CALIFORNIA
RURAL HEALTH TRANSFORMATION

CalRHT Workforce Development Recruitment and Retention (WDRR)

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HCAi
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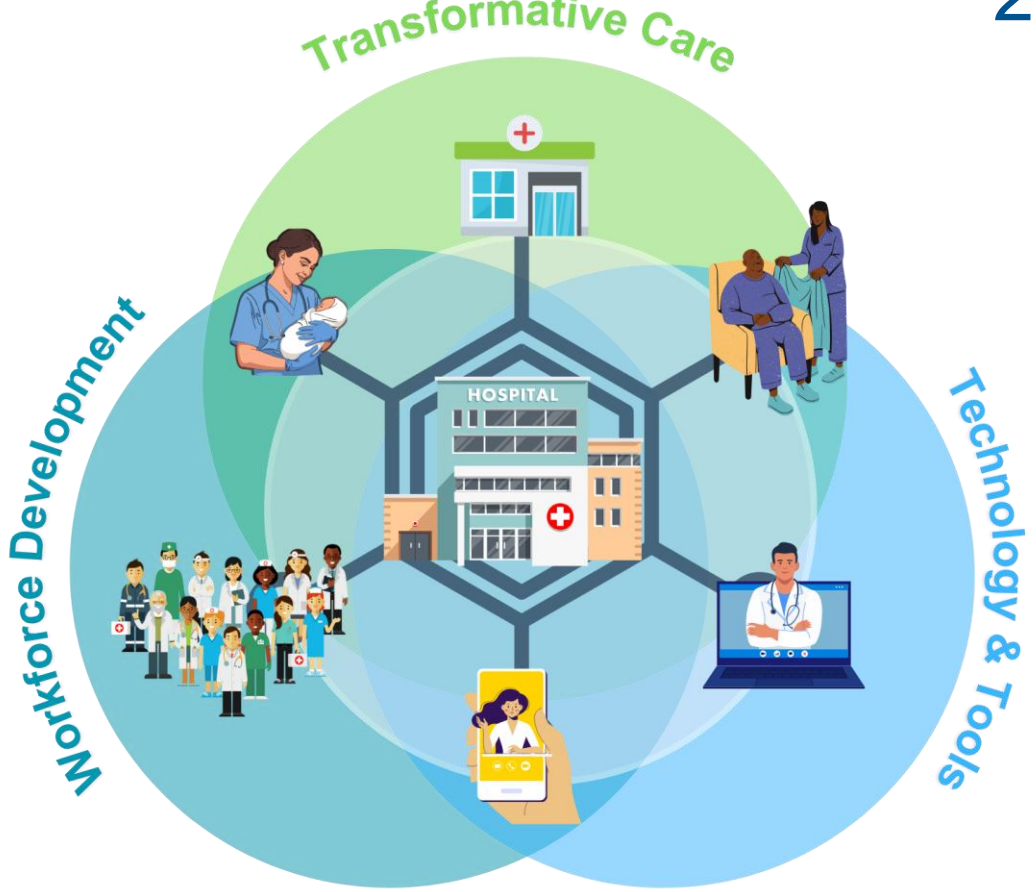
Agenda

- CalRHT Program Overview
- WDRR Grant Overview
- Funding, Eligibility, and Allowable Uses
- Key Dates, Resources, and Q&A

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 $233,639,308.46 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.

CalRHT Program

2026 – 2031



The California Rural Health Transformation (CalRHT) program vision is a **connected, resilient rural health system** in which every rural Californian can access timely, person-centered primary, maternal, specialty, chronic condition, and behavioral health care close to home, **supported by a sustainable workforce, modern technology and data infrastructure**.

CalRHT will create Rural Collaboratives; build Regional Care Collaboratives; and partnerships; apply evidence-based care; deploy tools that work in low resource settings; and invest in local readiness and health care services.

CalRHT Initiatives

Transformative Care Model

Develop Rural Collaboratives to implement care models built on a foundation of skilled workforce and effective technology to strengthen access, quality, and sustainability in rural health systems.

Workforce Development

Grow and retain a homegrown rural health workforce through statewide mapping, education pathways, clinical pipelines, and recruitment and retention supports.

Technology & Tools

Modernize rural health IT with grants and hands-on assistance to expand telehealth and eConsults, improve interoperability and cybersecurity, and scale patient-facing digital tools via shared services.

