



Fall 2026 RHTP Applicant Resource Guide

Introduction

This guide is intended to help organizations prepare and submit applications and related materials under Alaska's Rural Health Transformation Program (RHTP). It provides information on program requirements, application questions, budget development, required templates, and supporting resources. Applicants are encouraged to review this guide before beginning an application and reference it throughout the process.

The Fall 2026 application includes opportunities for both Planning Pathway and Implementation Pathway projects. The Alaska Department of Health (DOH) identified three focus areas for this funding cycle:

- **EMS:** Emergency medical services, emergency response
- **Care Coordination:** Hospital discharges, transitions between care settings, or follow-up care after hospitalization
- **Pay for Value Readiness:** Value-based payment arrangements, population health management, or other approaches that reward quality, outcomes, or coordinated care

Detailed descriptions of each focus area, including the specific capabilities each is intended to build and the investments that may be funded, are posted on the [DOH RHTP Applicant website](#).

The Fall 2026 funding cycle is not limited to these focus areas. Applicants may also submit other Planning or Implementation projects that align with Alaska's RHTP initiatives and program requirements. Implementation projects that do not fall within one of the three focus areas may apply through the Open Call option.

Applicants will be guided through the appropriate application pathway based on the information provided in their responses. Not all applicants will see the same questions; some questions will appear only when they apply to the applicant's project type, pathway, or focus area.

Applicants are strongly encouraged to review the following before beginning an application:

1. Fall 2026 RHTP Applicant Resource Guide (this document)
2. [RHTP Project Narrative](#)
3. RHTP Federal Budget Development Basics ([Budget Training Materials](#))
4. Required RHTP Application Templates¹, including:
 - a. Workplan Template
 - b. Project Budget Template
 - c. Budget Narrative Template

¹ Required templates will be available within the application at the point where they are needed. Applicants should download and complete the applicable templates before uploading them back into the application.



The application and review process is designed to assess whether proposed projects align with RHTP goals and initiatives, address identified needs, are ready for the proposed stage of work, and meet applicable program requirements.

This guide reflects current program requirements and guidance and is not a substitute for federal statutes, regulations, guidance, Centers for Medicare & Medicaid Services (CMS) approvals, award requirements, or other applicable federal and state requirements. Submission of an application does not guarantee funding. All awards remain subject to DOH review, CMS requirements and approvals, cooperative agreement requirements, and applicable federal and state laws and regulations. Applicants should also regularly review the Alaska DOH RHTP and CMS RHTP websites for program updates.



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Program Overview

The Rural Health Transformation Program (RHTP) is a federal program created by Congress in 2025 to improve rural health care across the United States. It provides \$50 billion over five years for all fifty states to support better access to care, stronger health systems, and healthier communities through long-term system-level change. RHTP funding will address Alaska’s unique health care access challenges related to our state’s geography, remote and frontier communities, workforce shortages, and high costs of care delivery. The program offers a time-limited opportunity to strengthen local health systems, expand access to care closer to home, and invest in solutions designed for Alaska’s unique rural and remote context.

The Department of Health (DOH) is the lead agency for RHTP in Alaska and is responsible for program design, funding decisions, and oversight. RHTP is administered as a cooperative agreement with the federal Centers for Medicare & Medicaid Services (CMS), meaning DOH works closely with CMS throughout implementation, and CMS retains ongoing oversight and approval. While DOH selects projects for funding and administers awards, CMS must approve uses of funds and key program elements.

As with most federal grants, the terms and conditions that apply to the State’s grant award also apply to organizations receiving RHTP subawards. Therefore, applicants should keep in mind that **CMS retains final authority to revise or reject specific activities or portions of awarded projects**, and additionally, that CMS review may apply to individual activities within a project, not just the project as a whole.

