

California Rural Health Transformation (CalRHT) Budget Period 1 (BP1) Tribal Set-Aside Grant Guide

Noncompetitive Program Award

California Rural Health Transformation Program
Department of Health Care Access and Information

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

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Tribal Set-Aside CalRHT Allocation

The Tribal Set-Aside represents approximately five percent of the total CalRHT funding allocation, or \$11.65 million. HCAI considers this amount a funding floor for rural Tribal Health Programs (THP) owned and operated by federally recognized Tribes.

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1. Purpose

This Grant Guide explains the California Rural Health Transformation (CalRHT) Program Budget Period 1 (BP1) Tribal Set-Aside, a noncompetitive program award. It describes who may seek funding, how the Department of Health Care Access and Information (HCAI) calculates an allocation, allowable uses of funds, requests the information needed for review, and the conditions that must be met before and after an award. Eligible Tribal Health Programs (THPs) are reviewed against program requirements; they are not compared with one another for funding.

The Tribal Set-Aside directs CalRHT funding to the rural Tribal healthcare delivery system. It recognizes Tribal stewardship and each THP's knowledge of its community's needs, values, and resources. A rural THP may propose eligible Workforce Development Recruitment and Retention (WDRR), Electronic Health Record (EHR) Modernization, or Family Medicine – Obstetrics (FM-OB) fellowship activities as described in this guide and approved in its award agreement.

2. Background and Mission

HCAI administers CalRHT to strengthen health care access, quality, and sustainability in California's rural communities. CalRHT makes separate investments in workforce capacity, care delivery, and technology. The Tribal Set-Aside gives eligible THPs a noncompetitive path to seek funding for activities within those areas.

3. CalRHT Budget Period 1 Program Context

Three CalRHT programs provide context for the activities and regional strategy outlined for the Tribal Set-Aside. Their published guides inform administrative language and program activities related to the Tribal Set-Aside. Requirements that belong to those separate programs apply to this award only when expressly adopted in the final Tribal Set-Aside award terms.

Workforce Development Recruitment and Retention Grant Program

The Workforce Development Recruitment and Retention (WDRR) Grant Program supports eligible rural-serving organizations in recruiting and retaining health professionals at qualifying rural sites. HCAI funds organizations, which administer approved activities and document eligibility, payment, monitoring, and service obligations associated with individual awards. The WDRR [grant guide](#) also describes the recruitment and retention subaward program, please note the Grant Guide is for a competitive program and portions reflecting the competitive nature may not be applicable. Its individual award caps are specific to WDRR and not this noncompetitive program award; federal service commitments may apply to individual incentives under other CalRHT awards, including this program award.

Expand and Support Rural Workforce Capacity Grant Program: Family Medicine Obstetrics Fellowship

The Family Medicine - Obstetrics (FM-OB) Fellowship Grant Program seeks to expand rural maternity and perinatal care capacity by developing or enlarging rural-focused fellowship training. Its [grant guide](#) (pages 2 -8) describes planning, faculty and preceptor support, training sites, curriculum, program operations, and regional shared services. It funds organizational program and infrastructure costs, while it excludes individual financial support to fellows. A THP considering fellowship activities under the Tribal Set-Aside should describe its role as an FM-OB training site and the THP's relationship with a sponsoring organization.

Electronic Health Record Modernization Grant Program

The Electronic Health Record (EHR) Modernization Grant Program supports eligible rural health organizations in adopting and configuring a first-time certified EHR or replacing an existing EHR. The [grant guide](#) (pages 2 -7) addresses software, implementation, migration, interoperability, training, and related equipment needed for those projects. Foundational EHR systems support secure data exchange and coordinated rural care. The separate EHR guide excludes stand-alone upgrades that are not full system adoption or replacement.

4. Tribal Set-Aside Program Overview

The Tribal Set-Aside is a BP1 noncompetitive program award. Every eligible THP that completes the submission and award requirements receives a formula-based allocation. The application process documents the THP and its rural sites, proposed uses, costs, implementation plan, and compliance information. HCAI verifies eligibility, reviews program and budget materials, approves the scope and amount, and administers the award agreement.

