



CALIFORNIA
RURAL HEALTH TRANSFORMATION

Tribal Set-Aside Program

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WDRR, EHR Modernization, and FM-OB Fellowship

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.

California Rural Health Transformation (CalRHT) Program

Vision

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, whole person care close to home, **supported by a sustainable workforce, modern technology and data infrastructure.**

CalRHT will expand 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

Rural Collaboratives implement care models built on a skilled workforce and effective technology to strengthen access, quality, and sustainability.



Workforce Development

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



Technology & Tools

Modernize rural health IT: telehealth and eConsults, interoperability, cybersecurity, and patient-facing digital tools via shared services.

CalRHT by the Numbers

BUDGET PERIOD 1

CalRHT prioritizes investments that demonstrate readiness, measurable impact, and long-term sustainability.

The program emphasizes accountability, transparency, and responsible stewardship of federal funding.

Investments are intended to create infrastructure and capacity that continue benefiting rural communities after the grant funding ends.

\$233.6M

CMS/HHS Budget Period 1 investment

2.7M+

rural Californians served

57 of 58

California counties contain rural areas

\$11.65M

Tribal Set-Aside (5% of the award)

Budget Period 1 Grants & Programs



TRANSFORMATIVE CARE MODEL

\$39.01M

Accelerator Partners

\$35M

Transformative Payments

\$11.5M*

Expand and Support Rural Workforce Capacity (Family Medicine with Obstetric Fellowship)

\$2M

Train-the-Trainer (Skill-Building Programs)



WORKFORCE DEVELOPMENT

\$54.17M

Workforce Development Recruitment and Retention

\$6.99M

Career Pathways

\$6.4M

Rural Clinical Placement Support and Training Pathways



TECHNOLOGY AND TOOLS

\$11.65M

Electronic Health Records (EHR) Modernization

5%

of the Budget Period 1 award is a Tribal Set-Aside*

\$11.65M

allocated for the Tribal Set-Aside

\$233.6M

Budget Period 1 federal award

*The 5% Tribal Set-Aside (\$11.65 million of the \$233.6 million Budget Period 1 federal award) serves as a funding floor for California's federally recognized Tribes and the rural Tribal healthcare delivery system, with Tribal entities also eligible to apply through RFAs.



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Tribal Set-Aside Partnership



Tribal Partnership and Support



OUR PARTNERSHIP

**Working side by side
with Tribal
communities**

**Tribal Chairs · Tribal Health Leaders ·
RHPC · CRIHB**

DEDICATED FUNDING

Dedicated funding for federally recognized Tribes and the rural Tribal healthcare delivery system

Supports participation in CalRHT initiatives · Promotes equitable access to transformation investments

TECHNICAL ASSISTANCE

California Rural Indian Health Board (CRIHB): liaison between CalRHT and Tribal partners

Technical assistance, funding navigation, and implementation support

TRIBAL CONSULTATION CONVENINGS

Formal consultation process

Engages Tribal Chairs and Tribal Health Leaders · Informs priorities, program design, and implementation decisions



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CRIHB's Role in Helping THPs Access Funds

Grant Readiness & Application Support



Conduct organizational readiness assessments



Review eligibility requirements and allowable cost categories



Assist with project planning and scope development



Develop application narratives and supporting documentation



Support budget development and justification



Help identify the appropriate funding opportunity (WDRR, EHR Modernization, and/or FM-OB)

CRIHB's Role as Your Technical Assistance Partner

Grant Opportunity Evaluation & Selection



CRIHB SUPPORT

**Together, we
will:**

01

Assess organizational goals, workforce needs, and infrastructure priorities

02

Evaluate eligibility for WDRR, EHR Modernization, and FM-OB Fellowship funding opportunities

03

Identify opportunities to leverage multiple grants while avoiding supplanting and duplication of costs

04

Align grant investments with strategic workforce, clinical, and operational objectives

05

Prioritize projects that create long-term organizational value and sustainability



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Grant Details & Allowable Uses of Funding



Tribal Set-Aside Grant Overview



TRANSFORMATIVE CARE MODEL (FM-OB)

Expand & Support Rural Workforce Capacity: Family Medicine Obstetric (FM-OB) Fellowship Program

FM-OB expands access to high-quality maternity and perinatal care by increasing the number of family physicians with advanced obstetrics training in rural communities.



