Rural Health Transformation Program

Interim Rural Health Transformation Committee
Senator Bekkedahl, Chairman

Sarah Aker | Executive Director | Medical Services

December 4, 2025

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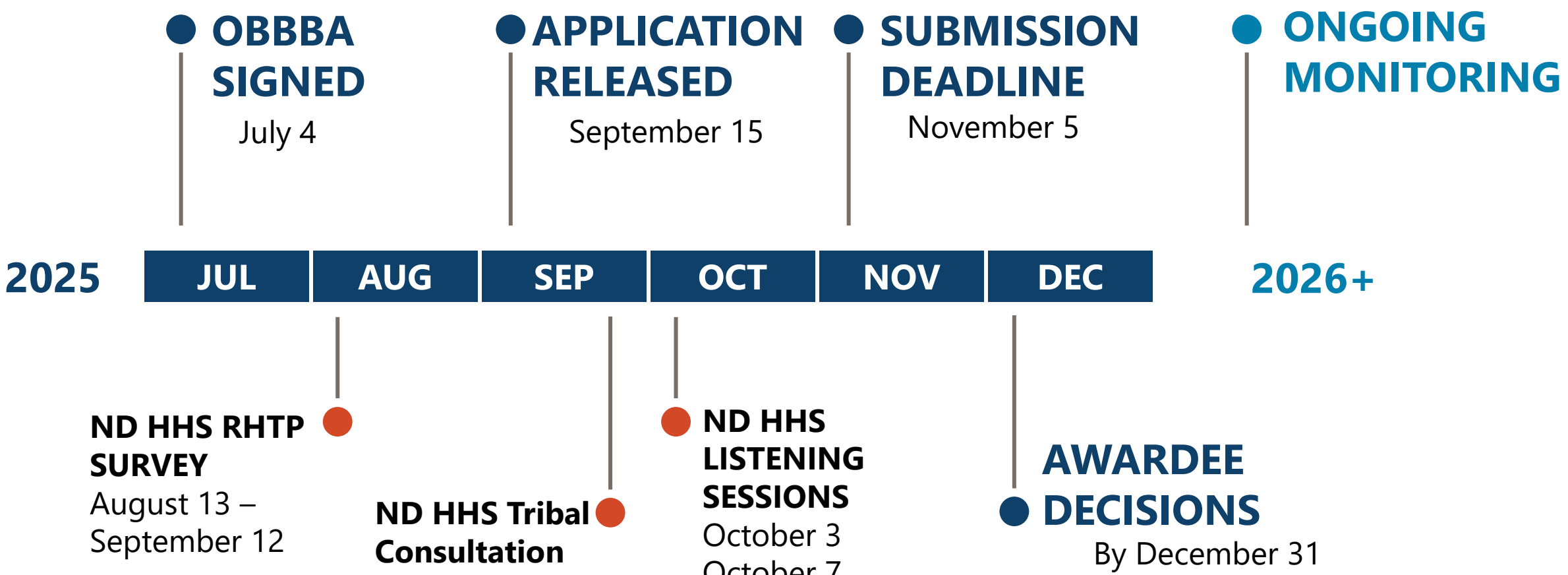
Agenda

- RHTP Submission & Proposed Governance and Project Management Structure
- Funding Allocations and Proposed Initiatives and Activities
- Provider Readiness
- Stakeholder Engagement
- Next Steps

Timeline

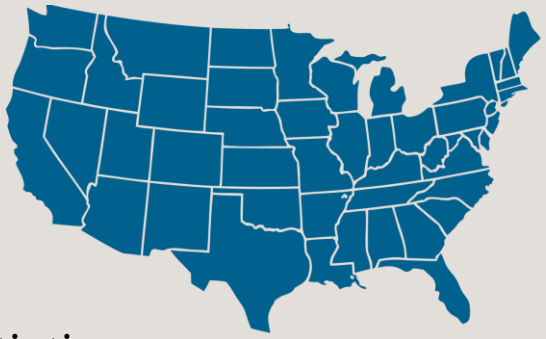
Rural Health Transformation Program



RHTP Submission

- ND HHS submitted the RHTP application on November 3.
  - SNAP Waiver submitted by HHS. Awaiting approval from USDA Food Nutrition Service (FNS).
- Application, budget narrative and supporting information available online: hhs.nd.gov/rural-health-transformation

National Context



- All 50 states submitted RHTP applications.
- Most states proposed 4-7 initiatives.
- 30 states have published their plans or summaries of their plans publicly. Key Themes from those states:
  - Technology and Data Modernization
  - Workforce Development
  - Expanding Behavioral Health & SUD Treatment Capacity
  - EMS and Mobile Care Innovations
  - Primary Care Access
  - Facility Modernization and Service Stabilization
- States also took similar approaches in governance and sustainability to North Dakota's plan.

Rural Health Transformation Governance and Project Management Structure

- HHS will use an internal Steering Committee overseen by the HHS Commissioner for project management and oversight to meet federal grant requirements.
- Each initiative will have a lead area of HHS that will provide subject matter expertise related for specific projects and awards.
- HHS will collaborate with other state entities, external partners, and stakeholders on award processes.

