AUCH ASSOCIATION FOR UTAH COMMUNITY HEALTH

RISE Initiative 2.5 Recruit & Retain RFGA

FAQs

Q : Clarify eligible FTEs (e.g., Front Desk, MAs, Nurses, Dental Assistants, etc.)

Secondary Question: Are the incentive dollars restricted to providers/clinicians or can it be expanded to Nurses, medical assistants, pharmacy technicians, dental assistants, etc.?

A : To be eligible to receive Recruit and Retain incentives, individual clinical providers must provide a minimum of 15 hours of patient care per week. Additionally, all individual clinical providers who receive the incentives must continue to provide a minimum of 15 hours of patient care per week in rural Utah communities for the duration of the 5-year service commitment. (p 11, Eligible Tier Participants)

The focus of this activity is to help recruit and retain rural healthcare professionals. We anticipate that applicants will work with sub-grantees to allow for the maximum amount of flexibility in the use of funds to be adaptable to the needs of each community. The important thing to remember is that the incentive dollars come with a 5-year commitment to work in rural Utah.

Q : Is the 5-year commitment initiated from receipt of incentive, so if receive incentive in year 2, is it committing employment in Rural Utah for five additional years?

A : Yes, a 5-year commitment is at the receipt of the incentive. As in the example stated, if an incentive is received in budget period/project period 2, then the 5 year service commitment would start at that time.

Q : Can a year 1 request be dispersed annually over the 5-year commitment?

A : No, all funds dispersed for Year 1 must be expended by the end of the next fiscal year (September 30, 2027). See Section 7: Budget Period Timeline p. 23.

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Q : Can you clarify allowable retention use cases (e.g., retention bonuses, etc.)

A : Retention use would be those listed in Structure for Incentives section p. 8. As noted in that section, an eligible rural healthcare organization may propose an innovative incentive option to pilot. The selected Grantee can work with that rural healthcare organization to pilot and evaluate its effectiveness. For example, some might choose to just give a one-time bonus, others might choose more of a deferred compensation plan.

Q : According to the instructions, the eligible funding levels by Tiers are restricted. If organizations/applicants were applying for Tier 2 funding, would our application be restricted to not exceed that funding total ($5,766,435), so all admin, database, and project staff expenses would need to be backed out of that total to identify the amount available for Tier 2 sites?

Or can we submit a proposal for Tier 2 total funding ($5,766,435) + funding to support program management (staff, database, etc.)?

A : Applicants should apply for the total allocated Tier amount(s) of which 5% is for administrative costs. For those interested in applying for Tier 5, the administrative allowance is 10%.

Q : In the RISE 2.5 Budget Template in the Tier(s) Subcontract Section, what level of detail would you like in Column B?

e.g., 11 Federally Qualified Health Centers (including 2 Tribal Organizations) + 2 I/T/U organizations tribal rider

Or something else? It wasn't clear in the instructions what detail needed to be included.

A : A brief description of each line item is sufficient. The important thing is for applicants to provide justification to each of the budget items requested and match the project implementation as outlined in the application narrative.

Q : How did you decide how much was going to be available to each Tier?

A : We used a weighted formula that looked at the clinical staffing needs of each facility type. For example, a hospital requires more staff than a federally qualified health center. And a federally qualified health center will require more staff than a Rural Health Clinic. We also took into account the 24/7 nature of some of these facility types. These formulas helped us to best understand what the needs were going to be among our many rural clinical provider types.

There is an understanding up front that $20M is not enough to meet everyone's needs in year 1. In year 2, we may change up the Tier designations based on feedback we receive. We have done our best to take a rational approach to get as much funding out to the facilities and providers who need it to provide healthcare services in our rural communities.

Q : So, the ITU providers are already defined and there is none allowed outside of that scope?

A : Yes, the ITU providers have been identified and are listed in the RFGA. Other providers who fall into the eligible Tier provider organizations may apply but they will not be eligible for the tribal rider.

Q : Are specialty provider groups eligible to apply?

A : It depends on whether the specialty provider group is applying directly to DHHS to administer the program, or if they are planning to apply for the actual incentive funds once the program is launched.