Program Element	Tribal Set-Aside Design
Subrecipient	A health program owned and operated by a federally recognized Tribe or Tribes that meets one of the eligibility pathways in Section 6.
Award method	Formula-based allocation after HCAI verifies eligible THPs and rural clinic sites.
*Allowable uses	Recruitment and retention, EHR modernization, and FM-OB fellowship activities. <i>*subject to the pathway and allowable-cost rules.</i>

Program Element	Tribal Set-Aside Design
Review	Eligibility verification, programmatic and compliance review, approval of budget and workplan.

5. Available Funding

HCAI will allocate the entire \$11.65 million BP1 Tribal Set-Aside to the rural Tribal healthcare delivery system. HCAI will calculate each eligible THP's amount using the base allocations and rural-site formula below. A THP does not need to calculate the statewide total or its own final allocation.

Eligible Pathway	BP1 Allocation
Rural THP	\$200,000 base allocation plus an equal per-site amount for each verified eligible rural clinic site.
Rural-serving THP with no rural clinic site	\$100,000 base allocation; no rural-site amount.
Per-site calculation	After all base allocations, HCAI divides the remaining Tribal Set-Aside funding equally among verified eligible rural clinic sites.

Each THP receives one base allocation, and each eligible rural clinic site is counted once. HCAI will resolve shared or duplicate site listings before calculating final amounts.

This guide covers the BP1 Tribal Set-Aside. Funding in a later budget period is not automatic and would require further CMS and HCAI action; HCAI will announce any future opportunity separately.

The executed Tribal Set-Aside agreement will identify the subaward start date, approved cost period, and final payment conditions. Applicants should not incur costs in anticipation of an award.

6. Eligibility Requirements

An eligible THP is a health program owned and operated by a federally recognized Tribe or Tribes. It must satisfy one of the two site pathways below. HCAI will verify the organization, sites, and proposed uses before approving an award.

Pathway	Site Threshold	Available Activities
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Rural THP	At least one clinic in an area that meets the Health Resources and Services Administration (HRSA) rural definition, with a licensed clinician at the site.	<ul style="list-style-type: none"> • Recruitment and retention • EHR modernization • FM-OB fellowship
Rural-serving THP with no rural clinic site	At least one site with a licensed clinician where 50 percent (50%) or more of patients are rural residents.	<ul style="list-style-type: none"> • FM-OB fellowship only

For the rural-serving pathway, the THP securely provides the prior calendar year's patient-address file to HCAI. HCAI then performs the rural classification and calculates the percentage. The THP is not required to geocode addresses or calculate the percentage itself. The file should not be emailed or attached to the general submission. The purpose of the file transfer and data review is to verify eligibility of the THP service site for CalRHT funding based on CMS guidance.

Each proposed FM-OB training site must also serve a patient population that is at least 50 percent (50%) rural. HCAI may use the same rural-patient verification for both a THP's eligibility pathway and its proposed training site when the same site serves both purposes.

For planning purposes, a THP may check a clinic address with [the HRSA Rural Health Grants Eligibility Analyzer](#). HCAI will make the controlling site determination for this award.

A THP may submit an application while obtaining a Unique Entity Identifier (UEI) but must provide the UEI confirmation and details to HCAI before HCAI makes a subaward. Under 2 CFR 25.300, a subrecipient does not need full SAM.gov registration solely to obtain a UEI. HCAI will also review federal exclusion status before award.

7. Allowable Uses of Funds

A THP may select the activities available under its eligibility pathway. It should describe each selected use, the sites and partners involved, the expected result, and the share of its allocation proposed for that use. Only activities and costs approved in the final budget and workplan may be charged to the award.

HCAI strongly encourages applicant(s) to refer to the following resource page for more informational reference materials on the pathways listed below: <https://hcai.ca.gov/rural-health/calrht/funding/>. Materials of interest may include the applicable Grant Guides,

particularly the Allowable Uses of Funds sections, WDRR Service Commitments (if applicable), and Sample Grant Agreements, which provide guidance on funding requirements and grant obligations.