Note: Funding awards must be made in compliance with any federal award guidance and requirements. CMS has indicated that all sub-awards will be approved by CMS.

Anticipated Award Processes

HHS anticipates using several mechanisms to award funds:

All awards will require an agreement between HHS and the entity awarded funds.

Direct Contracts	Grants	Requests for Information (RFI)	Requests for Proposal (RFP)

- Award process will include a mechanism to ensure funding is prioritized relative to impacts to communities in need and/or rural/frontier communities.
  - Awards will be guided by subject mater experts in relevant HHS divisions.
- HHS intends to limit administrative burden as much as possible within the award process. All awards will require reporting and monitoring in compliance with federal guidance and state law or any waivers of state law.
- HHS is prioritizing stakeholder, provider, and community engagement in the award process to ensure that awards meet rural provider and community needs.

Note: Funding awards must be made in compliance with any federal award guidance and requirements. CMS has indicated that all sub-awards will be approved by CMS.

Award and Implementation Timeline

Rural Health Transformation Program

SUBMISSION DEADLINE

November 5

ND HHS SUBMITTED NOVEMBER 3

ANTICIPATED RELEASE OF SUBAWARD OPPORTUNITIES

January 2026

2025 NOV DEC 2026 JAN FEB

ND HHS PROVIDER READINESS SURVEY

November 2025

AWARDEE DECISIONS

By December 31

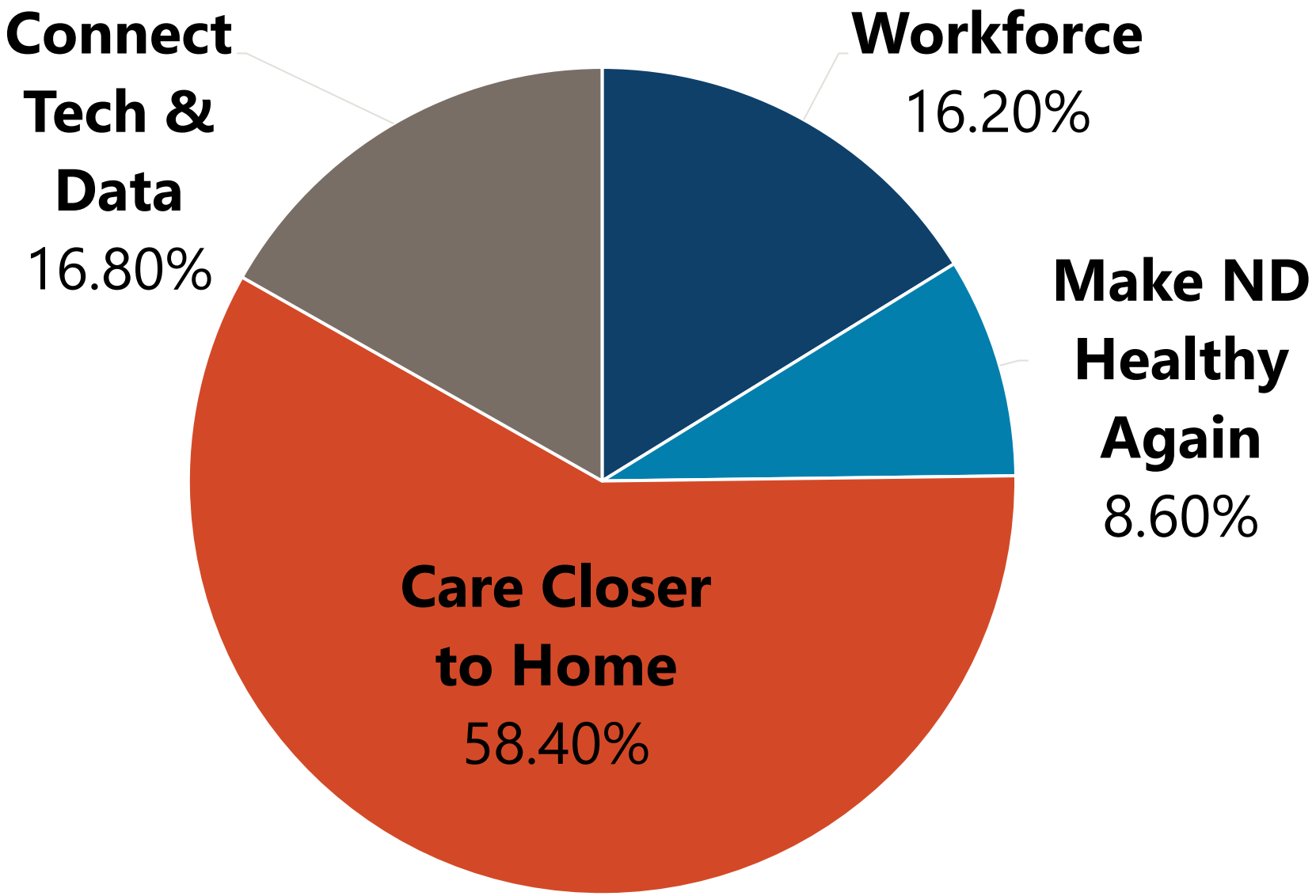
All awards will require an agreement between HHS and the entity awarded funds.