RHTP Initiatives Overview

Alaska established six initiatives in its RHTP plan that guide how funding will be used. All projects must demonstrate how they contribute to rural health system transformation as well as align with and advance Alaska’s RHTP Initiatives, summarized below:

- 1. Healthy Beginnings:** Alaska’s Healthy Beginnings initiative strengthens maternal and child health as a foundation for healthy families, especially in rural areas. The initiative responds to challenges including provider shortages, long travel distances, unreliable transportation, and limited access to maternal, infant, and pediatric services in rural and off-road communities. It supports approaches that strengthen maternal care, postpartum and infant supports, early childhood development, and healthy habits for children and youth.
- 2. Health Care Access:** The Health Care Access initiative aims to expand and sustain essential health services across Alaska’s road-connected and off-road communities, where geography, severe weather, and workforce shortages limit timely, comprehensive care. The initiative focuses on expanding access to primary, behavioral, oral, and specialty care; strengthening urgent, acute, emergency, and ancillary services; supporting aging in place and home- and community-based services; and improving access to post-acute and recovery care at home or in the community.



3. **Healthy Communities:** The Healthy Communities initiative addresses the unique challenges of rural, remote, and frontier Alaska by investing in preventive care and the root causes of poor health. It focuses on increasing access to preventive and primary care, supporting earlier chronic disease management, expanding consumer-facing digital tools and population health infrastructure, strengthening community-based workforce capacity, and promoting healthy lifestyles through culturally appropriate education focused on nutrition, physical activity, and chronic disease prevention.
4. **Pay for Value: Fiscal Sustainability:** The Pay for Value: Fiscal Sustainability initiative addresses the financial challenges facing rural providers, including low patient volumes, high fixed costs, geographic isolation, and reliance on fee-for-service reimbursement. It supports rural providers in building the capabilities needed to participate voluntarily in innovative care and payment models that improve care coordination, strengthen chronic disease management, maintain access to essential services, improve quality, and support long-term financial stability.
5. **Strengthen Workforce:** The Strengthen Workforce initiative aims to build a resilient rural health care workforce through rural workforce pipelines and recruitment pathways, training and certification programs, rural internships and residencies, recruitment and retention strategies, and ongoing provider supports. The initiative also includes approaches such as mentoring, continuing education, time-limited housing assistance, and childcare partnerships designed to help providers remain in rural communities. Certain RHTP-funded financial assistance and certification activities are subject to a five-year rural service commitment.
6. **Spark Technology and Innovation:** The Spark Technology and Innovation initiative uses data and technology to help rural, remote, and frontier providers deliver secure, efficient, high-quality care. It includes consumer-facing digital tools, telehealth and remote monitoring, appropriate use of artificial intelligence, cybersecurity, electronic health record improvements, health information exchange and interoperability, data-driven tools, and emerging approaches such as unmanned aerial systems and health kiosks.

Applicants are strongly encouraged to review the detailed descriptions of each of Alaska's RHTP Initiatives, all of which are available on the DOH RHTP [website](#). This information provides additional context on how RHTP funds may be used under each initiative and can help applicants clearly articulate alignment in their application.



Application Types

The Fall 2026 application includes opportunities for both Planning Pathway and Implementation Pathway projects.

1. **Planning Pathway:** The Planning Pathway is intended for organizations that are still assessing needs, engaging stakeholders, evaluating options, developing implementation plans, conducting readiness activities, or preparing a project for future implementation. Planning projects have a funding cap of \$250,000 and focus on activities that advance project development and readiness and rather than service delivery or implementation.
2. **Implementation Pathway:** The Implementation Pathway is intended for projects that have a defined scope, identified activities, and are ready to begin implementation during the performance period.

Targeted Focus Areas

The Fall 2026 funding cycle includes targeted funding opportunities designed to advance specific priorities identified by DOH. Applicants whose projects align with these areas may be asked additional questions to further define the scope of their proposed project and understand how it aligns with the focus area.