Recruitment and Retention

Rural THPs may propose recruitment and retention at qualifying rural sites. The [WDRR competitive-award grant guide](#) (pages 3-11, and 13-16) details individual recruitment and retention incentives and organization-based workforce strategies across primary, maternity, nursing, behavioral, allied-health, and community-based direct-care roles as supported by CalRHT. For this award, describe the proposed role or workforce strategy, site, planned cost, intended result, and documentation; HCAI will determine whether the use fits the Tribal Set-Aside terms.

CMS requires a five-year rural service commitment for individual recruitment or retention incentives supporting rural clinical service. Funding for general workforce infrastructure, including faculty or preceptor capacity, does not itself create an individual service commitment. The award must specify any applicable individual agreement and monitoring to ensure adherence to the aforementioned five-year service rule.

Eligible Health Professions for WDRR Program Funds

To be eligible for recruitment and retention bonuses, WDRR applicant organization(s) and the eligible Health Professional(s) must accept Medicaid, Medicare, **Medicaid/Medi-Cal, Medi-Cal/Medicare (also known as Medi-Medi), and/or Indian Health Service (IHS) payor mix**, and offer a sliding fee discount program. Health Professionals must have a current, unrestricted California license, certification, or registration where applicable. Professions that do not require state-issued licensure or certification, including medical assistants, community health workers, and Promotores, remain eligible without this requirement. Eligible disciplines include, but are not limited to, those listed in the table below:

Discipline area	Eligible professions (highest priority)
Primary Care (highest priority)	Primary care physicians, including Family Medicine (FM), Internal Medicine (IM), Pediatrics, Obstetrics/Gynecology (OB/GYN) and Gerontology; Nurse Practitioner (NP); Physician Assistant (PA)
Maternity Care (highest priority)	Physician (OB/GYN); Certified Nurse Midwife (CNM); Licensed Midwife; Doula; Certified Lactation Consultant

Discipline area	Eligible professions (highest priority)
Nursing (highest priority)	Registered Nurse (RN); Licensed Vocational Nurse (LVN) (limited to those serving on primary care or maternal health care teams)
Community-Based Direct Care (highest priority)	Medical Assistant (MA); Community Health Worker (CHW); Promotor/Promotora; other direct-care allied health on primary or maternal teams
Behavioral Health Professionals (secondary priority when integrated into primary or maternal care teams; Behavioral Health-only roles excluded)	Licensed Clinical Social Worker (LCSW); Licensed Marriage and Family Therapist (LMFT); Licensed Professional Clinical Counselor (LPCC); Psychologist
Other Advanced Practice Health Professionals and Allied Health Professionals (highest priority when on primary or maternal care teams; otherwise secondary priority)	Specialty physicians and specialty advanced practice Health Professionals (e.g., Emergency Medicine Physicians); Pharmacist; Physical Therapist; Occupational Therapist; Respiratory Therapist; Medical Laboratory Scientist; Radiologic Technician; Registered Dietitian; diagnostic and imaging Health Professionals; other direct-care allied Health Professionals
Oral Health (secondary priority)	Dentists; Registered Dental Hygienists (RDH); Registered Dental Assistants (RDA)

Behavioral-health-only roles are not eligible; behavioral Health Professionals on integrated primary or maternal care teams may be eligible at secondary priority.

Eligible Funding Categories for Organizational Applicants

As an organizational applicant, you may apply for funding for one or more of the following categories:

1. Recruitment bonuses for eligible Health Professionals accepting employment or a binding offer of employment at qualifying rural sites.
2. Retention bonuses to help clinics maintain and support eligible Health Professionals that are already practicing at qualifying rural sites.
3. Program costs allowance of up to 10% of the total award for documented Subrecipient staff time coordinating WDRR at the

facility, consortium, collaborative, or system level.

4. Tribal health programs implementing organization-based recruitment and retention efforts, subject to Tribal Set-Aside requirements and consultation outcomes.

All WDRR funding described in the following sections must ultimately be paid to eligible Health Professionals. Funds shall not be paid to third-party contractors or service providers for any reason; the program cost allowance is limited to documented Subrecipient staff time spent on WDRR coordination.