Award process will include a mechanism to ensure funding is prioritized relative to impact to communities in need and/or tribal and rural/frontier communities.

HHS intends to limit administrative burden on applying for awards. All awards will require reporting and monitoring in compliance with federal guidance.

Subawards will be released on a rolling basis.

Submitted Funding Allocations By Initiative



Note: Budget is not final; allocation percentages may change. Final funding amounts dependent on CMS scoring and award.

How do we Make North Dakota Healthy Again?

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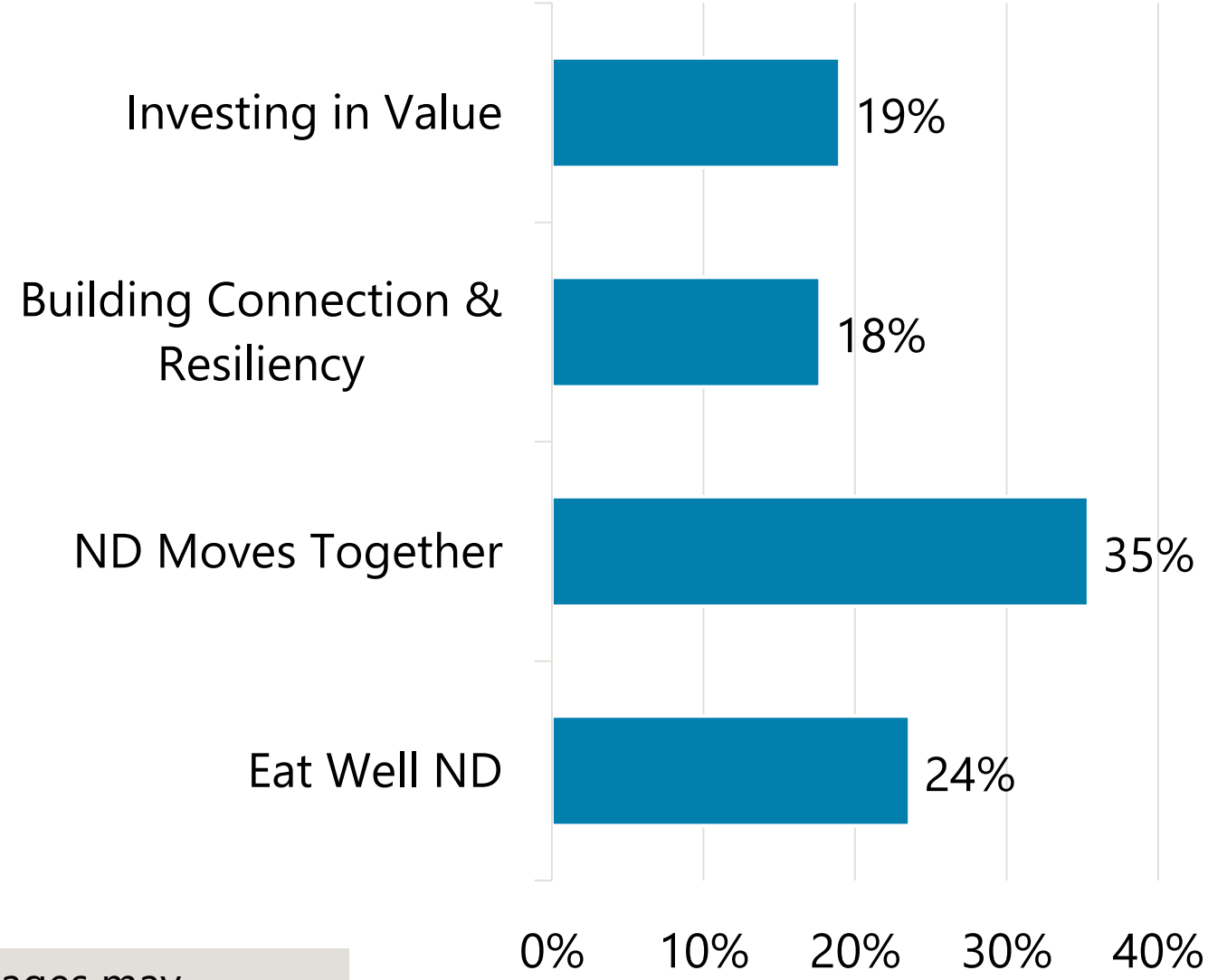
Make North Dakota Healthy Again

Draft Allocation by Key Theme

Submitted Percent of total budget: **8.6%**

Note: Budget is not final; allocation percentages may change. Final funding amounts dependent on CMS scoring and award.



