Utah Rural Health Transformation Program

RISE 2.5 Recruit and Retain

Tier 2 funding for Federally Qualified Health Centers and I/T/U organizations in rural Utah

Administered by the Association for Utah Community Health (AUCH)

Supported by CMS/HHS under the Rural Health Transformation Program. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CMS/HHS or the U.S. Government.

Today: leave ready to submit

Move from eligibility to a complete application package—and flag the decisions that require AUCH confirmation.

1. **Confirm** Organization Eligibility
2. **Classify** clinical work, eligible employees, incentives, and 5-year commitments
3. **Complete** application
4. **Build** budget
5. **Ask** questions
6. **Submit** package
7. **Prepare** to report

Background

What is the Rural Health Transformation Program?

$195.7M

Utah's Year 1 federal award from CMS

5 years

Federal initiative, anticipated through 2030; yearly funding depends on outcomes and CMS

25 of 29

Utah counties count as rural (all but Davis, Salt Lake, Utah and Weber)

Four pillars: Making Rural Utahns Healthy, Workforce Development, Innovation and Access, Technology Innovation.

Seven initiatives: PATH, RISE, SHIFT, FAST, LIFT, SUPPORT and LINCS, covering 24 key activities.

A note before we begin

RISE 2.5 is an evolving program

Thank you for your patience as AUCH, UDHHS, CMS and participating organizations translate new requirements into a workable program that protects everyone involved.

Our shared goal

Build access to rural workforce funding while reducing compliance, repayment and implementation risk.

Grace and questions help us get there together.

WHAT THIS MEANS FOR TODAY

1. **Guidance may change** — Federal, state and program-level information continues to be interpreted and operationalized.
2. **Conflicts will be reconciled** — When FAQs, CMS materials or other direction differ, AUCH and UDHHS will clarify the controlling requirement.
3. **Pause before committing** — Do not promise an incentive, incur a cost or finalize an agreement when eligibility or commitment terms are unclear.

When in doubt: document the question and contact rise@auch.org before acting.

The initiative

RISE 2.5: Recruit and Retain

The Rural Incentive and Skill Expansion (RISE) initiative builds the rural clinical workforce through structured incentives to recruit and retain clinical staff in rural Utah.

Signing bonuses*	Relocation assistance*	Housing assistance*
Recruitment travel*	Childcare support*	Clinical rotation support*
Professional development and upskilling*	**Retention incentives***	Other incentive (ask AUCH for approval)

*** May require a 5-year service commitment, depending on CMS criteria.**

Eligibility decision guide

Eligibility must be confirmed at four levels

1	**Organization**	FQHC and/or I/T on the UDHHS Tier 2 list; operates in rural Utah and independently bills Medicare and/or Medicaid.
2	**Site**	The employee serves an eligible RHTP RISE 2.5 Tier 2 rural site.
3	**Staff**	Eligible clinical role with at least 15 hours of direct patient care each week.
4	**Compliance**	Organization is in good standing and accepts monitoring, reporting, and record-retention requirements.

ALL FOUR

must be “yes”

If any answer is unclear, pause and confirm eligibility with AUCH before budgeting or promising an incentive.

rise@auch.org

Definition

Staff incentive eligibility

Role title, license level, and training pathway are not the deciding tests.

Clinical workforce includes people who perform clinical tasks that directly contribute to a patient's physical, oral, or mental health during a healthcare encounter.

1	EXAMINE	Direct examination or observation of patients
2	TREAT	Treatment, procedures, or interventions
3	CONTRIBUTE	Assessment, diagnosis, treatment, or health maintenance

THE WORK TEST

What does the person actually do?

Clinical work may be performed with independent authority or under supervision.

Focus on the work performed—not the credential or title.

Source: Section 71401, Public Law 119-21; RHT Program NOFO, Use of Funds; Category E guidance provided for this training.

Eligibility examples

Staff incentive eligibility

Use the work performed—not the job title—as the first test.

LIKELY ELIGIBLE WHEN DUTIES ARE CLINICAL

✓ **Nurses**	Direct assessment, treatment, procedures, observation
✓ **Medical assistants**	Clinical tasks performed under supervision
✓ **Pharmacy technicians**	Clinical-support tasks that directly contribute during care
✓ **Dental assistants**	Clinical tasks during oral-health encounters

GENERALLY, NOT ELIGIBLE

Front desk, CHWs, Doulas, and other roles deemed to not directly provide clinical services

These activities may fit another Use of Funds category rather than Category E.

EVERY RECIPIENT MUST PROVIDE

15+

hours of direct patient care each week

Maintain qualifying rural service for the full agreement term.

