

Tribal Caucus - CMS Rural Health Transformation Program

October 6, 2025



Housekeeping

- This session is closed to members of the press and state and federal government officials.
- Discussion time at the end will prioritize Tribal leaders and their representatives.
- We will circulate the slides after today's presentation.



Tribal Caucus Agenda

- Welcome
- Overview of the Rural Health Transformation Program NOFO
 - Strategic Goals
 - Allowable Uses of Funds
 - Unallowable Uses of Funds
 - Stakeholder Engagement
 - Program Oversight
- What Needs Clarification
- Discussion and Q&A
- Adjournment

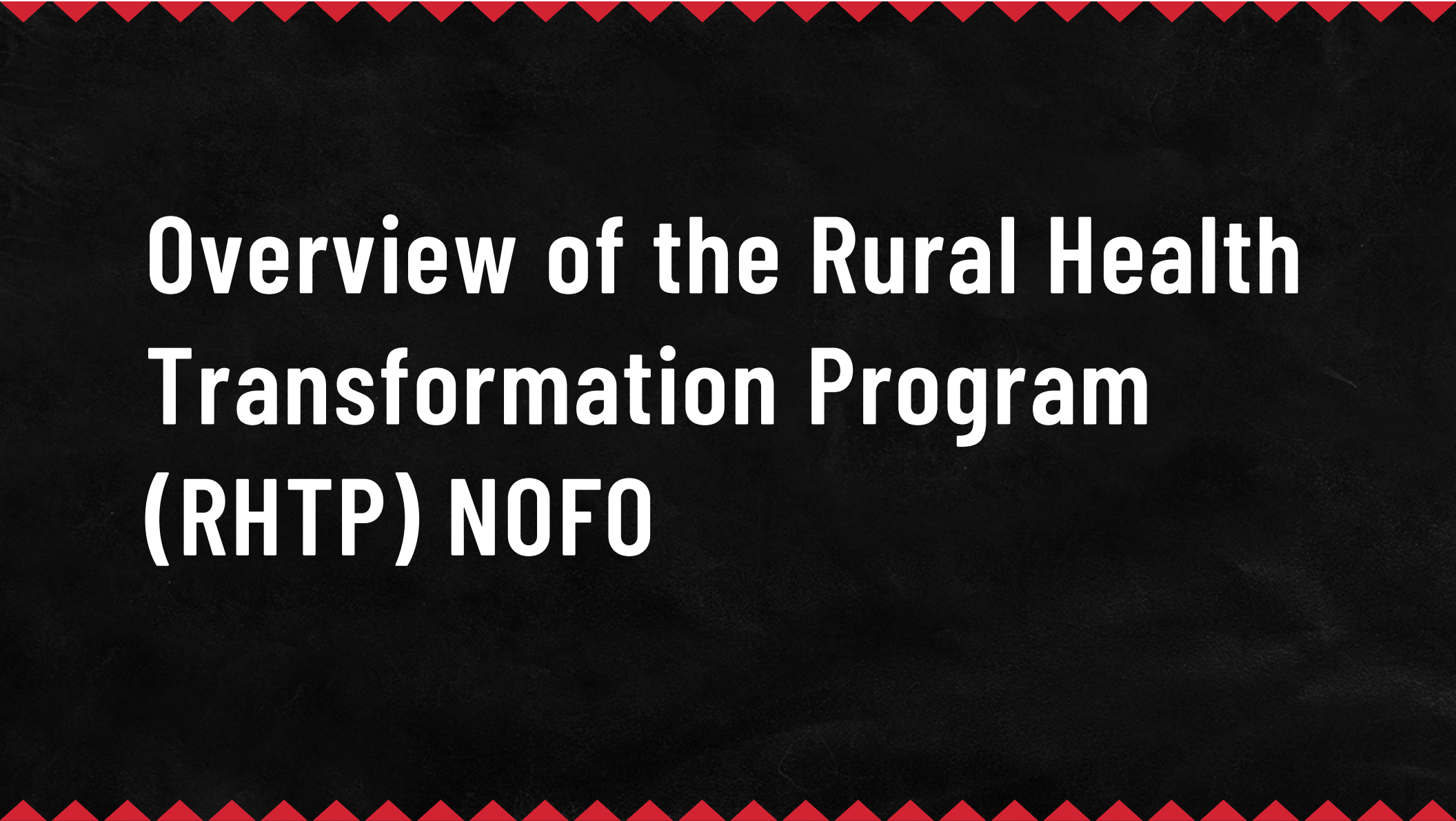


National Indian Health Board

Established in 1972 by the Tribes to advocate as the united voice of federally recognized American Indian and Alaska Native Tribes, NIHB seeks to reinforce Tribal sovereignty, strengthen Tribal health systems, secure resources, and build capacity to achieve the highest level of health and well-being for our People.