WORKFORCE DEVELOPMENT (WDRR)

Workforce Development Recruitment and Retention (WDRR) Grant

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



TECHNOLOGY & TOOLS (EHR)

Electronic Health Records (EHR) Modernization Grant

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



Exciting news! Eligible Tribal Health Programs (THPs) are allowed to apply for one or all of the competitive grants, in addition to participating in the grant process for Tribal Set-Aside funds.

Tribal Set-Aside Eligibility

Who can apply, and to how many grants

Rural Tribal Health Programs

REQUIREMENTS



At least one HRSA-defined rural clinic site



Licensed clinician practicing onsite at clinic

3

Eligible to apply to all three grants

WDRR · EHR Modernization · FM-OB Fellowship

Urban-Located, Rural-Serving Tribal Health Programs

REQUIREMENTS



Patient population at least 50% rural residents



Licensed clinician practicing onsite at clinic

1

Eligible to apply to one grant

FM-OB Fellowship



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Budget Period 1 Funding

Rural Tribal Health Programs



Workforce Development Recruitment & Retention



EHR Modernization



Expand & Support Rural Workforce Capacity (FM-OB Fellowship)

\$200,000

Baseline Allocation for Tribal Health Programs with at least one clinic site in a rural area

Urban-Located, Rural-Serving Tribal Health Programs



Expand & Support Rural Workforce Capacity (FM-OB Fellowship)

\$100,000

Baseline Allocation for Tribal Health Programs with no rural sites. This is the maximum amount of funding

Remaining funds will be equally distributed to each eligible rural clinic site operated by a rural THP.



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Tribal Set-Aside Grants

WDRR Grant



WORKFORCE DEVELOPMENT

Workforce Development Recruitment and Retention (WDRR) Grant

EHR Modernization Grant

FM-OB Fellowship Program

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

Budget Period 1 Funding

\$200,000

Baseline Allocation for Tribal Health Programs with at least one clinical site in a rural area, and at least one licensed clinician practicing onsite.



All funding must be
drawn down by
September 30, 2027

WDRR Program Goals

Focus on increasing Primary Care and Maternal Health Teams



Reduce **vacancy rates**



Improve **recruitment and retention** of rural health professionals



Support a **responsive and sustainable** healthcare workforce



Improve **continuity of care**



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HCAi
Department of Health Care
Access and Information

WDRR Allowable Uses of Funds



Recruitment & retention bonuses

Paid directly to licensed Health Professionals; tied to a five (5) year rural service commitment



Clinical training capacity

Training, faculty, and preceptor capacity-building activities



Shared regional staffing pools

Across rural facilities



Regional coordination

Coordination and scheduling infrastructure



Tribal health programs

Tribal health program recruitment and retention efforts



Program costs allowance

Up to 10% of the total award, for documented Subrecipient staff time coordinating WDRR

WDRR 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

Examples of Allowable Professions



Maternity Care

- Ob/Gyn and Family Medicine
- Certified Nurse Midwives
- Licensed Midwives
- 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



Community-Based Direct Care Professionals

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



Nurses

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

Technical Assistance for WDRR Funding

How CRIHB's technical assistance supports access to funding



Workforce Assessment & Planning

- Facilitate workforce needs and vacancy assessments
- Identify WDRR-eligible priority professions
- Analyze workforce gaps and recruitment challenges
- Develop workforce investment and implementation roadmaps



Recruitment & Retention Planning

- Develop recruitment and retention strategies
- Design workforce incentive frameworks
- Align workforce priorities with allowable WDRR funding
- Support planning for recruitment and retention investments