1. **Emergency Medical Services (EMS):** The EMS focus area supports projects that strengthen emergency response systems and improve access to time-sensitive care in Alaska's rural, remote, and frontier communities. EMS-focused projects may include EMS workforce development, electronic documentation and data reporting, information sharing, access to clinical information, quality improvement, community paramedicine, mobile integrated health, and other activities that strengthen EMS system capacity and coordination.
2. **Care Coordination:** The Care Coordination focus area supports projects that improve how individuals move between health care settings and receive follow-up care after hospitalization. Care Coordination-focused projects may include hospital discharge planning, transitions of care, referral management, information sharing between providers, care coordination staffing, patient navigation, and activities that improve continuity of care and reduce gaps in services.
3. **Pay for Value:** The Pay for Value focus area supports projects that strengthen organizational capabilities needed to participate in value-based care and other outcome-focused models of care delivery. Pay for Value-focused projects may include quality measurement, population health management, care coordination, data infrastructure, analytics, financial sustainability, performance improvement, and operational readiness activities that support long-term sustainability and improved health outcomes.

Detailed descriptions of each focus area are available on the [DOH RHTP Applicant website](#). Those descriptions include the transformation goals for each area, the types of investments



that may be funded, and funding limitations specific to that focus area. These focus areas are intended to support organizations at varying levels of readiness to build the underlying capabilities. Applicants proposing a project in one of these areas should review the applicable description before developing their application.

Please note that projects that do not align with a targeted focus area may be proposed under the **Open Call** option. Open Call projects must demonstrate alignment with one of Alaska's RHTP initiatives and contribute to rural health system transformation.

Allowable Use of RHTP Funds

RHTP funds may only be used for purposes permitted by federal statute and approved by CMS. Allowable uses include:

1. **Prevention and Chronic Disease:** Promoting evidence-based, measurable interventions to improve prevention and chronic disease management.
2. **Provider Payments:** Providing payments to health care providers for the provision of health care items or services, as specified by the Administrator.
3. **Consumer Tech Solutions:** Promoting consumer-facing, technology-driven solutions for the prevention and management of chronic diseases.
4. **Training & Technical Assistance:** Providing training and technical assistance for the development and adoption of technology-enabled solutions that improve care delivery in rural hospitals, including remote monitoring, robotics, artificial intelligence, and other advanced technologies.
5. **Workforce:** Recruiting and retaining clinical workforce talent to rural areas, with commitments to serve rural communities for a minimum of 5 years.
6. **IT Advances (General):** Providing technical assistance, software, and hardware for significant information technology advances designed to improve efficiency, enhance cybersecurity capability development, and improve patient health outcomes.
7. **IT Advances (HITECH-Certified EMR Replacement):** Providing technical assistance, software, and hardware specifically related to a HITECH-Certified EMR Replacement.
8. **Fostering Collaboration:** Improving care coordination between communities in Alaska.
9. **Capital Expenditures and Infrastructure:** Coverage of capital expenditure and infrastructure costs (largely Cost Category J spending).
10. **Innovative Care:** Developing projects that support innovative models of care that include value-based care arrangements and alternative payment models, as appropriate.
11. **Behavioral Health:** Supporting access to opioid use disorder treatment services



(as defined in section 1861(jjj)(1)), other substance use disorder treatment services, and mental health services.

12. **Appropriate Care Availability:** Assisting rural communities to right size their health care delivery systems by identifying needed preventative, ambulatory, pre-hospital, emergency, acute inpatient care, outpatient care, and post-acute care service lines.

If an expense could align with multiple RHTP Allowable Uses, applicants should choose the single best-fit Allowable Use category rather than listing all uses.

Fall 2026 Funding Cycle Note: Federal Cost Category J generally covers certain repairs, replacements, minor renovations, alterations, and equipment upgrades. For the Fall 2026 cycle, DOH is accepting a limited subset of these costs.

DOH will consider eligible equipment repairs, replacements, and upgrades, including eligible vehicle and ambulance repairs, retrofits, and upgrades. Equipment requests should be directly tied to the activities and outcomes described in your application.