Source: RISE Initiative 2.5 RFGA FAQs; AUCH guidance for FQHC subawardees.

Service commitment

The 5-year rural service commitment

When it applies

- Employee working at eligible rural Utah site and works 15+ hours of direct patient care per week
- AND receives RISE 2.5 funded incentive they directly financially benefit from (e.g., retention, sign-on, relocation, housing, travel or childcare incentive)
- OR Training that leads to a new degree, certification or rural job

What counts

- 15+ hours of direct patient care per week
- Service in person in rural Utah; urban telehealth does not count
- Moves between rural Utah organizations; *moves to urban Utah or another state do not*
- No second sign-on bonus at a new rural Utah organization
- The clock starts on the date noted in the employee incentive contract

If someone leaves

- Notify AUCH within 30 days
- Repayment is prorated by service completed
- Recoup funds within six months
- Repayment language must be in agreements before funds are paid

To mitigate risk, UDHHS is adamant incentive reimbursement is for commitments completed and can be reimbursed quarterly. Documentation of time worked will be required for reimbursement. Employee incentive contract should lay out expectations of incentive disbursement cadence.

Service commitment

Three questions determine 5-year service commitment

When the facts are mixed, confirm before promising funds or a service commitment.

1	**Clinical work?**	Does the activity involve people who directly examine, treat, observe, or intervene in patient care?
2	**Recruit or retain?**	Is the activity designed to recruit or retain that clinical workforce in rural communities?
3	**Who benefits?**	Is the individual the direct beneficiary, or does the healthcare system benefit broadly?

Section 71401 of Public Law 119-21 and the RHT Program NOFO authorize this use of funds.

INCENTIVE OUTCOMES

5-year commitment

Incentive where the individual directly financially benefits.

No 5-year commitment

Broader navigation/support activities do not require five-year commitment and can support a broader range of clinical and non-clinical staff.

Examples: general professional development with no new credential or job pathway; workshops; or conferences.

System-wide benefit or unclear facts → confirm with AUCH before classifying.

Source: Section 71401, Public Law 119-21; RHT Program NOFO, Use of Funds; Category E guidance provided for this training.

Commitment examples

Which incentives trigger a five-year commitment?

The five-year duration is fixed; repayment may be prorated if the agreement is not completed.

Activity	Five-year commitment
Signing, relocation, housing, travel, childcare or retention incentive paid directly to employee	**YES**
Clinical-rotation lodging, mileage, per diem or childcare awarded directly to an individual	**YES**
Education or upskilling that creates a pathway to a new degree, certificate or clinical job	**YES**
General professional development with no new credential or job pathway	**NO**
Training for nonclinical navigation or support roles	**NO · another category**
System-wide infrastructure, operations or broadly shared benefit	**CONFIRM CATEGORY**

Eligibility

Who can apply

Organizations with Eligible Rural Sites

- Carbon Medical Service Association
- Community Health Center, Inc.
- Creek Valley Health Clinic
- Enterprise Valley Medical Clinic
- Family Healthcare
- FourPoints Health
- Health West, Inc.
- Mountainlands Family Health Center
- Sacred Circle Healthcare
- Two Rivers Community Health
- Utah Navajo Health System
- Wayne Community Health Center

Tier 2 Organization	Eligible Year 1 Award by Organization
Carbon	$ 506,151
CHC, Inc	$ 222,889
Creek Valley	$ 400,251
Enterprise Valley	$ 215,409
Family Healthcare	$ 868,281
FourPoints	$ 643,083
Two Rivers	$ 230,442
Health West	$ 376,035
Mountainlands CHC	$ 301,758
UT Navajo	$ 1,009,657
Wayne CHC	$ 453,941
Sacred Circle	$ 332,389
	$ 5,560,286

Timing

Two clocks govern Year 1 awards

Reimbursement timing does not determine when the service commitment begins.

1

REIMBURSEMENT + SPEND CLOCK

Pay for completed work, then seek reimbursement

- UDHHS reimburses completed work.
- No administrative costs are allowed
- All Year 1 funds expended by September 30, 2027.
- Year 1 funds cannot be held and paid annually over five years—for example a $25,000 provider retention incentive cannot have $5k dispersed year 1, $5k in year 2, $5k in year 3, $5k in year 4, and $5k in year 5.

2

SERVICE-COMMITMENT CLOCK

Start on the incentive agreement date

- The agreement establishes the five-year start date.
- The date cannot be earlier than October 1, 2026.
- Repayment may be prorated for service completed.

Example: an eligible incentive cost may be reimbursed quarterly after completion, while the employee's service obligation follows the start date written in the incentive agreement, i.e., 10/01/2026.

