California Rural Health Transformation (CalRHT) Program
Tribal Set-Aside Frequently Asked Questions (FAQ)

November 12, 2026

Table of Contents

Program Overview 1

Eligibility 1

Grant Funding 4

Application & Requirements 7

Program Support 8

Resources 9

The CalRHT Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $464,745,131.25 with 100 percent funded by CMS/HHS. The contents are those of CalRHT and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

Program Overview

1. What is the Tribal Set-Aside under the California Rural Health Transformation (CalRHT) Program?

The Tribal Set-Aside is a noncompetitive program award under Budget Period 1 (BP1). The Department of Health Care Access and Information (HCAI) is allocating $11.65 million of CalRHT funds to provide support to the rural Tribal healthcare delivery system.

2. How were Tribal leaders involved in determining the Tribal Set-Aside?

HCAI engaged Tribal leaders through formal Tribal Consultation, during which they emphasized the importance of ensuring each eligible Tribal Health Program (THP) has the flexibility to identify and implement programs that best meet its unique needs. This feedback directly informed the allocation approach and eligibility requirements.

A Tribal Set-Aside initiative was recommended during Tribal Consultation and was subsequently incorporated into the California Rural Health Transformation (CalRHT) application submitted sto Center for Medicare and Medicaid Services (CMS).

Eligibility

3. What is a Tribal Health Program (THP)?

A THP is a healthcare program owned and operated by a federally recognized Tribe or Tribes.

4. How is “rural” defined for eligibility?

California Rural Health Transformation (CalRHT) uses the federal definition of rural established by the Health Resources and Services Administration (HRSA). Applicants can determine whether their service areas qualify by using the HRSA Rural Health Grants Eligibility Analyzer, which is the standard tool referenced by both CalRHT and CMS.

5. Who is eligible to apply?

Eligible applicants are Tribal Health Programs (THPs) owned and operated by federally recognized Tribes that meet one of the following criteria:

- **Rural THP:** has at least one clinic located in a Health Resources and Service Administration (HRSA)-designated rural area and staffed by at least one onsite licensed clinician.

- **Urban-located, rural-serving THP:** does not operate any clinics in an HRSA-designated rural area but has at least one clinic staffed by a licensed clinician, where 50% or more of the patients are rural residents, as verified by patient address data.

Every THP that completes the submission and award requirements receives a formula-based allocation. The Department of Health Care Access and Information (HCAI) will verify eligibility, review program and budget materials, approve the scope and amount, and administers the award agreement.

6. Are Tribally Designated Organizations eligible to apply?

To be eligible, the applicant must be a Tribal Health Program (THP) owned and operated by one or more federally recognized Tribes. Eligible THPs operate under the framework of the Indian Self-Determination and Education Assistance Act (ISDEAA) of 1975 as either compact or contract programs.

If you are unsure whether your organization qualifies, select "HCAI Review Needed" in the application or contact the California Rural Indian Health Board (CRIHB) at CalRHT.ta@crihb.org for guidance.

For future budget years, eligibility changes may be considered through Tribal Consultation.

7. Can a rural site qualify if its licensed clinician works part-time?

Yes. A rural site may qualify if a licensed clinician has regularly scheduled hours that are publicly posted and can be verified through the THP’s website or another reliable source. This is separate from the 32-hour requirement for WDRR funding (see Q.11). The availability of clinician’s schedule must be publicly posted and accessible to patients.

8. What requirements must a licensed clinician meet to receive Workforce Development Recruitment and Retention (WDRR) funding?

A licensed clinician must meet all of the following requirements:

- Be directly employed by or directly contracted with the Tribal Health Program (THP). Clinicians employed by or paid through a staffing agency or another third-party entity are not eligible.
- Provide at least 32 hours of direct patient care per week at an eligible rural site.
- Hold and maintain the license, registration, or other authorization required to practice in California.
- Meet all other WDRR service and program requirements.

Requirements for clinicians licensed outside of California

A clinician may hold an out-of-state license when recruited. However, before providing services in California, including telehealth services to California patients, the clinician must either:

- Obtain the license, registration, certification, or other authorization required to practice in California; or
- Qualify for the exemption under California Business and Professions Code section 719.