DOH will not fund minor renovations or building alterations in the Fall 2026 cycle. DOH anticipates considering renovation and building alteration requests in the Spring 2027 cycle. New facility construction and facility expansion are not allowable under RHTP in any cycle.

Applicants considering capital expenditures should review the [CMS RHTP Capital Expenditures & Infrastructure Fact Sheet](#) for additional requirements.

Key Applicant Considerations

Cooperative Agreement

The Rural Health Transformation Program is administered as a federal cooperative agreement with CMS. Unlike a traditional grant, cooperative agreements involve ongoing federal oversight and collaboration throughout the program period.

As part of the cooperative agreement structure:

- CMS retains approval authority over allowable activities and expenditures;
- CMS may require revisions to budgets, scopes, or implementation approaches, which may affect award timelines;
- Award terms and guidance may evolve during the five-year program period;
- States and subrecipients should expect ongoing monitoring, reporting, and technical assistance.

Applicants should design projects that are:

- Aligned with CMS and DOH RHTP requirements;
- Flexible and scalable;



- Operationally sustainable;
- Adaptable to evolving federal guidance or implementation needs.

Additionally, please be aware that projects selected for funding may be subject to:

- Additional CMS review;
- Budget clarifications;
- Technical assistance requirements;
- Reporting and monitoring expectations;
- Programmatic or financial corrective actions if necessary.

Award Timing and Spending Deadlines

RHTP awards are organized around subrecipient performance periods. A performance period is the period during which a funded organization is authorized to carry out approved project activities and spend awarded funds.

Applicants should use the anticipated performance period for their funding cycle when developing project activities, workplans, and budgets. The actual start date for an individual project will depend on when the subaward is fully executed and any start date specified in the award. Applicants should plan a scope and budget that can reasonably be completed by the performance period end date.

Year 2: Fall 2026 Funding Cycle

For projects funded through the Year 2 Fall 2026 cycle:

Fall 2026 Cycle	
Application period	September 30 – October 28, 2026
Anticipated award announcement timing	December 2026
Anticipated performance period	January 1 – December 31, 2027
Spending deadline	December 31, 2027
Continuation request timing	Fall 2027 funding cycle, if additional funding is needed

DOH anticipates beginning to issue award announcements in December 2026. The timing of individual awards may vary based on completion of review, clarification, federal review where applicable, and execution of the subaward agreement.

A subrecipient may begin RHTP-funded activities and incur project costs only after its subaward is fully executed and any applicable start date has been reached.



Subrecipient Spending Deadline and Extensions

Funds awarded for the Fall 2026 performance period must be fully expended by December 31, 2027, unless DOH approves an extension.

In limited circumstances, DOH may approve an extension of the performance period. Subrecipients seeking an extension must submit a written request at least 30 days before the end of the performance period and explain why additional time is needed and how the project will be completed within the proposed extension period. Extensions are considered on a case-by-case basis and are not guaranteed. Any extension must also remain within the applicable federal expenditure deadline described below.

How the Funding Cycles Fit Together

RHTP is expected to operate on recurring spring and fall funding cycles. Each cycle has its own subrecipient performance period, and RHTP funds one performance period at a time.

If a project needs additional RHTP funding beyond its current performance period, the organization must submit a new application in a later funding cycle. In general, projects funded through a spring cycle should plan around the next spring cycle, and projects funded through a fall cycle should plan around the next fall cycle.

The table below shows the anticipated relationship between funding cycles, performance periods, and continuation opportunities.