Training Capacity Development

- Connect organizations with training and workforce partners
- Develop preceptor and clinical training frameworks
- Explore regional workforce collaboration opportunities
- Support planning for shared staffing and training models



Performance & Reporting

- Provide reporting templates and tracking tools
- Establish workforce performance measures
- Track recruitment, retention, and vacancy outcomes
- Support grant compliance and reporting requirements

Tribal Set-Aside Grants

WDRR Grant

EHR Modernization Grant

FM-OB Fellowship Program



TECHNOLOGY & TOOLS

Electronic Health Records (EHR) Modernization Grant

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.

Budget Period 1 Funding

\$200,000

Baseline Allocation for Tribal Health Programs with at least one clinical site in a rural area, and at least one licensed clinician practicing onsite.



All funding must be drawn down by
September 30, 2027

EHR Modernization Grant

Ensure Technology Systems Support Efficient Care Delivery



Adopt or replace needed EHR systems



Adoption and configuration of a **first-time** EHR



Effectively and securely **exchange** patient data



Replacing an existing EHR system

EHR Allowable Uses of Funds



First-time adoption and configuration of a certified EHR



Replacement of an existing EHR with a certified EHR

Applicants will submit a budget across the following allowable Cost Categories.



EHR Software Licensing and Subscription Fees



Implementation and Configuration



Data Migration



Interface & Interoperability Development



Training and Change Management



IT hardware and Equipment



Program Costs Allowance (up to 10%)

EHR Unallowable Costs



Upgrades or optimization

Of an existing EHR



HIE/QHIO fees

Onboarding and participation fees



Indirect costs

A program costs allowance of up to 10% applies instead



Pre-award costs and construction



Technical Assistance for EHR Modernization Funding

How CRIHB's technical assistance supports access to funding



Funding & Project Readiness

- Discuss EHR modernization goals and priorities
- Share funding guidance and eligible use examples
- Support project planning conversations
- Provide resources to assist with grant readiness



Vendor & Project Coordination

- Support organizations as they engage with vendors
- Help identify key questions and planning considerations
- Share implementation planning resources and templates
- Facilitate discussions to support project progress



Technology Modernization Support

- Provide guidance on allowable funding categories
- Share resources related to data migration and interoperability planning
- Support discussions regarding infrastructure needs
- Connect organizations with peer learning opportunities and best practices



Training & Adoption Support

- Share training and change-management resources
- Provide tools to support workforce engagement
- Share lessons learned and best practices from similar projects
- Support development of implementation tracking and outcome measures

Tribal Set-Aside Grants

WDRR Grant

EHR Modernization Grant

FM-OB Fellowship Program



TRANSFORMATIVE CARE MODEL

**Expand & Support Rural
Workforce Capacity: Family
Medicine Obstetric (FM-OB)
Fellowship Program**

FM-OB expands access to high-quality maternity and perinatal care by increasing the number of family physicians with advanced obstetrics training in rural communities.

Budget Period 1 Funding

\$200,000*

Baseline Allocation for Tribal Health Programs with at least one clinical site in a rural area, and at least one licensed clinician practicing onsite.

*All funding must be drawn down by **September 30, 2027**.

Budget Period 1 Funding

\$100,000*

Baseline Allocation for Urban-located, Rural-serving Health Clinic

FM-OB Fellowship Program Overview

Part of the Transformative Care Model



Expands access to high-quality maternity and perinatal care in rural and Tribal communities by training more family physicians in advanced obstetrics.



THPs can receive non-competitive funding to partner with a sponsoring institution and build the capacity needed to serve as FM-OB rural training sites.



A sponsoring institution operates the Fellowship, which is a graduate medical education (GME) sponsor.

FM-OB Fellowship Program Process

01

Find or confirm a Sponsoring Partner

Identify an existing or aspiring FM-OB fellowship sponsoring (GME) institution willing to place fellows at your site. Partner lists will be finalized after FM-OB grant subawards. CRIHB can assist in making connections.