The Section 719 exemption applies to out-of-state licensed health care practitioners who are employed by a Tribal Health Program (THP) and provide services under the THP's Indian Self-Determination and Education Assistance Act contract or compact.

Because the statute specifically refers to practitioners who are "employed by" a THP, independently contracted clinicians do not qualify for the Section 719 exemption.

Licensing requirements vary by profession. The THP should confirm that each clinician's license is current and in good standing and that the clinician is authorized to provide the proposed services in California. Questions about whether a contracted clinician qualifies for an exemption should be reviewed with the appropriate licensing board or legal counsel.

Additional information is available in the WDRR Grant Guide and WDRR FAQs.

9. In future California Rural Health Transformation (CalRHT) budget years, will urban-located, rural-serving Tribal Health Programs (THPs) only be eligible for the Family Medicine Obstetrics (FM-OB) program under the CalRHT Program?

Budget Year 1 decisions can be revisited in future years and will be discussed in future Tribal Consultations. HCAI remains committed to exploring additional funding flexibility for rural-serving, urban-located clinic sites.

Grant Funding

10. Is the funding for the Tribal Set-Aside a competitive grant program?

No, it is not a competitive grant program. All eligible Tribal Health Programs (THPs) seeking funding must submit a completed application and meet subaward requirements. There is no competition, ranking, or scoring of applications.

11. How much funding is available for the Tribal Set-Aside, and how will it be distributed?

The Department of Health Care Access and Information (HCAI) is allocating 5% of California Rural Health Transformation (CalRHT) Program funds to support rural Tribal communities. The amount available is $11.65 million. HCAI will allocate the entire $11.65 million BP1 Tribal Set-Aside to the Tribal healthcare delivery system.

The base funding amounts are as follows:

- **Rural THPs**: $200,000 base plus an additional amount for each eligible rural clinic site.
- **Urban-located, rural-serving THPs**: $100,000 base award that may be used for activities related to Family Medicine with Obstetrics (FM-OB) Fellowship Program.

After all base allocations are distributed, HCAI will divide the remaining Tribal Set-Aside funding equally among verified eligible rural clinic sites.

All BP1 grant funding must be fully spent by September 30, 2027.

12. What is the estimated allocation per eligible rural site allocation?

The estimated additional allocation under the CalRHT Tribal Set-Aside funding ranges from approximately $90,000 to $100,750 per eligible rural site. The final allocation per site will depend on the total number of eligible applicants and verified eligible rural sites.

13. What are the estimated Tribal Set-Aside grant funding amounts?

Based on a current estimate of up to 64 eligible rural sites and seven potentially eligible urban-located, rural-serving Tribal Health Programs (THPs), estimated awards are as follows:

Applicant Type	Estimated Award
Urban-Located, Rural-Serving THP	$100,000
Rural THP with 1 eligible rural site	Approximately $289,844 to $300,781
Rural THP with 2 eligible rural sites	Approximately $379,688 to $401,563
Rural THP with 3 eligible rural sites	Approximately $469,531 to $502,344
Rural THP with 5 eligible rural sites	Approximately $649,219 to $703,906

These estimates are for planning purposes only. Final award amounts will be determined after all applications have been reviewed, eligibility has been verified, and funding allocations have been finalized.

14. How can we ensure that all our rural sites are included in the funding allocation?

List all eligible rural sites in your application and provide the Health Resources and Services Administration (HRSA) rural status for each site, as well as confirmation that a licensed clinician practices at the site. HCAI will verify eligibility and rural designation during the application review.

15. Why is baseline funding different for urban-located, rural-serving Tribal Health Programs (THPs)?

Centers for Medicare and Medicaid Services (CMS) rules limit eligible urban-located, rural-serving THPs to the Family Medicine Obstetrics (FM-OB) fellowship program. Rural THPs may participate in the following three programs: Workforce Development Recruitment and Retention (WDRR), Electronic Health Records (EHR) Modernization, and Expand and Support Rural Workforce Capacity, Family Medicine Obstetrics (FM-OB).