Year: Funding Cycle	Anticipated Performance Period	When to apply for continuation funding (if needed)
Year 1: Spring 2026 (Spring PP 1)	August 1, 2026 – June 30, 2027	Spring 2027 cycle
Year 2: Fall 2026 (Fall PP 1)	January 1, 2027 – December 31, 2027	Fall 2027 cycle
Year 2: Spring 2027 (Spring PP 2)	July 1, 2027 – June 30, 2028	Spring 2028 cycle
Year 3: Fall 2027 (Fall PP 2)	January 1, 2028 – December 31, 2028	Fall 2028 cycle
Year 3: Spring 2028 (Spring PP 3)	July 1, 2028 – June 30, 2029	Spring 2029 cycle
Year 4: Fall 2028 (Fall PP 3)	January 1, 2029 – December 31, 2029	Fall 2029 cycle
Year 4: Spring 2029 (Spring PP 4)	July 1, 2029 – June 30, 2030	Spring 2030 cycle
Year 5: Fall 2029 (Fall PP 4)	January 1, 2030 – December 31, 2030	Spring 2030 cycle, if additional funding is needed
Year 5: Spring 2030 (Spring PP 5)	July 1, 2030 – June 30, 2031	None anticipated; final program cycle

**Dates and timelines are subject to change.*



*** Applying for continuation funding means submitting a new application in that funding cycle. Continuation requests will be evaluated using the applicable requirements and evaluation framework for that cycle. Prior funding does not guarantee continued funding.*

Multi-Year Projects and Continuation Funding

RHTP is a five-year federal program, and some projects may require work across more than one subrecipient performance period.

Applicants may identify a project as multi-year and describe the anticipated future phases of the work. However, the current application should include only the activities and costs proposed for the current performance period. For the Fall 2026 funding cycle, that means activities and costs anticipated between the project’s award start and December 31, 2027.

Funding for a future performance period is not automatic. Projects seeking additional funding must submit a continuation application in an applicable future funding cycle. Future funding will depend on factors including project performance, continued alignment with RHTP requirements and priorities, the need and justification for additional funding, available RHTP resources, DOH funding decisions, and CMS review or approval where applicable.

DOH will provide additional instructions for continuation requests in advance of future funding cycles.

CMS Budget Periods and Expenditure Windows

Alaska receives RHTP funding from CMS through five federal budget periods. A CMS budget period is the period during which a specific year of federal RHTP funding is made available to the State and must be obligated to approved purposes.

Each budget period is followed by an expenditure window. Funds that were properly obligated during the budget period may continue to be spent during this additional period, but must be fully expended by the applicable federal expenditure deadline.

Alaska’s five CMS budget periods and expenditure deadlines are:

CMS Budget Period	Budget Period Dates	Federal Expenditure Deadline
BP 1	December 29, 2025 – October 30, 2026	September 30, 2027
BP 2	October 31, 2026 – October 30, 2027	September 30, 2028
BP 3	October 31, 2027 – October 30, 2028	September 30, 2029
BP 4	October 31, 2028 – October 30, 2029	September 30, 2030
BP 5	October 31, 2029 – October 30, 2030	September 30, 2031

Federal law does not provide for extensions of these expenditure deadlines. Funds that are



not obligated and expended within the applicable federal timeframes may no longer be available to the State.

How CMS Budget Periods Relate to Subrecipient Performance Periods

CMS budget periods govern the State's federal RHTP award. Subrecipient performance periods govern the individual awards made by DOH to funded organizations.

DOH establishes subrecipient performance periods so that project activities and spending are completed before the applicable federal expenditure deadline. This provides time for required reporting and closeout and, where appropriate, limited extensions or other actions needed to complete approved work before the federal funds expire.

For subrecipients, the performance period and spending deadline stated in the individual subaward are the dates that apply to the project. The later CMS expenditure deadline does not automatically extend a subrecipient's performance period.

How to Apply

Applications are submitted through the RHTP application portal hosted by The Alaska Community Foundation (ACF), the contracted subaward administrator for RHTP. Applying takes two steps.

Step 1: Organization Registration

Each organization completes the organization registration once. Registration collects legal, tax, payment, contact, and compliance information about your organization. No project information is requested at this step.

Complete your organization registration as early as possible. You must submit your organization registration before you can access the project application. After submitting your registration, you will receive an email with a link and password to the project application.