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Eat Well North Dakota
Make North Dakota Healthy Again

Lead HHS Area

Public Health

- Enhance nutrition training for North Dakota providers by embedding nutrition into North Dakota's health care curriculum and developing continuing education opportunities for practitioners.
- Create trainings for health care providers to engage patients in making healthy food choices as a prescription.
- Develop education tools for parents about engaging children and families in healthy food choices to embed in Parents Lead, schools, and child care facilities.
- Develop programming for childcare facilities to expose children to healthy snack choices.
- Partner with grocery stores and others to teach North Dakotans about nutrition and preparing healthy foods.
- Engage community partners in sports, education, workplaces, and places of worship in encouraging healthy foods as part of their fellowship.
- Connect community partners to nutrition experts, dietitians, and curriculum for integrating nutrition into community programming.
- Create opportunities for farm to table food distribution in schools, senior centers, tribes and communities across North Dakota.
- Solve logistical barriers for nutritious meal and food distribution in rural communities in senior meal programs and grocery stores.
- Support community partners in cooperative purchasing or other needs to support greater access to healthy food and with technology costs related to SNAP waiver implementation.
- Increase rural access to International Board-Certified Lactation Counselors.

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North Dakota Moves Together
Make North Dakota Healthy Again

Lead HHS Area

Public Health

- Create training for health care providers focused on the benefits of physical movement including the use of prescriptions to engage patients in physical movement.
- Foster physical movement in non-traditional partners including Youth Sport Coaches, Faith Leaders and Schools, and health care providers.
- Create community challenge grants for rural communities to log community miles to unlock infrastructure to support physical movement in their community.
- Provide grants to licensed childcare centers to support physical movement including strollers, outdoor play equipment, etc.
- Expand the use of existing infrastructure to support shared use agreements between schools, providers and communities to use gyms and weight rooms on nights and weekends, including funds to accommodate more community members and ensure safety.
- Training for workplaces, educators and childcare providers on incorporating physical activity into daily activities including lesson planning and activities.
- Training and technical assistance to enhance school physical education.
- Support for communities on engaging more youth in recreation sports.
- Partnership with state parks to engage families and communities in outdoor recreation opportunities.

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Building Connection and Resiliency

Make North Dakota Healthy Again

Lead HHS Area

Behavioral Health

- Fund rural providers to implement standardized follow-up protocols after a suicide attempt.
- Provide grant funds for rural communities to design and implement best practices that promote community wellness, mental health, strengthen resiliency and prevent substance use.
- Expand Parents Lead implementation to support the behavioral health of children through a train-the-trainer model; hosting Parents Lead sessions at workplaces, faith-based and tribal organizations; and implementation of an annual parent survey.
- Supporting behavioral health programming for specialized populations in rural areas.
  - School Curriculum for Building Youth Resilience
  - School Telehealth Initiative
- Healthy Screen Use – Training and support for schools, parents and workplaces.

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Investing in Value
Make North Dakota Healthy Again

Lead HHS Area
Medical Services

- Create a Medicaid Value Based Purchasing Program for Critical Access Hospitals (CAHs).
- Explore alternative payment arrangements in Medicaid for CAHs and other low-volume settings
- Create a portal for quality reporting and data dashboards for residential facilities.
- Explore additional value-based purchasing programs and alternative payment arrangements for residential facilities and other providers.
- Create multi-payer alignment on outcomes and goals for value based and alternative payment arrangements.

Outcomes
Make North Dakota Healthy Again

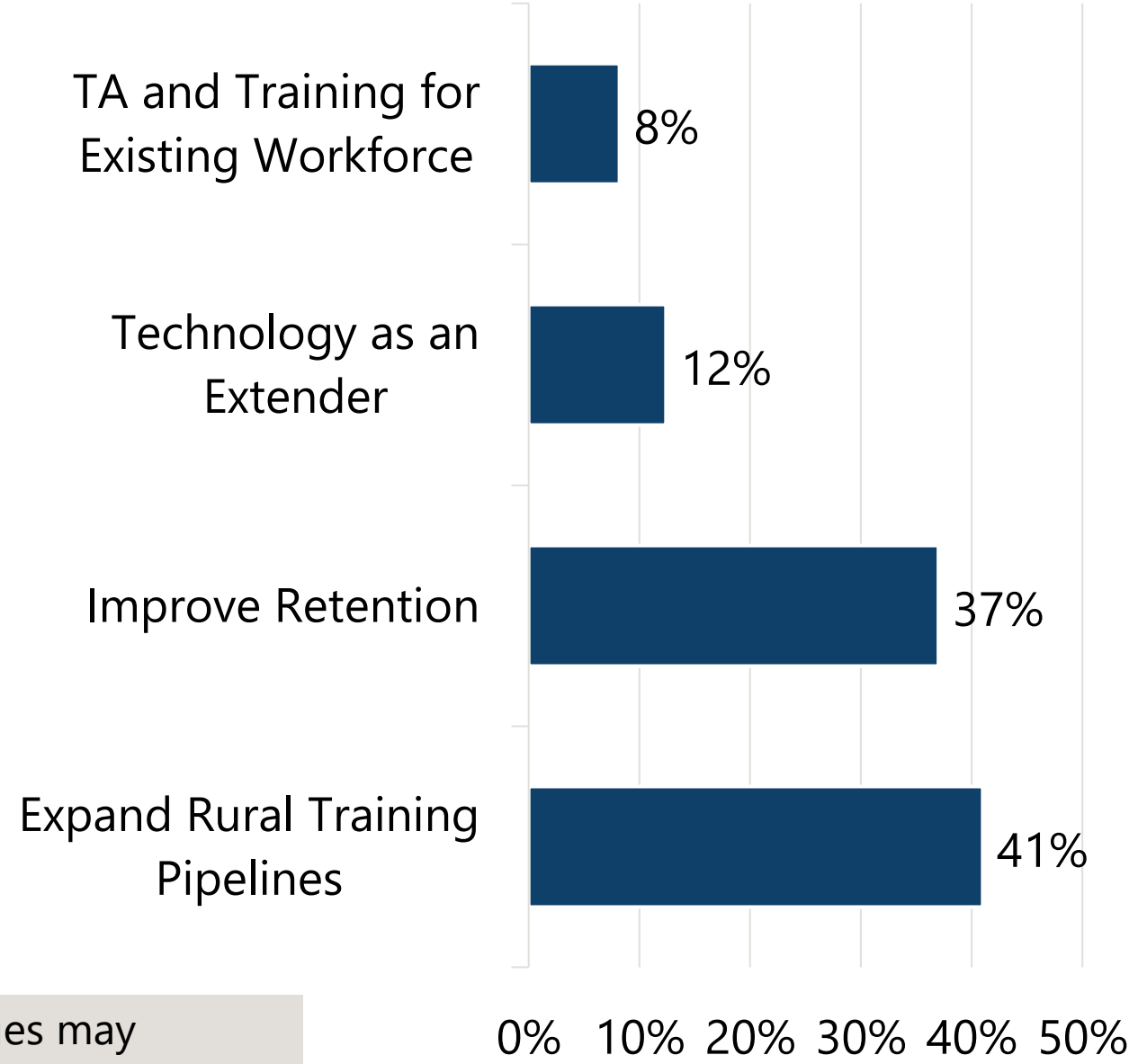
- Improve youth and adult activity and reduce obesity.
- Increase preventive screening rates.
- Increase percentage of rural providers participating in ND Medicaid VBP/APMs.
- Reduce adverse actionable events per care episode.
- Reduce chronic disease burden and risk.
- Promote mental health and prevent suicide.