16. What programs can Tribal Health Programs (THPs) support with Tribal Set-Aside funding?

THPs may select from these three California Rural Health Transformation (CalRHT) Programs:

- **Workforce Development Recruitment and Retention Program**: Supports recruiting or retaining eligible health professionals in a rural area. This applies only to rural THPs.
- **Electronic Health Record (EHR) Modernization Program**: Supports the implementation of a first-time EHR system or the replacement of an existing EHR system (certified systems expected). This applies only to rural THPs. All program milestones must be completed, and grant funds need to be drawn down by September 30, 2027.
- **Family Medicine Obstetrics (FM-OB) Fellowship Program**: Supports THPs that partner with a sponsoring Graduate Medical Education (GME) institution to serve as training sites for Family Medicine with Obstetrics fellows. Both rural and urban-located, rural-serving THPs are eligible. Additional information on the program and partnering organizations will be listed on the CalRHT website once finalized.

17. Can we use Tribal Set-Aside Electronic Health Records (EHR) Modernization funding to add modules or optimize our existing EHR?

No. EHR Modernization funding is limited to first-time EHR adoption or full replacement of an existing certified EHR system.

18. Can Tribal Set-Aside funding be used for behavioral health providers?

Yes. Licensed behavioral health providers may be eligible if they hold the appropriate California license or qualify for exemption under the California Business and Professions Code section 719. They must also meet all other WDRR requirements.

Applicants are also encouraged to explore HCAI's Behavioral Health CONNECT Program, which offers several ongoing funding opportunities for behavioral health providers.

Because licensing requirements vary by profession, the THP should confirm that each clinician's license is current and in good standing with the appropriate licensing board.

19. If we received a competitive CalRHT award, can we still apply for Tribal Set-Aside noncompetitive funding?

Yes. Receiving funding through a competitive CalRHT grant does not reduce or affect a Tribal Set-Aside allocation. However, activities and costs funded through the Tribal Set-Aside must be distinct from those funded through any other CalRHT grant. The same activity, service, or expense cannot be funded by more than one CalRHT grant.

For example, if your organization receives competitive funding through the Workforce Development Recruitment and Retention (WDRR) Program to provide a retention incentive for a licensed clinician, you may not use Tribal Set-Aside funds to provide another retention incentive to that same clinician.

20. Can a Tribal Health Program use an existing indirect cost rate agreement for Tribal Set-Aside funding?

A Tribal Health Program may include a current, federally negotiated indirect cost rate in its Tribal Set-Aside budget. The rate should be supported by the organization's negotiated indirect cost rate agreement and applied only to eligible costs consistent with the agreement and applicable program requirements.

HCAI will review the proposed indirect costs and supporting documentation during the budget review process to determine allowability.

21. What funding restrictions apply to the use of Tribal Set-Aside funds?

Allowable uses of funds vary be funded activity. In general, California Rural Health Transformation (CalRHT) funds cannot be used to pay for the provision of direct patient care from clinicians, allied health professionals, hospitals, and other health professionals.

The Centers for Medicare and Medicaid Services (CMS) Notice of Funding Opportunity (NOFO) states that CalRHT funds may not be used to duplicate or

replace existing federal funding. For a complete list of restrictions, see pages 18-22 of the NOFO and the CMS FAQ.

Application & Requirements

22. What does the application process require?

Applicants should review the Tribal Set-Aside Grant Guide and Request for Application (RFA) before applying, as these documents describe all required materials, submission instructions, and program requirements. The RFA asks for the following:

- Confirm Tribal Health Program (THP) and site information
- Select funding programs; provide descriptions and estimated funding needs
- Describe costs and milestones
- Obtain the authorized representative's signature and submit the application.
- Submit an executive officer's attestation, if the applicant is an urban-located, rural-serving THP

23. What is the timeline for applications?

- Application window opens: October 26, 2026
- Application window closes: November 20, 2026

24. How will applications be reviewed?

Applications are not competitive and will not be scored or ranked.