While completing your organization registration, you can also download a PDF of all questions that could potentially be asked in the project application. This allows you to review what information may be requested and begin preparing your responses and materials in advance. You will not necessarily be asked every question in the PDF; the online application will only show the questions that apply to your project.

Step 2: Project Application(s)

Each project requires a separate application. An organization may submit up to five project applications in this funding cycle. Organizations are encouraged to be selective and focus on the projects they are best positioned to carry out successfully. If submitting more than one project, please rank your applications in priority order and consider the total amount of RHTP funding requested across all submissions.

Save your work frequently and allow enough time to complete and upload all required templates before the deadline.

- **Organization registration:** Complete as early as possible. Registration is required



before you can begin a project application.

- **Project applications due:** Wednesday, October 28, 2026, at 11:59 p.m. Alaska time.

Application Components

The Fall 2026 application is tailored based on the applicant’s responses. Organizations may submit applications for more than one project; however, each project requires a separate application and must identify the single RHTP initiative that best aligns with the proposed project.

All applicants will provide core information about their organization and proposed project. Additional questions and required materials will appear based on the project’s stage, focus area, and proposed activities.

Please keep responses clear, concise, and specific to your organization and proposed project. Responses must stay within the character limits shown for each question in the application.

Organization Registration

Applicants will provide basic information about their organization, including organization type, connection to Alaska, physical presence in Alaska, organizational mission and services, populations served, and a primary application contact. Vendors may be asked for additional information about their anticipated partnerships in Alaska.

The project title serves as a unique identifier for the project and should be specific and descriptive. Avoid acronyms, internal project names, or other terms that may not be clear outside your organization.

Project Overview and RHTP Initiative

Applicants will provide a project title, a short summary of the project, and a description of the work to be carried out with RHTP funding. The summary should be understandable to someone outside your organization, without acronyms or internal project names. Applicants will select the Alaska RHTP initiative that best aligns with the proposed project. Applicants may only select one RHTP initiative per application and should use the initiative descriptions provided in this guide to identify the best fit.

Applicants will also identify whether their project is currently in the Planning or Implementation Pathway, as defined in the Application Types section of this guide.

Implementation Focus Areas

Implementation Pathway applicants will identify whether their project primarily supports one of the following focus areas, as described on Page 1 of this guide. Applicants selecting a designated focus area will receive additional questions specific to that area.

Project Need and Rural Impact

Applicants should clearly describe the need or problem

Applicants are encouraged to prepare responses based on their own knowledge and experience with the proposed project rather than relying on AI-generated language. If AI tools are used to support drafting or editing, applicants should review the response carefully and make sure it accurately reflects their organization, project, communities served, proposed activities, and expected outcomes. **Generic or overly broad responses may make it difficult for reviewers to understand the project and assess the application.**



the project is intended to address, the communities and populations that will benefit, and the expected impact on rural health. Responses should provide enough context for reviewers to understand why the project is needed and how the proposed activities respond to that need.

Projects should clearly demonstrate how the proposed work will benefit rural, remote, or frontier Alaskans. Applicants will also be asked to estimate the number of Alaskans who will be directly served by the project. Estimates should be realistic and based on the project's proposed activities and expected reach during the funding period. Applicants should use available data where possible, such as current patient or service volumes, historical utilization, enrollment or participation data, or other reasonable estimates.

Partnerships

All applicants will describe how their project fits alongside services already available in their community, and any outreach they have done with other organizations or with the people the project serves. A project carried out by a single organization can fully meet this part of the application; applicants without formal partners should explain why coordination is not needed.

Applicants whose projects involve partner organizations will provide information about those partnerships in the application. Applicants should clearly identify the role of partners that are important to successful implementation, whether the project could proceed without them, the current status of those relationships, and how those organizations will contribute to the proposed project.