Electronic Health Record Modernization

Rural THPs may propose a first-time EHR implementation or replacement of an existing system.

The [EHR Modernization competitive-award grant guide](#) (pages 3-14, and Attachment B (pp. 20-21)) offers a planning model for EHR adoption and replacement. Its project-specific eligibility, vendor, connectivity, cybersecurity, milestone, and cost rules do not automatically apply to the Tribal Set-Aside.

For an EHR proposal, identify the current system and need, the proposed first adoption or replacement, the procurement or vendor approach, sites, implementation and go-live steps, and a cost breakdown for applicable software, configuration, data migration, interfaces, staff training, and directly required equipment. Describe the total project cost, any other funding, ongoing operating costs, and relevant data-exchange and security plans. HCAI will review the proposed scope and costs before approval.

CMS limits replacement of an existing HITECH-certified EHR in place as of September 1, 2025, to five percent (5%) of total CalRHT funding for the budget period. This is a program-wide limit, not an individual THP award cap or an automatic approval of a proposed replacement. HCAI will review all requests for aggregate adherence to this CMS-guidance and will approve awards accordingly to ensure total state funding for this purpose is at or below the cap.

Expand and Support Rural Workforce Capacity: Family Medicine Obstetrics (FM-OB) Fellowship

A THP may propose serving as an FM-OB fellowship training site with a sponsoring organization.

The [FM-OB competitive-award grant guide](#) (pages 3-12) provides a model for fellowship program and training-site capacity; this award does not automatically adopt that program's sponsorship rules, award limits, or selection process.

For an FM-OB proposal, identify the existing or proposed sponsoring organization, each training site, the THP's role, faculty and preceptor capacity, clinical supervision, planned fellows or training slots, activities, schedule, and organizational costs. A sponsor may be identified after the initial submission with HCAI assistance, but the sponsoring arrangement and required written documentation must be confirmed before funded training begins.

The separate FM-OB Fellowship grant guide funds programmatic and training-site capacity and excludes fellow salary, stipends, housing, travel allowances, tuition, and other individual benefits. CMS guidance distinguishes training infrastructure from benefits awarded to individuals.

Budget Category Limitations

Budget each selected activity against documented, necessary, reasonable, and allocable costs. The final agreement and approved budget govern cost categories, any administrative allowance, and prior approvals; a cost allowed by another CalRHT program is not automatically allowed here. Review the RFA and existing Grant Guide(s) for specific budget category limitations.

8. Unallowable Uses and Costs

Costs must be necessary for an approved activity, allocable to the award, supported by records, and permitted under the final agreement and applicable federal requirements. A THP may not charge the same cost to another award or replace other funding already committed to the same activity. Costs incurred before the agreement start date may not be charged to this award.

Federal Rural Health Transformation Program (RHTP) funds may not be used to meet another funding source's matching requirement, pay costs that are not allocable to the approved project or are another party's legal responsibility, purchase covered telecommunications or video-surveillance equipment, or support lobbying. Proposed construction, renovation, individual benefits, provider payments, and other activity-specific costs require review under the controlling Tribal Set-Aside terms and applicable federal rules.

RHTP/CalRHT funds cannot pay pre-award costs, new construction or building expansion, lobbying or political activity, costs paid by another source, duplicate billable clinical services, or clinician salary and wage support at facilities that subject clinicians to non-compete contractual limitations. Minor renovations, provider payments, and replacement of an existing HITECH-certified EHR are subject to additional federal limits or prior approval and are not presumed allowable under this Tribal award. HCAI will review each proposed cost under the approved initiative and award terms.

9. Program Award Resources

The program package contains this guide and corresponding Request for Application (RFA) documents. Included in the RFA are the submission form and portal instructions (if applicable), a budget and workplan format, a sample award agreement (if applicable), and any required attestations or federal award exhibits. Applicants should use the current HCAI-published materials when preparing a submission.

HCAI posts CalRHT funding information and any guide addenda at <https://hcai.ca.gov/rural-health/calrht/funding/>. Applicants should use the most recent Tribal Set-Aside guide, forms, and instructions published by HCAI.