Strengthen and Stabilize Rural Health Workforce

Submitted Allocation by Key Theme

Submitted Percent of total budget: **16.2%**

Note: Budget is not final; allocation percentages may change. Final funding amounts dependent on CMS scoring and award.



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Expand Rural Health Care Training Pipelines

Strengthen and Stabilize Rural Health Workforce

Lead HHS Area

Public Health

- Create new physician residency training slots including tribal-specific residencies.
- Create opportunities for existing workforce to train in place to obtain higher credentials through virtual, evening and weekend programs.
- Expand rural rotations and housing for traditional students pursuing health care careers; embed students into rural health care facilities.
- Create a Rural Health Preceptor Development Program to offer more training opportunities for students.
- Create opportunities for rural public health training and hands-on public health experience.
- Expand opportunities for health care career education in middle and high schools across North Dakota. Work with rural facilities to create opportunities for grow your own scholarship to employment.
- Expand simulator training for the health care workforce.

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Improve Retention in Rural and Tribal Communities

Strengthen and Stabilize Rural Health Workforce

Lead HHS Area

Public Health

- Create recruitment/retention grants for rural providers.
- Provide technical assistance to support best practices for retaining clinicians.
- Embed on-site childcare in rural health care facilities.

Technology as an Extender for Rural Providers

Strengthen and Stabilize Rural Health Workforce

Lead HHS Area

Public Health

- Equip health facilities with remote monitoring and smart technology to reduce reliance on physical workforce.
- Use robotics and artificial intelligence for tasks that do not require human intervention to reduce reliance on physical workforce.

Technical Assistance and Training for Existing Workforce

Strengthen and Stabilize Rural Health Workforce

Lead HHS Area

Public Health

- Support technical assistance and training initiatives in the following areas: behavioral health for non-behavioral health professionals; chronic disease management and engagement; obstetric training for primary care, rural maternal health workforce training in EMS, prenatal/postpartum care, lactation and behavioral health support; colonoscopy training program to train and certify clinicians in performing colonoscopies; pharmacist vaccine administration; and emergency preparedness and EMS.

