplanting:** Replacing existing State, local, tribal, or private funding with federal RHTP funds. This is explicitly prohibited.
- **Transformative Care Model (TCM):** The CalRHT program's core initiative that integrates workforce, technology, telehealth, and payment strategies through regional care collaboratives and hub-and-spoke relationships.

- **Telehealth:** The delivery of health care services using electronic and digital technologies, including live video, audio-only, store-and-forward, and remote monitoring.
- **U.S. Department of Health and Human Services (HHS):** a cabinet-level executive branch department of the U.S. federal government that oversees programs and agencies related to health care, public health, biomedical research, and human services. It oversees a selection of agencies and offices, including CMS.
- **Value-Based Care (VBC):** A healthcare delivery model that compensates providers based on patient health outcomes, quality of care, and patient experience, rather than the volume of services provided.

Attachment A. Required attachments and attestations

Attachments

- Budget workbook

Attestations

- Disclosure of investigations or enforcement actions attestation
- Commitment for project to serve as regional testing group and to scale, if asked, attestation
- Financial sustainability attestation
- Non-duplicative funding attestation
- Acknowledgement of allowable-use restrictions attestation
- Documentation attestation
- Grant funding timeline attestation