Applicants may also upload documentation of support or coordination, such as letters of support, memoranda of understanding, Tribal council or governing body resolutions, or records of meetings. This upload is optional, but documentation is strongly encouraged, particularly where the project depends on partners.

Project Approach and Workplan

Applicants will describe how they plan to carry out the proposed project and will complete the required Workplan Template. The workplan should provide a clear and realistic sequence of project activities, milestones, and expected timing within the applicable performance period.

- Implementation Pathway workplans should reflect the project's actual operating environment and account for issues that could affect timing, such as workforce recruitment, procurement and contracting, shipping, seasonal transportation, weather, or other project-specific dependencies.
- Planning Pathway applicants should focus their workplan on the planning, assessment, stakeholder engagement, design, readiness, or other activities they propose to complete during the funding period rather than presenting the project as though it is already ready for implementation.

Challenges and Monitoring

Applicants will describe known or potential challenges that could affect implementation or impact, and how they plan to address them. Applicants will also describe how they will track progress



during the performance period and adjust if the project falls behind. Identifying real risks is expected; reviewers are looking for realistic planning rather than the absence of obstacles.

Budget and Budget Narrative

Applicants must complete and submit the required Project Budget Template and Budget Narrative Template. These templates will be available within the application portal during the relevant section.

The Project Budget and Budget Narrative should be consistent with one another and clearly connect requested costs to proposed project activities. Applicants should classify costs using the applicable federal cost categories and RHTP Allowable Uses and distinguish between programmatic and administrative costs.

- Applicants requesting funding for workforce-related costs should use the Budget Narrative to clearly explain the positions, recruitment or retention activities, training, or other workforce investments being requested and how those costs support the proposed project. Applicants should also review applicable RHTP workforce requirements, including the five-year rural service commitment requirements that may apply to certain workforce investments.
- Projects requesting technology, equipment, or other capital-related costs should explain how the requested investment supports the proposed project and rural health transformation. Applicants should provide the information requested in the application and budget materials for applicable technology, equipment, IT, or capital expenditures.

Fall 2026 Capital Costs Notes: Minor renovations and building alterations will not be funded during the Fall 2026 application cycle.

DOH anticipates considering renovation and building alteration requests in the Spring 2027 cycle.

Limited equipment costs may be included in this cycle. DOH will consider eligible equipment repairs, replacements, and upgrades where they are directly tied to the activities and outcomes described in your application.

New facility construction and facility expansion are not allowable under RHTP in any cycle. Applicants considering capital expenditures should review the RHTP budget guidance and applicable CMS requirements before including these costs in their request.

Applicants should develop their request based on the applicable performance period and include only costs that are expected to occur during that period (for Fall 2026 applications, January 1, 2027 through December 31, 2027, recognizing that a project's actual start date depends on when its subaward is fully executed). Additional requirements related to allowable and unallowable costs, administrative costs, equipment, capital expenditures, and other budget considerations are described in the budget sections of this guide and the RHTP Federal Budget Development Basics training materials.

Outcomes and Measurement



Applicants will identify the results they expect to achieve and how they will assess them, and, where known, the starting value and the value they expect to reach by the end of the performance period. Proposed outcomes should be appropriate to the project's purpose and stage and should clearly connect to the activities proposed for RHTP funding.

Planning projects should identify what will be resolved, decided, or in place at the end of the planning period, along with the outcomes the project being planned would aim to achieve. Implementation projects should identify the measurable changes expected through project delivery. Project activities, progress measures, and milestones belong in the workplan rather than in the outcomes response.

Sustainability

RHTP funds one performance period at a time, and applicants should consider what happens after that period ends.

Implementation applicants will describe whether the project is expected to continue after RHTP funding ends and, if so, how it would be supported. Sustainability may be financial, operational, workforce-based, reimbursement-based, or system-based. Some projects are time-limited by design and conclude when their work is complete; where that is the case, applicants should say so and explain why ongoing support is not needed.