Outcomes

Strengthen and Stabilize Rural Health Workforce

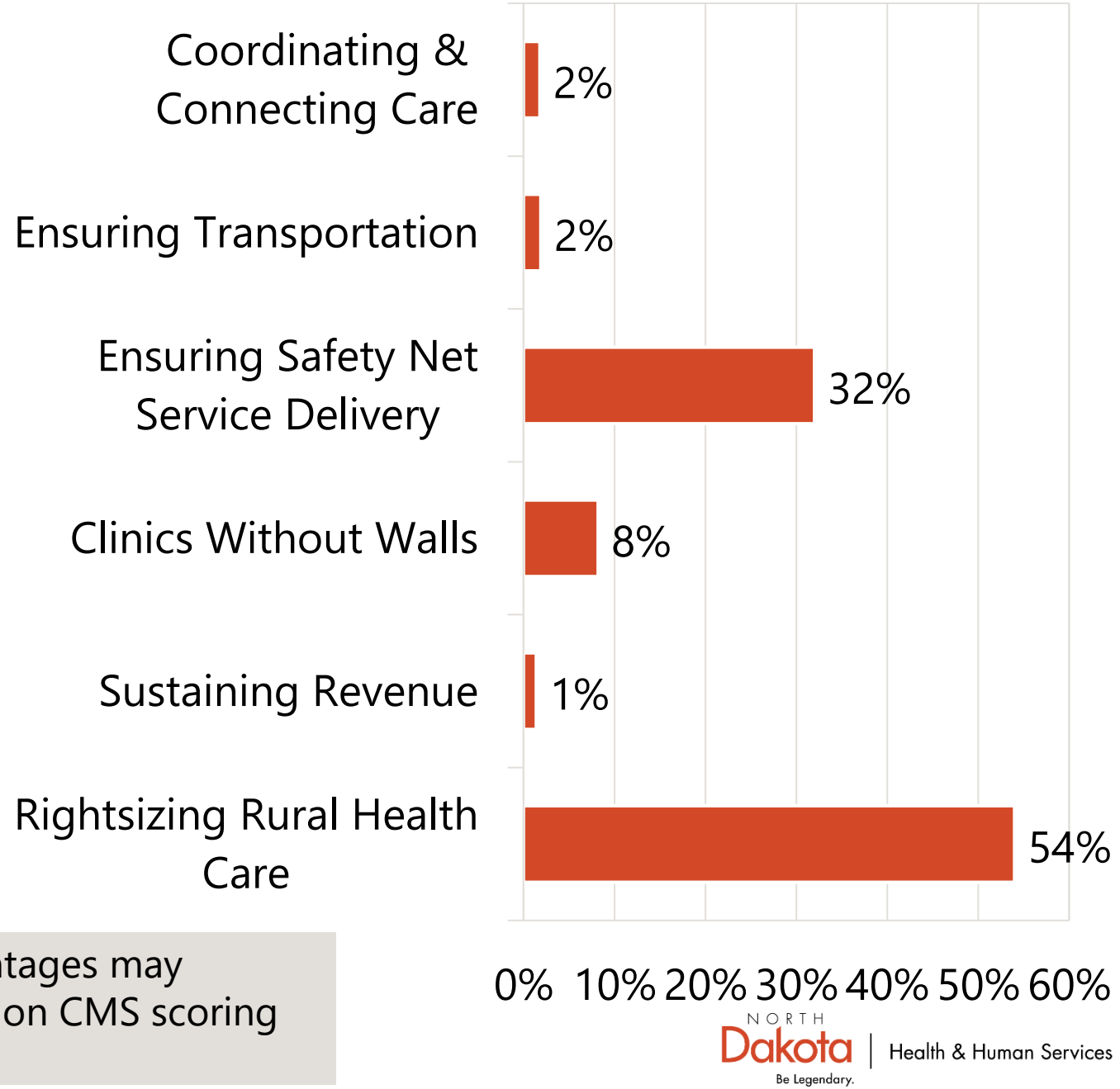
- Increase the rural provider retention rate at 3 and 5 years
- Expand remote monitoring and AI-assisted care to reduce staffing needs
- Recruit new rural providers
- Reduce Health Professional Shortage Area (HPSA) counties

Bring High-Quality Health Care Closer to Home

Submitted Allocation by Key Theme

Submitted Percent of total budget: **58.4%**

Note: Budget is not final; allocation percentages may change. Final funding amounts dependent on CMS scoring and award.



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Rightsizing Rural Health Care Delivery Systems for the Future

Bring High Quality Health Care Closer to Home

Lead HHS Area

Medical Services

- Technical assistance for providers planning a licensure or scope change.
- Right size remodeling and technology for providers choosing to right size existing facilities to fit current community needs.
- Modernization and technology for residential facilities to reduce need for in-person workforce or to meet licensure requirements for new billing pathways.

Sustaining Revenue

Bring High Quality Health Care Closer to Home

Lead HHS Area

Medical Services

- Technical assistance for providers to explore and diversify their revenue streams.
- Technical assistance for small providers about business practices.

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Clinics without Walls

Bring High Quality Health Care Closer to Home

Lead HHS Area

Public Health

- Create telehealth infrastructure for local primary and specialty care in communities without a health care provider
- Create a telehealth network.
- Mobile clinic expansion for delivering primary care, behavioral health care, specialist care, and dental care.
- Purchase remote monitoring devices or apps and technical assistance and training to integrate into provider EHR and workflow.
- Transform primary care, dental, behavioral health and other outreach care to individuals at home or non-traditional care sites.
- CHW and community paramedic infrastructure, training, and certification start up grants.

Ensuring Safety Net Service Delivery

Bring High Quality Health Care Closer to Home

Lead HHS Area

Medical Services & Public Health

- Technical assistance, training, equipment and remodeling grants for providers filling a gap in the current service delivery system or expanding outreach and telehealth supports to underserved communities.
- Rural ambulance telehealth and EHR connectivity and equipment upgrades.
- Planning and technical assistance grants for consolidating rural ambulance districts and partnering with health care organizations; explore centralized medical command and dispatch.
- Enhanced first responder program to place a first responder in townships.