10. Key Dates

Milestone	Date or Period
Guide posting	October 26 th , 2026
Submission opens	October 26 th , 2026
Submission due	November 20 th , 2026
Eligibility and program review	November 2026
Award notice and agreement	November / December 2026
BP1 spending period	The signed agreement sets the start and allowable-cost dates. HCAI payments for BP1 funds may not be made after September 30, 2027.
Final obligation and expenditure deadlines	BP1 federal obligation period ends October 30, 2026; final HCAI payment no later than September 30, 2027.

Final HCAI disbursements for BP1 expenditures must be made no later than September 30, 2027. Funds not disbursed by the deadline for BP1 will be unavailable for commitment and will be returned under applicable federal terms as carryover of funding is not allowable. Each THP must follow the approved agreement's cost, payment, reporting, and closeout dates; HCAI will identify any cost-specific exception in that agreement.

11. Submission Instructions

A THP should confirm its organization and sites, choose the uses available under its pathway, describe the activities and costs, and submit through the method HCAI publishes. Before submitting an application, a THP should review the current grant guides and forms, identify its primary contact and authorized representative, confirm the legal entity and proposed sites, select only activities available under its pathway(s), and prepare the evidence, budget, workplan, and partner information relevant to those activities. Submission preparation costs are not chargeable to the award.

If HCAI provides a preliminary THP or site record, review it and identify any required update or correction. If no record is provided or a THP is missing, supply the legal-entity and site information and request an eligibility review. HCAI will review a THP missing from any preliminary eligibility list if the THP requests an eligibility determination. A preliminary list does not replace HCAI's final verification.

12. Required Submission Content

The submission should give HCAI enough information to verify eligibility, review proposed uses and costs, and approve the budget, workplan, and agreement. A THP should complete only the activity sections it selects. Its estimated shares for selected uses should total 100 percent (100%).

Submission Part	Content
Organization and sites	THP legal name, Tribal ownership and operation, primary contact, authorized representative, sites, and information needed for the applicable eligibility pathway.
Selected uses	A short description of each selected activity, its site or partner, intended benefit, and estimated share of the THP allocation.
Costs and implementation	Planned costs, timing, and evidence appropriate to each selected use; a detailed budget and workplan are finalized with HCAI before agreement execution.
Signature and attestations	Authorized representative signature and the applicable eligibility or rural-serving THP attestations.

Complete only the sections for activities selected under the THP's eligibility pathway. For recruitment and retention, identify proposed roles, rural sites, incentives or organizational costs, and the expected result. For EHR, identify system scope,

implementation steps, costs, and go-live evidence. For FM-OB, identify the sponsor or assistance requested, training-site role, proposed capacity, organizational costs, and partnership evidence. HCAI may ask for additional detail to approve the final scope and budget.

13. Organizational and Program Documentation

HCAI may request records needed to verify the THP, sites, rural-serving patient information, proposed activities, partners, costs, and authority to sign. The THP should use the legal entity name that will appear on its agreement and match its UEI. The published materials will identify which records are due with the initial submission and which may follow before approval or agreement execution.

- Evidence that the healthcare program is owned and operated by a federally recognized Tribe or Tribes
- A site list and the information needed for HCAI to verify rural clinic sites and licensed clinician presence
- A prior-calendar-year patient-address file, transmitted through HCAI's separate secure process when the rural-serving pathway test applies
- FM-OB sponsoring-organization documentation when fellowship activity is selected
- A budget, workplan, and federal or state attestations in the forms HCAI requires

A rural-serving THP with no rural clinic site must provide a rural-patient attestation signed by an official authorized to bind the THP. For a rural-serving THP proposing an FM-OB training site, the authorized representative certifies the submitted information, and HCAI verifies that site's 50 percent (50%) rural patient volume. HCAI will identify the final signatory and attestation form in the published package.

Be prepared to provide the legal entity name and address, UEI before award, EIN or TIN, site NPI where applicable, evidence of authority to sign, relevant partner documentation, and financial or audit information HCAI requests for its subrecipient review. Electronic signatures used by Tribal applicants must legally bind the applicant and any required governing authority; HCAI may request proof of signature authority before executing an award.

