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

October 12, 2026

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

   The Tribal Set-Aside is a Budget Period 1 (BP1) noncompetitive program award. 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. **Who is eligible to apply?**

   Eligible applicants are Tribal Health Programs (THP) 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, reviews program and budget materials, approves the scope and amount, and administers the award agreement.

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 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 additional amount per eligible rural clinic site.
- **Urban-located, rural-serving THPs**: $100,000 base award for activities related to Family Medicine with Obstetrics (FM-OB) Fellowship Program only.

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 drawn down by September 30, 2027.

5. 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 FM-OB.

6. 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.

7. 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.

8. 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. Please note, all program milestones and grant funds need to be fully spent on this program by September 30, 2027.

- **Family Medicine with 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.

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

Allowable uses of funds are specific to each activity. In general, California Rural Health Transformation (CalRHT) funds cannot be used to pay for 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.

10. What does the application process require?

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

- Confirm Tribal Health Program (THP) and site information
- Choice of funding programs; provide descriptions and estimated funding needs
- Describe costs and milestones
- Sign and submit; authorized representative signs
- Executive Officer Attestation (for urban-located, rural-serving THPs)

11. 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.

12. 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 sign the rural-patient attestation and submit the information confirming the THP has a site that serves at least 50% rural residents in the form HCAI publishes. HCAI will verify the 50% threshold has been met.

13. What is the timeline for applications?

Dates will be finalized in the published Tribal Set-Aside Request for Application (RFA). Timeline:

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

14. 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.

15. 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.

16. Can funds be used alongside other California Rural Health Transformation (CalRHT) grants?

Yes. Tribal Health Programs (THPs) may also participate in the competitive applications for the Workforce Development Recruitment and Retention and/or Electronic Health Records (EHR) Modernization Programs, but all activities must be financially and operationally distinct. CalRHT funds may not be used to pay twice for the same activity or replace another source of funding.

17. 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 report monitoring and tracking is available through the Rural Technical Assistance Center (RTAC).

18. 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.

19. Will there be any additional support services provided 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:** Increasing Tribal access to funding opportunities and helping applicants understand requirements and submit complete, ready-to-review applications.
- **Grant Management and Implementation Support:** Supporting THPs in successful implementation of funded programs
- **Financial and Reporting Support:** Strengthening Tribal capacity to meet financial, performance, and compliance reporting requirements.
- **Training and Capacity Building:** Building long-term administrative and programmatic capacity within THPs).
- **Data Quality and Performance Improvement:** Improving 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:** Supporting Tribal recipients in maintaining compliance with all grant requirements.

20. 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 to Center for Medicare and Medicaid Services (CMS).

21. Who can applicants contact for questions?

Applicant may contact the following depending on their 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.

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.