Ensuring Transportation

Bring High Quality Health Care Closer to Home

Lead HHS Area

Medical Services

- Grants to existing organizations to purchase accessible vans or transportation vehicles for non-emergency medical transportation from rural areas to care delivery.
- Technology grant to develop a Medicaid NEMT billing app for Medicaid member and volunteer drivers for NEMT reimbursement.

Coordinating and Connecting Care

Bring High Quality Health Care Closer to Home

Lead HHS Area

Medical Services & Public Health

- Technical assistance for ND Medicaid, private payers, and providers to develop care coordination programs for patients with chronic disease or behavioral health conditions
- Develop a closed loop referral system and community information exchange to connect providers and existing community organizations and North Dakotans to volunteer opportunities.

Outcomes
Bring High Quality Health Care Closer to Home

- Increase Telehealth / Remote Patient Monitoring (RPM) Encounters
- Reduce avoidable ED visits
- Improve Coordination of Care
- Improve Getting Care Quickly
- Improve Getting Appointments with Specialists as soon as needed

Connect Tech, Data, and Providers for a Stronger ND

Submitted Allocation by Key Theme

Submitted Percent of total budget: **16.8%**

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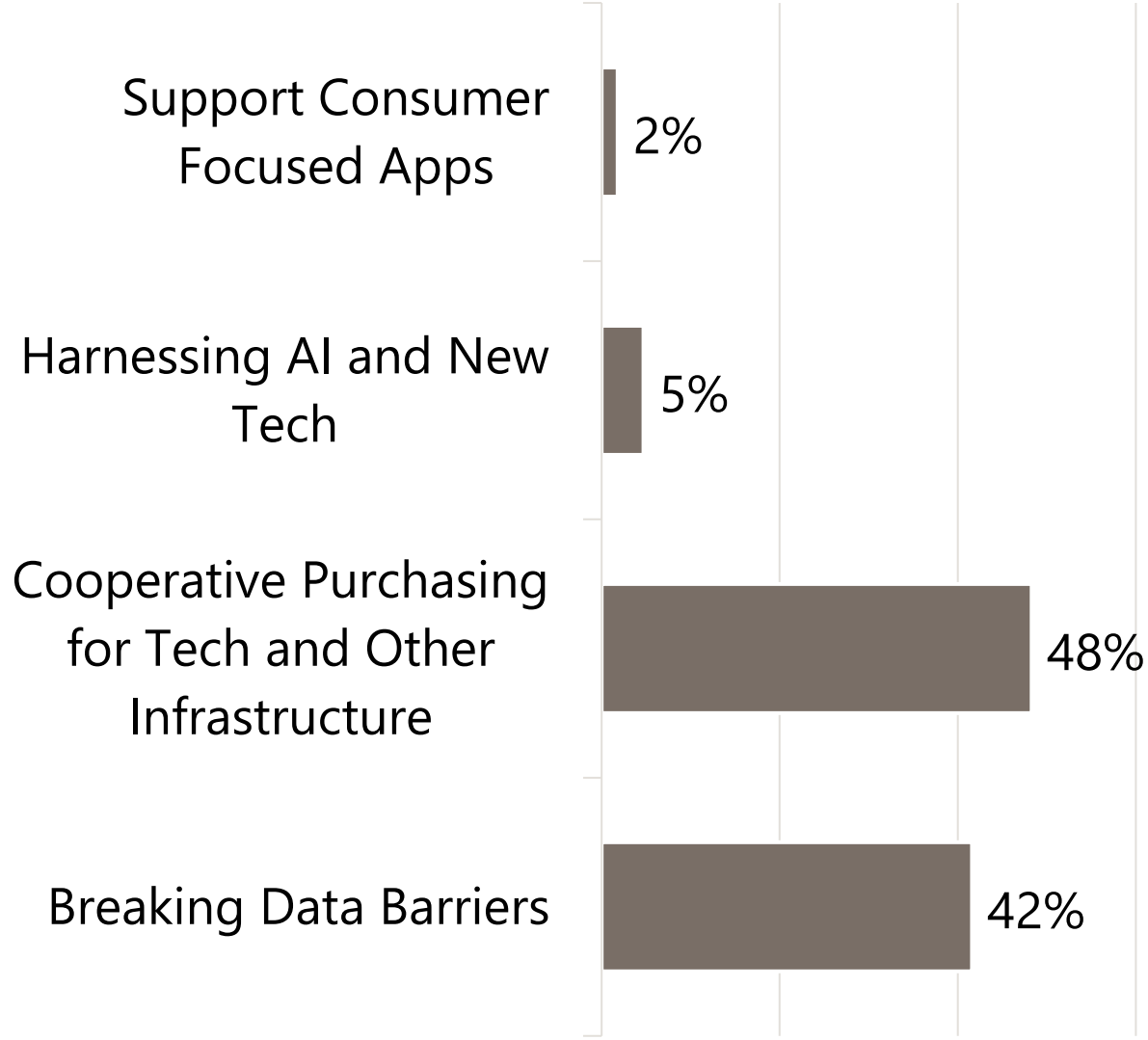