Funding

Your eligible funding amount

Contact AUCH for your total

AUCH confirms the eligible amount for each organization. Email **rise@auch.org** before you request funds.

- You may request less than your eligible amount, but not more.
- AUCH may reallocate unrequested funds using the approved methodology.

How totals are set

Approved by Tier 2 organizations on July 17, 2026:

- **Floor award:** $164,755 minimum for each eligible organization
- **Tribal rider:** additional funding for eligible I/T sites
- **Proportional share:** remaining funds proportional to each organization's eligible rural clinical FTEs to total of ALL Tier 2 eligible rural clinical FTEs.

RISE 2.5: Recruit and Retain

APPLICATION OPEN

Application Open- https://auch.org/rise/
Submit to rise@auch.org no later than midnight on **November 20, 2026**.

FREQUENTLY ASKED QUESTIONS

Submitted to rise@auch.org; last day to submit questions is **November 17, 2026**. FAQs are available here.

AWARDS

Access to funding will be administered through a Memorandum of Understanding (MOU) for the period beginning December 1, 2026 and ending September 30, 2027.

How to apply

Six steps to your application

1

Review requirements

Read the eligibility and compliance attestations before you begin.

2

Confirm your amount

Email rise@auch.org for your eligible funding total.

3

Complete the application

Organization info, attestations, funding request, workforce need and reporting commitment.

4

Build your budget

Incentives count as contractual. No administrative expenses; program support goes under salaries and fringe.

5

Gather attachments

Completed application, W-9 and budget detail form.

6

Sign and submit

An authorized representative signs; email everything to rise@auch.org.

A. Total Requested RISE 2.5 Amount: $_____

B. Incentives Budget Summary

Incentive Type	# of Clinical Staff	Amount Requested
1. Signing Bonuses*		
2. Relocation Assistance*		
3. Housing Assistance*		
4. Recruitment Travel*		
5. Childcare Support*		
6. Clinical Rotation Support*		
7. Professional Development/Upskilling*		
8. Retention Incentives (detailed table below)*		
9. Other Approved Incentive*^		
10. Incentives Management Tool	NA	
11. Program Expenses (no admin allowed)	NA	
Total		(match total in A)

**May require a 5-year service commitment depending on CMS criteria. See Appendix B of application for more information regarding 5-year service commitment.*

^Contact rise@auch.org to solicit approval for an incentive not listed.

Retention Incentive Budget Summary

Eligible FTEs must provide a minimum of 15 hours of direct patient care per week.

Multiply the number of staff by the retention amount to calculate the total requested budget (Column B x Column D = Column E).

Total should match '8. Retention Incentives' totals located in the Incentives Budget Summary table in application.

Provider Type (A)	Annual Incentive (B)	Total Max 5-Year Incentive (C)	Total Number of Staff (D)	Total Request (Column B x Column D) (E)
Physician	$25,000	$125,000		
Advanced Practice	$22,500	$112,500		
Certified Midwives	$22,500	$112,500		
Nurses	$15,000	$75,000		
Medical Assistant/CNA	$5,000	$25,000		
Pharmacist	$25,000	$125,000		
Pharm Techs	$10,000	$50,000		
Licensed Clinical Social Worker/MFT	$20,000	$100,000		
Certified Social Worker	$12,500	$62,500		
Dentists	$25,000	$125,000		
Dental Assistants	$5,000	$25,000		
Dental Hygienist	$15,000	$75,000		
Enabling Services Staff	$10,000	$50,000		
Other Doctorate Level Clinical Staff	$25,000	$125,000		
Other Masters Level Clinical Staff	$20,000	$100,000		
Other Bachelors Level Clinical Staff	$12,500	$62,500		
Other Certificate Level Clinical Staff	$5,000	$25,000		
Total Retention Incentive Budget Requested (match B.8 above)				

Budget demonstration

Build the budget once, then reconcile every total

WORKED EXAMPLE

3 nurses × $15,000 = $45,000 retention request in year 1

Use the annual amount from the application's retention table. Staff must meet the eligibility and direct-care requirements.

Maximum five-year incentive for this example: $75,000 per nurse.

RECONCILE IN THREE PLACES

1	**Application**	Retention table: annual incentive × number of eligible staff
2	**Funding summary**	Retention total matches line 8 of the Incentives Budget Summary
3	**Budget workbook**	Applicable detail tabs roll into Summary; do not hard-code the Summary tab

RISE 2.5 application: no administrative expenses. Put allowable program support under salaries and fringe; confirm any unclear workbook tab with AUCH.