14. Budget Requirements

The initial budget should show the THP's proposed share for each selected use and its planned costs. If HCAI has not supplied the verified allocation, the THP may leave dollar amounts blank and complete them with HCAI before the agreement is signed. A separate budget narrative is not required at initial submission. The final budget must itemize costs enough for HCAI to determine whether each is necessary, reasonable,

allocable to an approved activity, and supported by records; another source may not pay the same cost.

If a proposed activity's total cost exceeds the THP's verified allocation, the final budget should identify the full project cost and the amount, source, status, and timing of other funds needed to complete it. Other sources must not pay the same cost twice. HCAI will review the resulting budget for feasibility and allowable use before approving the agreement.

Please refer to the RFA and corresponding budget template for the specific funding opportunity for applicable budget requirements, categories, and supporting information. Some fields to consider, as applicable, include proposed use, site or partner, quantity or staff effort, rate, total, and funding source. Personnel charges remain subject to applicable federal cost principles and HHS salary limitations; amounts above a federal salary cap require another allowable source of funds.

Budget Revision

HCAI may request a revised budget before approval when the verified amount, allowable cost review, or proposed scope requires a change. After award, the THP must follow the agreement's change process before moving funds to a different approved use or cost category.

Before changing an approved use, scope, or budget line, submit a written request to HCAI and obtain any required approval. Subrecipients may not independently move federal funds between line items; HCAI will determine whether CMS approval or notice is also required. The final agreement will identify the request form and any applicable thresholds.

15. Workplan Requirements

The workplan should connect each selected activity to a responsible THP site or partner, a schedule, a proposed cost, and evidence of completion. Milestones may describe steps such as signing recruitment agreements, bringing an EHR into use at named sites, or making a fellowship training site operational. HCAI will approve the final workplan with the budget and scope before funded work begins.

Use activity-appropriate workplan detail. Recruitment and retention may show planned positions, sites, incentive or organizational actions, and service tracking when applicable. EHR work may show procurement, configuration, migration, training, testing, and go-live. FM-OB work may show sponsor confirmation, training-site readiness, faculty and preceptor support, and fellowship capacity. It is not necessary to utilize identical milestone patterns across multiple activities or programs as applicable.

Instead, the workplan should provide clear demonstration of a stepwise approach that promotes successful implementation and monitoring.

For each selected use, show the anticipated timing of the activity, responsible THP role or partner, cost, and evidence of completion during the approved period. HCAI will identify the applicable activity measures and final dates in the award materials; do not substitute another program's performance targets.

16. Submission Review Approval and Award Process

HCAI reviews each THP submission individually. If information is missing or unclear, HCAI will provide an opportunity to clarify or correct it within a reasonable timeframe with clearly documented due dates. A missing field or site-count discrepancy alone does not remove an otherwise eligible THP's formula allocation while eligibility is being resolved.

Stage	HCAI Review
Eligibility verification	Confirm THP ownership and operation, the applicable site pathway, 50% rural-patient evidence when required, and federal award standing.
Programmatic and compliance review	Confirm selected activities, partners, allowable costs, documentation, federal restrictions, and support or monitoring needs.
Budget and workplan approval	Resolve the verified formula amount, approved uses, cost detail, timing, and deliverables.
Award administration	Issue the award agreement, confirm required authorizations, establish payment and reporting conditions, and monitor the funded work.

A support or monitoring needs review does not change the formula calculation. HCAI may require a corrected submission, additional evidence, or changes to unallowable activities or costs before approving an award.

Applicants will be notified in writing by HCAI of the intended award amount and any requests for clarification, modification, or additional information. Once all required details are documented, the award agreement will be routed for signature by both parties and the THP will be provided with additional details on funding and reporting process.

17. Award Agreement Process

An allocation is not an automatic payment. Before funded work begins, HCAI must approve the scope, budget, workplan, and agreement. The executed agreement will state the payment method, reports, records, applicable authorizations, and any confirmed service obligations.

The Tribal subaward will be executed by an HCAI official and a representative legally authorized to bind the THP. An electronic signature must be legally sufficient, and HCAI may request evidence of governing-body authority. The signed agreement and its approved scope, budget, workplan, and federal terms will control the award.