- Serves & Advocates for 574+ Tribal Governments – Including Direct Service Tribes—to ensure the Federal Government upholds its Trust Responsibility for our Peoples' health
- 12 Board Members through the 12 IHS Service Areas – one from each Area Health Board
- See our [2025 NIHB Legislative and Policy Agenda](#)!





Overview of the Rural Health Transformation Program (RHTP) NOFO

RHTP NOFO OVERVIEW

Strategic Goals of the Funding

- Make Rural America Healthy Again (prevention, chronic disease, behavioral health, and prenatal care)
- Sustainable Access (long-term rural care delivery and partnerships)
- Workforce Development (recruitment, retention, and training)
- Innovative care (value-based models and flexible care arrangements)
- Tech innovation (telehealth, data sharing, cybersecurity, and digital health tools)



RHTP NOFO OVERVIEW

Allowable Use of Funds

- The state application must reflect that the awarded funds will be used for three of the following efforts:
 - Prevention and chronic disease
 - Some building renovations to existing buildings
 - Certain equipment upgrades
 - Provider payments
 - Consumer technology
 - Workforce retention and recruitment
 - Substance use disorder treatment and mental health services
 - Innovative care projects



RHTP NOFO OVERVIEW

Unallowable Uses of Funds

- New Construction or supplanting other state or federal funds for in-process or planned construction projects
- Payments for services or supports that are the legal responsibility of another party
- Spending to purchase replacement or updated electronic health and medical records systems that exceeds 5% of the yearly award
- Purchase of telecommunications and video surveillance equipment and associated monthly broadband costs
- State general operating expenses unrelated to the RHT program
- Services outside the scope of rural health transformation goals
- Research and development costs



What Needs Clarification

Allowable vs. Unallowable Expenses

- CMS needs to clarify and provide additional guidance on unallowable funds and expenditures.
- Construction vs. Renovation –
 - Directing funding to new construction is unallowed, but renovations to existing buildings are, which includes “minor building alterations, renovations, and equipment upgrades.”
 - Include an extensive list of unallowable costs and expenditures
- Can Tribes be exempted from limits on new construction and renovation?
- The NOFO limits payment for services or supports that are the legal responsibility of another party.
 - How is CMS going to define this limitation? Does this include all reimbursable services?



RHTP NOFO OVERVIEW

Stakeholder Engagement

- States must create an engagement framework for regular coordination with stakeholders.
 - CMS will evaluate states on their stakeholder engagement; however, it remains unclear how CMS will assess the quality and meaningfulness of Tribal involvement as part of the state's annual progress review.
- The NOFO language does not require states to hold a Tribal Consultation.
 - Some states like Oklahoma and Washington will be conducting a formal Tribal Consultation with Tribes.
 - Many states are requesting feedback without sharing application details with Tribes.



RHTP NOFO OVERVIEW

Program Oversight

- CMS created a Director and Acting Deputy Director for the Office of the Rural Health Transformation.
- States must report annually on progress, use of funds, and stakeholder engagement.
 - If states do not follow their original plan, funding could be stripped.



What Needs Clarification

Tribal Consultation and Yearly Oversight

- CMS need to clarify consultation requirements in the NOFO. How will CMS ensure states are properly consulting and engaging with Tribes?
- Can states amend their plans under the yearly reapplication and review processes?



RHTP NOFO OVERVIEW

Tribal Classification in Awards

- The NOFO does not make clear how states should include Tribes in their application materials.
- Tribes may be grouped with all providers and forced to compete for funding.
- Tribes may only qualify to receive a subaward or contract
- Classification of Tribes affects access to funding:
 - Contractors are not subject to competitive bids
 - Subcontractors/Subrecipients are subject to competitive bids and additional requirements



What Needs Clarification

- What guidance is CMS providing to states on how to classify Tribes?



DISCUSSION & QUESTIONS?



All Tribes Webinar Details

Wednesday, October 8, 2025

1:00-2:30 PM ET

Register for the webinar here:

https://kauffmaninc.zoom.us/webinar/register/WN_hZoUVR AeT aS5Lsm2Jsny0w