Employer Tax and/or Retirement Matches

Option 1. If the health center provides an employer retirement contribution or match that is triggered by the incentive:

Incentive Award: $25,000

Employer Payroll Taxes: Paid by health center from total RISE award

Employer Retirement Contribution: Deducted from $25,000 if applicable

Employee receives: $25,000 plus applicable employee withholding taxes minus retirement-related adjustments

The employee incentive agreement should clearly specify how employer taxes and retirement contributions are treated.

All expenses documented in the Budget Detail Form under Subrecipient/Contract

Employer Tax and/or Retirement Matches

Option 2. If the health center provides an employer retirement contribution or match that is triggered by the incentive:

Incentive Award: $25,000

Employer Payroll Taxes: Paid by health center and deducted from total RISE award

Employer Retirement Contribution: Paid by health center and deducted total RISE award

Employee receives: $25,000 plus applicable employee withholding taxes plus retirement-related adjustments

The employee incentive agreement should clearly specify how employer taxes and retirement contributions are treated.

All expenses documented in the Budget Detail Form under Subrecipient/Contract

Employer Tax and/or Retirement Matches

Option 3. If the health center provides an employer retirement contribution or match that is triggered by the incentive:

Incentive Award: $25,000

Employer Payroll Taxes: Deducted from $25,000 if applicable

Employer Retirement Contribution: Deducted from $25,000 if applicable

Employee receives: $25,000 minus applicable employee withholding taxes minus retirement-related adjustments

The employee incentive agreement should clearly specify how employer taxes and retirement contributions are treated.

All expenses documented in the Budget Detail Form under Subrecipient/Contract

Submission checklist

Submit a complete package by November 20

NOV

20

2026

Questions due Nov 17

- ✓ AUCH has confirmed the organization’s eligible funding amount
- ✓ Application is complete and signed by an authorized representative
- ✓ W-9 is attached
- ✓ Budget detail workbook is attached and totals reconcile
- ✓ Application request does not exceed the confirmed eligible amount

SEND TO **rise@auch.org**

Materials and FAQs: https://auch.org/rise/

RHTP Reporting

TYPE	RISE 2.5– Contractual Reporting Period	AUCH to UDHHS	FQHCs to AUCH
Quarterly/Annual Reporting Periods	1. March 30, 2026 - July 31, 2026 2. August 1 - October 30, 2026 3. October 31 - January 30, 2027 4. January 31 - April 30, 2027	1. November 10, 2026 (Tuesday) 2. February 10, 2027 (Wednesday) 3. May 10, 2027 (Monday) 4. August 13, 2027 (Friday) Annual 5. November 10, 2027 (Wednesday)	1. January 27, 2027 (Wednesday) 2. April 26, 2027 (Monday) 3. July 30, 2027 (Friday)- Annual 4. October 8, 2027 (Friday) - Final Contract Year 1 Report
Monthly Invoicing	1. Due 30 days from end of month 2. June Invoice Due July 14th	1. Third Friday of every month beginning November 20, 2026	1. Second Friday of each month beginning November 13, 2026

Timeline

Key dates and where to submit

Date	Milestone
Nov 17, 2026	Last day to submit questions
Nov 20, 2026	Applications due at midnight
Dec 1, 2026	MOU award period begins
Sept 30, 2027	Award period ends; all funds spent

Submit by email to

rise@auch.org

Application, W-9 and budget detail form.
Materials and FAQs: https://auch.org/rise/

Questions

Recent Questions

Do specific individuals needed to be named in the budget?

Answer: You are welcome to list eligible staff by name assuming they will accept, or list by retention position type (e.g., Provider 1, Provider 2, Nurse 1, Nurse 2, etc.), or if outside of a retention incentive (e.g., recruitment, childcare, etc.) you can put TBD.

Can we disperse the retention incentive over the 5-years? For example a provider is eligible for $25,000 retention incentive, do I budget $5k in year 1, $5k in year 2, $5k in year 3, $5k in year 4, and $5k in year 5?

Answer: No. UDHHS requires all funds awarded in year 1 to be spent by September 30, 2027, so if the provider incentive is $25,000 for completion of 1 year of employment dispersed quarterly, then you need to expend the $25,000 in year 1 by September 30, 2027.

When does the 5-year service commitment start?

Answer: In the employee incentive contract/agreement you will need to identify a start date. The start date can be as early as October 1, 2026. And, since UDHHS is only reimbursing for work completed, a start date that is reasonable for incentive reimbursement for work completed. If the start date falls after October 1, 2026, you are welcome to prorate the incentive proportional to the timeframe commitment will be completed.

Recent Questions, continued

Where can I access the Sample Employee Incentive Agreement?

Answer: A downloadable copy is available on https://auch.org/rise/. Please note that section II, A, iv needs to be updated to reflect the correct service period for each new hire.