18. Post Award Requirements

After award, the THP must carry out its approved activities, maintain separate accounting records for CalRHT costs, document spending and progress, and avoid charging the same cost to another award. Changes to the approved scope, sites, partners, budget, or workplan require the approvals specified in the agreement.

Recipients must give HCAI access to records needed for monitoring and audit, seek required approval before material changes, respond to corrective-action requests, and retain federal award records under 2 CFR 200.334 and the final agreement, including any applicable extension for audit, claim, or litigation. If an individual service commitment applies, the THP must maintain the required tracking and evidence after the payment period as directed in its agreement.

19. Reporting Requirements

Recipients will submit spending and progress reports using the forms and schedule in the final agreement. Reports should connect expenditures to the approved activities and show progress on the workplan. HCAI will provide reporting instructions and may request supporting records or corrections.

HCAI uses recipient financial and activity information to meet its CMS reporting obligations. The final reporting instructions will identify obligations and expenditures, progress by approved activity, relevant sites or partners, and the supporting records needed for this award.

For planning, THPs should expect brief quarterly spending and progress updates and an annual or final activity summary. The executed agreement will set the due dates, forms, required measures, and any additional CMS-related follow-up. This guide does not adopt another program's monthly reporting schedule.

20. Payment Provisions

The award agreement will state when and how HCAI pays the THP. HCAI will establish the payment conditions after the formula amount, approved budget, workplan, and compliance requirements are resolved.

Before authorizing a payment, HCAI or its designee may review the approved detailed budget, required deliverables, financial and activity reports, and supporting documentation for completeness, quality, and accuracy. The final agreement will specify which items apply to each payment.

21. Additional Terms and Conditions

Recipients must comply with the final award agreement and applicable federal and state requirements. The agreement will govern records, audit access, privacy and security, nondiscrimination and accessibility, required disclosures, changes, remedies, and closeout. If CMS changes or ends the underlying federal funding, HCAI will administer the award according to the final agreement and applicable terms.

HCAI handles reports and supporting records under the California Public Records Act, subject to applicable exemptions and other legal protections. Applicants should avoid sending patient-identifiable information through the general submission and use the separate secure process HCAI specifies when patient-address data is required.

Under 2 CFR 200.315(b), the federal agency retains a royalty-free, nonexclusive, irrevocable right to reproduce, publish, or otherwise use works developed under the federal award for federal purposes. The final Tribal agreement will specify applicable ownership, disclosure, and data-protection terms alongside terms.

The controlling federal requirements include the CMS Rural Health Transformation Program award and terms, the approved CalRHT initiative, 2 CFR Part 200, and applicable HHS requirements. The executed Tribal agreement will identify the provisions that flow down to the THP, including financial controls, procurement, civil rights, privacy and security, required disclosures, records, audit access, remedies, and closeout.

22. Media and Public Information

HCAI coordinates information it releases about CalRHT awards. Recipients should follow the final agreement and HCAI instructions for public statements, funding acknowledgments, and release of program materials.

The WDRR and EHR grant guides require subrecipients to send grant-related press releases to HCAI for review at least two weeks before planned publication. THPs should

use that lead time for Tribal Set-Aside publicity and coordinate media statements with HCAI. The federal funding acknowledgment in this guide should accompany public material when required by the final agreement.

23. Program Resources

Resource	Location
CalRHT grant funding information	https://hcai.ca.gov/rural-health/calrht/funding/
Submission portal	Application Link: Tribal Set-Aside Noncompetitive Grant Funding
Budget, workplan, and attestations	HCAI will post the Tribal forms and versions with the pilot package on the CalRHT Grant Funding page.
Agreement and federal terms	The Tribal Set-Aside Subrecipient Agreement and exhibits will be posted on CalRHT Grant Funding page.
Secure patient data transfer	If applicable, HCAI will provide patient-address file and secure-transfer instructions separately from the general noncompetitive application package submission.
Tribal application assistance	California Rural Indian Health Board (CRIHB) Email: CalRHT.ta@crihb.org
CMS rural service guidance	https://www.cms.gov/files/document/5-year-service-commitment-fact-sheet.pdf

24. HCAI Department Contact

For CalRHT application and program questions, contact info@calruralhealth.org or call: 855-CAL-RHTP (855-225-7487).