HCAI will conduct a threshold review to confirm that each application is complete and meets basic eligibility and compliance requirements for funding. The threshold review will assess the following four sections of the application:

- Applicant Profile
- Eligibility and Fit
- Compliance
- Attestations

Applicants will have an opportunity to resolve submissions that may need correction, additional evidence, or changes to unallowable activities or costs before an award is approved.

25. Can multiple people collaborate on budget workbooks?

Yes. The budget workbook can be downloaded and edited collaboratively using a shared drive or other file-sharing tool. However, only one person may access and edit the application in the portal at a time. The designated submitter must upload the final budget workbook.

26. What happens after a Tribal Health Program (THP) submits its application?

HCAI will review eligibility, proposed uses of funds, costs, and federal funding requirements. If information is missing, there will be a correction opportunity. After award approval, THPs must maintain separate accounting, submit quarterly

progress reports, and obtain approval for budget changes. Templates and guidance will be provided on the CalRHT Funding Opportunities website.

27. What reporting is required once funded?

Tribal Health Programs (THP) must:

- Track California Rural Health Transformation (CalRHT) expenditures
- Submit quarterly spending and progress updates
- Provide annual and/or final activity summaries
- Keep documentation for monitoring and audits

Additional support for reporting, monitoring, and tracking is available through the Rural Technical Assistance Center (RTAC).

28. How do urban-located, rural-serving Tribal Health Programs (THPs) demonstrate that at least 50% of their patients are rural residents?

An authorized THP official, such as the Chief Executive Officer (CEO), must complete and sign the rural-patient attestation form, confirming that at least 50% of the site's patients are rural residents. HCAI will verify the 50% threshold has been met.

Program Support

29. What is the Rural Technical Assistance Center (RTAC)?

The Rural Technical Assistance Center (RTAC) is a support resource established under California Rural Health Transformation (CalRHT) to help eligible rural health organizations with technical assistance, training, peer learning, and practical tools to support implementation of CalRHT-funded programs and rural health transformation activities. More details will be shared with subrecipients as resources become available.

30. Will additional support services be available for Tribal communities?

Yes. HCAI is working with California Rural Indian Health Board (CRIHB) to serve as a liaison and provide support services to Tribes and Tribal Health Programs (THPs) participating in California Rural Health Transformation (CalRHT) funded programs. CRIHB will serve as the CalRHT Tribal Technical Assistance entity and provide the following support:

- **Pre-Award Technical Assistance:** Increase Tribal access to funding opportunities and help applicants understand requirements and submit complete, ready-to-review applications.
- **Grant Management and Implementation Support:** Support THPs in successfully implementing funded programs
- **Financial and Reporting Support:** Strengthen Tribal capacity to meet financial, performance, and compliance reporting requirements.

- **Training and Capacity Building:** Build long-term administrative and programmatic capacity within THPs.
- **Data Quality and Performance Improvement:** Improve data quality, reporting accuracy, and program performance outcomes.
- **Tribal Liaison and Coordination Services:** Serving as the primary liaison between THPs, HCAI, and the Program Grant Administrator.
- **Compliance and Monitoring Support:** Support Tribal recipients in maintaining compliance with all grant requirements.

31. What should I do if I have a unique situation or need additional guidance?

Applicants with unique or complex circumstances may contact the California Rural Indian Health Board (CRIHB) for support and technical assistance at CalRHT.ta@crihb.org.

When contacting CRIHB, please provide a brief description of your situation, including the grant program(s) for which you are applying and any relevant operational details.

Any guidance provided is informational only and does not guarantee eligibility or funding approval. Final determinations will be based on the complete application, supporting documentation, and applicable program requirements.

Resources

32. Who can applicants contact for questions?

Applicant may use the following contacts, depending on their assistance needs:

- **General program questions**: CalRHT team at CalRHT@hcai.ca.gov
- **Grant application questions**: info@calruralhealth.org or call 855-CAL-RHTP (855-225-7487)
- **Technical application and program support**: CRIHB at CalRHT.ta@crihb.org

Additional resources are available on the CalRHT webpage.

33. Where can we find the Request for Application (RFA), Grant Guide, and supporting materials?

Visit the CalRHT Funding Opportunities webpage and select the Tribal Set-Aside tab to access all supporting materials.