02

Define your Training-Site Role

Work with the sponsor to outline fellow activities, supervision, and scheduling. A letter of intent or MOU can come later; it is not required at initial application.

03

Apply through the Tribal Set-Aside

Complete the short FM-OB section of the Tribal Set-Aside application. CRIHB and HCAI can help at every step.

FM-OB Allowable Uses of Funds

Programmatic and infrastructure costs of expanding rural FM-OB fellowship capacity, such as:



Faculty effort
and preceptor
support



Administrative and
program
operations



Teaching,
curriculum, and
didactic
infrastructure



Regional shared
services



Development of
Tribal and rural
FM-OB training
sites

FM-OB Unallowable Costs



Individual provider support



Supplanting; replacing State, local, tribal, or private funds already budgeted



Provider payments and duplicative payments



New construction or major capital



Pre-award costs, lobbying, and other prohibited costs



Duplication across CalRHT initiatives

Technical Assistance for FM-OB Fellowship Funding

How CRIHB's technical assistance supports access to funding



Partnership Support

- Share potential partnership resources
- Facilitate connections with sponsoring institutions
- Support early planning discussions



Educational Support

- Share curriculum-planning resources
- Support training-site readiness discussions
- Provide peer-learning opportunities



Administrative Support

- Provide templates and planning tools
- Support timeline and milestone tracking
- Share grant reporting and documentation resources



Faculty & Preceptor Support

- Share planning tools and promising practices
- Support discussions about faculty and preceptor needs
- Connect organizations with training resources



Application Process



Request for Application (RFA)

Application Components



Eligibility



Use of funding



Budget & Milestones



Certification & Submission

Reporting Requirements



Expenditures



Progress



Maintain records



Comply with federal requirements

Request for Application (RFA)

Eligibility and Award Determination

An eligible THP is a healthcare program owned and operated by a federally recognized Tribe(s) that meets one of the site pathways below. HCAI verifies eligibility.

	Rural THP	Rural-serving THP
Qualifying site	At least one HRSA-defined rural clinic site with a licensed clinician practicing at the site	No rural clinic site; at least one clinic site with a licensed clinician and a patient population at least 50% rural, verified by HCAI
Funding options	Recruitment & Retention; EHR Modernization; FM-OB Fellowship	FM-OB Fellowship only
Base allocation per THP	\$200,000	\$100,000
Rural-site allocation	Additional formula amount for each confirmed eligible rural clinic site	No rural-site allocation

AWARD CALCULATION

Rural THP

\$200,000 + (eligible rural sites × per-site amount)

Urban-located, rural-serving THP

\$100,000 base only

Per-site amount = the balance of the \$11.65M after all base allocations, divided by total confirmed eligible rural clinic sites. HCAI calculates and communicates each amount; applicants do not calculate the denominator.



Request for Application (RFA)

Application Section 1: Confirm Eligibility and Location Sites

APPLICANT INFORMATION

- THP name
- Legal entity that signed the agreement
- Federally recognized Tribe
- Legal business address
- UEI (12-character; HCAI must receive before subaward)
- Organization's tax ID
- National Provider Identifier



Primary Contact

Name, title, email, phone. The contact HCAI will communicate with.



Authorized Representative

Name, title, email, phone. Can provide or receive information if the primary contact is unavailable.

SELECT ELIGIBILITY PATHWAY

- ☐ Rural THP ☐ Urban-located, rural-serving THP ☐ HCAI review needed



Confirm clinic sites

1

Clinic site name and full address

2

Operating entity, if different

3

Rural status (HCAI will verify)

4

Licensed clinician on site?

Request for Application (RFA)

Application Section 2: Choose Funding Uses

Applicants provide a proposed share of their allocation for every grant selected.