For general CalRHT questions, contact CalRHT@hcai.ca.gov.

25. Attachments and Appendices

The following appendices summarize the information needed to prepare and review the Tribal Set-Aside award package. HCAI will identify the final forms and agreement exhibits in the published program materials.

Appendices A through D describe the submission checklist, 50% rural-patient verification, budget and workplan content, and approval conditions. HCAI will post the final forms, agreement, and any addenda with the Tribal Set-Aside package on its CalRHT funding page.

Appendix A Submission Checklist

Use this checklist to prepare the THP's submission. The final portal and published forms will identify the required fields and sequence.

Component	Information to Prepare
THP and site profile	Legal name, Tribal ownership and operation, contacts, authorized representative, clinic and training sites, and applicable identifiers.
Eligibility pathway	Rural clinic evidence or 50% rural-patient information, as applicable.
Selected activities	Short description of each selected recruitment and retention, EHR, or FM-OB activity and its sites or partners.
Costs and schedule	Estimated share of the allocation, planned costs, timing, and activity-appropriate milestones or deliverables.
Attestations	Authorized signature and the rural-patient or other certifications HCAI requires.

Appendix B Rural Patient Verification

HCAI verifies whether at least 50 percent (50%) of patients are rural residents for a THP using the rural-serving pathway and for each proposed FM-OB training site. One verification may serve both purposes for the same site. The THP supplies a prior-calendar-year patient-address file through HCAI's separate secure process. HCAI classifies the addresses and provides the result; the THP should not email the file or attach it to the general submission.

For the rural-serving THP pathway, an authorized Tribal official must sign the rural-patient attestation confirming the THP has a site that serves at least 50% rural residents in the form HCAI publishes. For a rural THP's FM-OB training site, the authorized representative's submission certification covers the file's accuracy, and HCAI verifies the 50 percent (50%) threshold has been met.

Verification Item	Information or Action
Site profile	Identify the THP, legal entity, site name and address, prior calendar year, and whether the site supports THP eligibility, FM-OB training, or both.
Patient address file	Request the secure file instructions or assistance if needed, then submit the address file through the separate HCAI process.
HCAI result	HCAI classifies addresses, calculates the rural percentage, and identifies any follow-up needed before it finalizes the test.
Attestation	Complete the authorized-representative certification and, when the rural-serving THP pathway applies, the separate rural-patient attestation signed by the Tribal official HCAI designates in the final package.

Appendix C Budget and Workplan Content

The final budget and workplan should show what the THP will do, where, with whom, for what cost, and during which part of BP1. Each planned cost should connect to an approved activity and evidence of completion.

Selected Use	Activity-Specific Detail for HCAI Approval
Recruitment and retention	Proposed roles or positions, qualifying rural site, recruitment or retention mechanism, estimated cost, intended result, and documentation. Identify any individual incentive for HCAI service-obligation review.
EHR modernization	Current and proposed EHR, first adoption or replacement, sites, vendor or procurement approach, implementation steps, costs by applicable category, go-live evidence, other funding, and sustainability plan.
FM-OB fellowship	Existing or proposed sponsor, THP training-site role, faculty and preceptor capacity, proposed fellows or slots, organizational costs, schedule, 50% rural-patient verification, and partnership documentation.

Appendix D Approval Conditions

HCAI's review establishes whether the THP and proposed award meet the published conditions. The final award decision is based on verified eligibility, allowable activities and costs, adequate documentation, an approved budget and workplan, and agreement execution.

Review Area	Condition for Approval
THP eligibility	Tribal ownership and operation and one site pathway are verified.
Selected uses	Activities are available under the pathway and fit the final Tribal Set-Aside allowable-use rules.
Costs and implementation	The formula amount, costs, timing, budget, and workplan are reconciled and approved.
Federal and state compliance	Required registration, certifications, attestations, documentation, and award conditions are satisfied.
Agreement	The authorized THP representative and HCAI execute the final agreement.