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Breaking Data Barriers

Connect Tech, Data, and Providers for a Stronger North Dakota

Lead HHS Area

Public Health

- Modernize North Dakota's health care data environment by unifying EHRs, payer data, and pharmacy data in a secure and integrated platform to improve clinical care, care coordination and increase access to population level data.
- Expand access to a unified EHR for more rural and tribal providers.
- Enhance existing EHRs with additional technology and AI add-ons.
- Implement Data Hub platform to provide a centralized location for all HHS program data.
- Enhance transparency and data infrastructure through the creation of an all payer claims database and outcome measurement tool.
- Implement a substance use monitoring program to measure and track state progress.
- Automate measurement of immunization coverage rates for Medicaid members and use of data for quality improvement.
- Promote data interoperability for providers to create a more seamless patient experience when rural patients must interact with specialty providers or between payers and providers.
- Engage non-traditional partners in the use of health data to support population health.
- Adopt a modern, robust licensure management system for hospitals, long-term care facilities, EMS personnel, nurse aide registry and other medical providers.
- Develop and administer a behavioral health workforce scan, survey and point-in-time map.

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Cooperative Purchasing for Technology and Other Health Care Infrastructure

Connect Tech, Data, and Providers for a Stronger North Dakota

Lead HHS Area

Medical Services

- Support cooperative purchasing agreements for technology including cyber security, population health tools, and electronic medical records without predatory terms.
- Support cooperative purchasing of regulatory and financial infrastructure.
- Support cooperative purchasing or use of staff, bulk purchasing of supplies and equipment.

Harnessing Artificial Intelligence (AI) and New Technology

Connect Tech, Data, and Providers for a Stronger North Dakota

Lead HHS Area

Medical Services

- Use AI to detect early signs of chronic disease and behavioral health conditions through predictive analytics.
- Expand capacity of rural providers through the use of AI.
- Expand the use of technology including drones to rapidly transport items such as laboratory samples and medical supplies.

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Support Consumer Focused Applications and Devices that Improve Health Connect Tech, Data, and Providers for a Stronger North Dakota

Lead HHS Area

Public Health

- Expand the use of automated prescription pickup kiosks.
- Enhance the capability of the state laboratory to process self-collected specimens.

Outcomes

Connect Tech, Data, and Providers for a Stronger North Dakota

- Implement all payer claims database (APCD).
- Modernized NDHHS Data Hub live with cross-program linkages.
- Annual tech cost savings via cooperative purchasing.
- Expand remote monitoring and AI-assisted care to reduce staffing needs.

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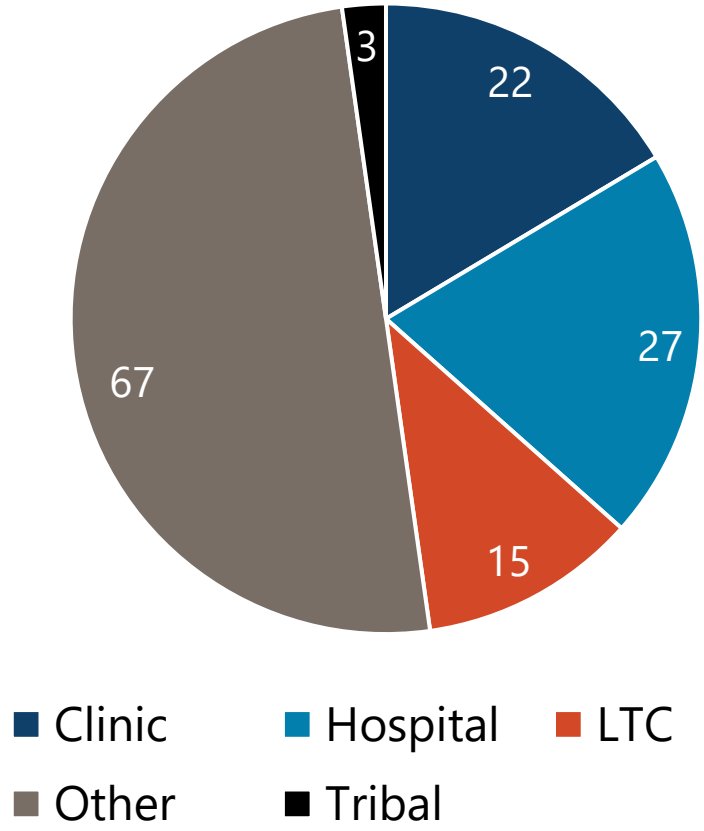
Provider Readiness Survey

- HHS conducted a Provider Readiness Survey from November 10 to December 1, 2025.
- 134 North Dakota stakeholders responded to the survey.
- Survey asked respondents to:
  - Identify Provider Recruitment/Retention Needs
  - Identify Providers with EHR Needs
  - Identify Projects Providers are Ready to Implement in First 4-5 Months
  - Overview of Readiness and Anticipated Barriers



How will HHS communicate about subaward opportunities?

- RHTP Webpage
- Email listservs
  - RHTP Listserv
  - Tribal Consultation Listserv
- HHS Committees/Councils
  - Tribal Consultation
- Listening Sessions
- RHTP Legislative Committee

Contact information

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