WDRR

WORKFORCE DEVELOPMENT

FOCUS

- ☐ Recruitment
- ☐ Retention
- ☐ Organizational Workforce Capacity



EHR

TECHNOLOGY & TOOLS

FOCUS

- ☐ First-time EHR
- ☐ Replacement
- ☐ Other proposed EHR enhancement



FM OB

TRANSFORMATIVE CARE MODEL

FOCUS

- ☐ Existing Sponsor
- ☐ Proposed Sponsor
- ☐ Assistance is requested

Request for Application (RFA)

Application Section 3: Budget and Implementation

HOW TO COMPLETE

01

Open the budget template

Provided in the application portal based on the selected grant program: WDRR, EHR Modernization, or FM-OB.

02

Show your share by use

At initial submission, identify planned cost categories and the share of the allocation for each selected use.

03

Link, calculate, add milestones

Link each cost to a funding option, add a brief calculation where helpful, and enter indirect cost information if applicable. Also add implementation milestones that align with your proposed activities.



Request for Application (RFA)

Application Section 4: Certify & Submit

GRANT APPROVAL PROCESS

Award requirements and agreement

An official authorized to bind the THP signs attestation documents, which includes:

Award Requirements

- Approved uses & costs
- Reporting
- Records, payments, and closeout



Grant Subrecipient Agreement

WHAT APPLICANTS SIGN

Documents to sign in RFA



Consolidated Certification



Rural-Service Attestation and Verification



Rural-Service Attestation by Authorized Tribal Signatory



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Questions



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Key Dates & Resources



Key Dates

01 Applications

**October 26 –
November 20**

Application portal is open for eligible Tribal Health Programs

02 Selection

**November –
December**

HCAI reviews applications, and confirms eligibility

03 Subrecipient Agreements

December

HCAI and subrecipients sign grant agreements

04 Grant Funding

**December 2026 –
September 2027**

Subrecipients must draw down funds by September 30, 2027

CRIHB's Role as Your Technical Assistance Partner

Spenddown Planning and Performance Monitoring



Strategic Spenddown Planning

TOGETHER, WE WILL:

- Develop a strategic implementation roadmap for each awarded grant
- Align allowable expenditures with project goals and grant requirements
- Establish spending milestones and expenditure targets
- Sequence activities to maximize impact and ensure timely use of funds
- Identify potential implementation barriers and mitigation strategies
- Coordinate workforce, technology, and training investments across initiatives



Performance Monitoring

TOGETHER, WE WILL:

- Establish reporting and performance tracking systems
- Monitor allowable and non-allowable expenditures
- Maintain documentation required for audits and grant reviews
- Track project outcomes and performance measures
- Ensure expenditures align with approved scopes of work
- Prepare required progress and final reports

CRIHB's Role as Your Technical Assistance Partner

Drawdown Support and Long-Term Impact



Drawdown & Grant Utilization Support

TOGETHER, WE WILL:

- Develop a grant expenditure schedule from award through project completion
- Monitor spending against budget and project timelines
- Track progress toward drawdown goals
- Identify underutilized funding early and recommend corrective actions
- Assist with allowable budget modifications when appropriate
- Support program requirements and reporting obligations



Sustainability & Long-Term Impact

TOGETHER, WE WILL:

- Develop sustainability plans beyond the grant period
- Integrate funded activities into ongoing operations
- Strengthen organizational capacity for future funding opportunities
- Build workforce and infrastructure investments that provide lasting value
- Position the organization for future state and federal funding opportunities

Contacts & Resources

Visit the [HCAI CalRHT webpage](https://hcai.ca.gov/rural-health/calrht/funding/) for program updates and additional resources
<https://hcai.ca.gov/rural-health/calrht/funding/>



Tribal Set-Aside Grant Guide



Tribal Set-Aside Request for Application (RFA)



FAQs



[Application Portal](#)



Webinar Presentation



**CalRHT.ta@carih.org
CRIHB Office Hours**



For inquiries, please contact us at: info@calruralhealth.org
or call 1-855-CAL-RHTP (855-225-7487)



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Thank You