- **Applying to DHHS to be the Administrative Grantee:** Yes, specialty provider groups are eligible to apply to the RFGA to serve as one of the administrative

Grantees. To be eligible, the group must be a legally recognized Utah-based entity (for-profit, non-profit, or government). They must also demonstrate the required technical competencies, such as the ability to design and implement a clinical workforce incentive program across various rural facilities and manage the monitoring of 5-year service commitments.

- **Applying to receive the incentive funds (as a participating provider):** The selected Grantees will be tasked with distributing the incentive funds to specific "Tiers" of rural healthcare organizations. While specialty provider groups are not explicitly named as a standalone tier, they may be eligible to apply for funding if they qualify under **Tier 4: Other rural healthcare facilities** (a category that includes long-term care and behavioral health facilities). To be eligible for the funds, the organization must employ licensed clinical providers who perform a minimum of 15 hours of direct patient care per week in rural Utah.

Q : Can you elaborate on "For short-term rotations, supporting upskilling and professional development, Utah will require a service commitment commensurate with the incentives."

A : Under the federal statute (Public Law 119-21) and CMS guidelines governing the Rural Health Transformation Program, the duration of the service obligation cannot be scaled or made "commensurate" with the size or duration of the incentive. If an individual incentive triggers the requirement, it mandates a strict **5-year rural service commitment**.

However, whether this 5-year commitment applies depends on the type and outcome of the professional development or upskilling:

- **When the 5-Year Commitment Applies:** The 5-year commitment is strictly required if the funding supports an individual's participation in education, upskilling, or professional development that provides a structured pathway to a **new degree, certification, or a new career/job opportunity** in the rural clinical workforce. Additionally, clinical rotation support—such as lodging, per diem, mileage, and childcare—awarded directly to an individual is also subject to the 5-year commitment.
- **When the 5-Year Commitment Does NOT Apply:** The 5-year service commitment does not apply to local training or professional development that **does not** result in a new certificate, degree, or job opportunity. For example, general professional development training, or training for roles like community health workers, digital health navigators, care coordinators, and doulas, does not require a service commitment.

While the 5-year *duration* of the commitment cannot be prorated, the financial repayment penalty for failing to complete the obligation can be. If a provider is unable to fulfill the entirety of their 5-year commitment, the financial repayment responsibility may be prorated based upon the amount of rural service they successfully completed up to that point. For more information about the 5-year commitment, view this factsheet from CMS https://www.cms.gov/files/document/5-year-service-commitment-fact-sheet.pdf

Q : Can entities not in Utah apply and partner with local Utah organizations serving Rural Communities?

A : No. This funding opportunity is designated for Utah-based rural health providers and their clinical workforce.

Q : Graduate medical education is a critical component for recruiting physicians in rural Utah. With no current rural training programs, less residents are exposed to rural Utah, perpetuating the cycle. However, evidence shows that residents who train in rural areas are more likely to train in rural communities compared to residents who only train in urban areas.

Can the recruit and retain grant be used for infrastructure, operations, and incentives to train residents and medical students (and APPs) in rural Utah? I could imagine residents from existing urban GME programs rotating in rural sites as well as new rural track programs or formal rotation sites being established to meet the grant's goal. However, I see no mention of GME in the grant NOFO. I do see several references to GME for the RISE initiative in the state application to the federal government.

I am aware of the strategic plan funding, but it would be great to move forward with some implementation funding this year if possible for rural GME even before the strategic plan is completed.

A : Yes, it is possible to use these funds for GME infrastructure, operations, and incentives, as long as they are administered through an eligible and funded Tier-level

organization. There is potential to propose an innovative incentive to pilot and to evaluate.

Once DHHS selects the administrative Grantees, those Grantees will distribute the incentive funds to specific "Tiers" of rural healthcare organizations.

Q : Is there a notification list for the future Recruit and Retain sub-award application?

A : Yes, there will be once they are ready to be posted, you'll be able to find that on this site.

Q : The RFGA packet permits Utah-based for-profit, nonprofit, and government entities, while the funding-opportunities webpage identifies eligible applicants as Utah-based 501(c)(3) health organizations. Are Utah-based for-profit healthcare organizations eligible to serve as the primary grantee?

A : Thank you for identifying this. The Funding Opportunities webpage has been updated to reflect the RFGA packet. Yes, Utah-based for-profit healthcare organizations are eligible to apply to serve one or up to five Tiers under this RFGA.