Accelerator Partners Grant

Funding Available for Budget Period 1: **$39M**

Workforce Recruitment and Retention Grant

Funding Available for Budget Period 1: **$54M**

EHR Modernization Grant

Funding Available for Budget Period 1: **$11.6M**

WDRR Program Goals

Focus on increasing Primary Care and Maternal Health Teams

Reduce **vacancy rates**

Improve **continuity of care**

Improve **recruitment and retention** of rural Health Professionals

Support a **responsive and sustainable healthcare workforce**

Allowable and Unallowable Uses of Funds

Allowable Uses

- Recruitment bonuses (including sign-on bonuses and other recruitment incentives) and Retention bonuses paid directly to Health Professionals tied to a five (5) year rural service commitment
- Clinical training, faculty, and preceptor capacity-building activities
- Shared regional staffing pools across rural facilities
- Regional coordination and scheduling infrastructure
- Tribal health program recruitment and retention efforts
- Program costs allowance of up to 10% of the total award for documented Subrecipient staff time coordinating WDRR.
- See Grant Guide for more detail

Unallowable Costs

- Pre-award costs incurred before the grant agreement start date
- Construction, renovation, or building improvements
- Capital equipment purchases
- Promotional items, advertising and public relations promoting the non-federal entity
- Lobbying activities or political contributions
- Costs covered by any other HCAI program, federal grant, or employer reimbursement
- Provider Payments under the CalRHT initiative
- Duplicate payments to the same Health Professional across CalRHT initiatives
- Payments to third-party contractors or service providers
- Indirect costs are not allowed
- See Grant Guide for more detail

Funding Available and Award Structure

Total Available	**$54,170,000 in Budget Period 1**
Maximum Award	**$1,000,000 per facility or $2,000,000 per consortium, collaborative, or system**
Future Cycles	**Subrecipients may apply again in later budget periods if they continue to meet eligibility requirements**
Application and Award	**The WDRR application will be open July 31, 2026, to August 31, 2026. Grant agreements to be executed September/October 2026.**

Eligibility

Eligible Organizations	Rural Hospitals/Critical Access Hospitals (CAHs), Federally Qualified Health Centers (FQHCs) & Look-Alikes, Rural Health Clinics (RHCs), Tribal Clinics & Native American Health Centers, Other Community Clinics, Rural Collaboration or Consortium, and Health Care Districts. See Grant Guide for full eligibility list.
Rural Definition	CalRHT uses Health Resources and Services Administration's (HRSA) federal definition of rural; applicants can confirm using the HRSA Rural Health Grants Eligibility Analyzer, available at www.data.hrsa.gov/topics/rural-health/rural-health-eligibility.
One Application	One application per organization, or regional collaboration/consortium
Not Eligible	Only the listed eligible organizations may apply. Temporary staffing agencies, management services companies, and applicants that are disbarred, suspended, proposed for debarment, or voluntarily excluded from federal assistance programs are not eligible.

Scoring Criteria

Language	**10 points max**: Five (5) points for each Health Professional who provides direct services in any Indigenous and/or Tribal language fluently without additional translation services.
Payor Mix	**15 points max**: Organization's Payor mix includes Medi-Cal, Medi-Cal/Medicare, and/or IHS.
Organization Type and Rural Health Role	**5 points max**: The clinical site that will receive the highest proportion of an organization's funding falls under one of the priority applicant types.
Consortium, Collaborative, or Shared Workforce Model	**10 points max**: Organization has a formal, informal or emerging partnership with a documented partner and a clear shared-resource model or supporting shared rural workforce capacity.
Priority Professions	**15 points max**: Organization has 50% or more of the requested grant funds earmarked to support priority professions.
Clinical Training, Faculty, and Preceptor Capacity	**10 points max**: Organization has clear, limited or unclear description of intent to expand clinical training capacity.

Priority Professions

Maternity Care

- Ob/Gyn and Family Medicine
- Certified Nurse Midwifes
- Licensed Midwifes
- Doulas
- Certified Lactation Consultants
- Other team-based maternal care Health Professionals

Primary Care

- Physicians
- Nurse Practitioners
- Physician Assistants
- Other primary care team-based Health Professionals

Nurses

- Registered Nurses
- Licensed Vocational Nurses (on Primary Care or Maternity Care teams)

Community-Based Direct Care Professionals

- Community Health Workers
- Promotores
- Representatives
- Other allied Health Professionals on primary or maternal care teams

Successful applications will include

Expand Training Capacity

Plans to support training, provide faculty support; preceptor incentives; placement; or other plans to build new or expand rural clinical training capacity.

Support for Priority Professions

Applicants will be assessed on proportion of funds that will be allocated for support of the priority professions targeted by this program.

Collaborative or Shared Workforce Model

Having a formal collaborative with documented partners and a clear shared-resource model will positively impact scoring of an application.

WDRR Metric Alignment

Grant applications should align to increasing recruitment and retention of Health Professionals across rural regions.

Application Preparation Reminders

CalRHT is here to work with you!

Please reach out if you have any questions or need support completing your application.

- Use the published Grant Guide to prepare and gather required information before submitting through the application portal.
- Applications will be evaluated after application window is closed.

Additional Resources

Visit the CalRHT webpage for program updates and the following WDRR resources:

- Grant Guide
- Budget Template
- Workplan Template
- Frequently Asked Questions (FAQs)
- Application Portal
- Webinar recording *(to be published soon)*

For grant inquiries, email info@calruralhealth.org or call 1-855-CAL-RHTP (855-225-7487)

Questions?

For CalRHT program updates, FAQs and more, visit the

CalRHT webpage

OR

Please email
info@calruralhealth.org

If your question was not answered in today's webinar,
please first review the FAQs, then submit your question to the email above.

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Thank You!