Planning applicants will describe how the planning process will address what would be needed to sustain the project if it moves forward, and any ongoing costs or commitments the planning work itself would create.

Program Details: Funding Caps, Requirements, and Considerations

CMS established federal limits on how much RHTP funding may be used for certain categories of costs. These limits apply at the State level and may affect the amount of funding available for specific types of expenses across Alaska's RHTP program. DOH is responsible for monitoring these expenditures and managing compliance with applicable federal limits.

Applicants are not expected to track or manage State-level federal caps but should be aware that certain types of costs are subject to additional limitations or requirements when developing project concepts and budgets. Applicants must also comply with any limits that apply directly to their individual project budgets.

Federal Funding Caps

Across each CMS Budget Period, the following limits apply to Alaska's total RHTP award:

- **Administrative expenses** (including direct and indirect administrative costs): Capped at no more than 10% of the total award to the State of Alaska;
- **Provider payments:** Capped at no more than 15% of the total funding CMS awards the State in a given budget period. Provider payments are payments to health care providers for the provision of health care items or services and are subject to additional program requirements;



- **Electronic Medical Record (EMR) system replacement:** Capped at no more than 5% of the total award to the State of Alaska when funding is used to replace an EMR/EHR system and a HITECH-certified EMR/EHR system was already in place as of September 1, 2025. The 5% cap does not apply when funding is used for a new EMR/EHR system where no prior HITECH-certified system was in place.
- **Capital expenditures and infrastructure:** Capped at no more than 20% of the total award to the State of Alaska. Federal guidance permits certain capital expenditures and infrastructure investments, including minor building alterations or renovations and equipment upgrades, while major renovations and new construction are not allowable. For the Fall 2026 funding cycle, minor renovations and building alterations will not be funded. Applicants should review the applicable Fall 2026 budget guidance before including capital expenditures in their funding request. Guidance related to what is considered minor vs major renovations can be found in [CMS' RHTP FAQ](#).

Provider Payments

RHTP funds may be used for certain provider payments tied to approved rural health transformation activities. Provider payment funding is capped at 15% of a state's total RHTP award during a given budget period. Per CMS guidance, provider payments are payments intended to support health care services that are not otherwise paid for by insurers or existing funding sources. Examples may include:

- Incentive payments tied to quality improvement
- Alternative payment model participation
- Payments supporting value-based care activities
- Services aligned with approved RHTP initiatives

Provider payment proposals should:

- Directly support Alaska's RHTP goals and initiatives
- Be sustainable beyond the grant period
- Avoid duplication of existing funding
- Focus on measurable improvement in care delivery or outcomes

CMS guidance also clarifies that provider payment funding is intended to support the delivery of services — not infrastructure or equipment needed to provide those services. For example, provider payments may support a telehealth encounter, but not the computer equipment or internet infrastructure needed to conduct the encounter.

Applicants can find additional information on provider payments here: [CMS Guidance on Provider Payments](#).

Five-Year Workforce Service Commitments



CMS RHTP guidance allows states to use funding for workforce recruitment and retention activities designed to strengthen long-term rural workforce capacity.

Certain workforce investments supported through RHTP may be subject to CMS's five-year rural service commitment requirement. Applicants proposing workforce recruitment, retention, training, education, or other workforce development activities should review the applicable CMS guidance and design projects accordingly.

Projects involving the following should be designed and articulated with long-term sustainability in mind:

- Tuition assistance
- Certification support
- Training stipends
- Workforce incentive programs
- Other direct workforce investments

Applicants proposing workforce investments should describe:

- The workforce shortage or need being addressed;
- Recruitment and retention strategies;
- Whether the proposed workforce activities are subject to CMS's five-year service commitment requirement;
- How any required service commitments will be documented, tracked, and monitored; and
- Long-term sustainability of workforce positions or workforce gains beyond the grant period.

Additional information regarding the five-year service commitment requirement, including examples of qualifying and non-qualifying workforce investments, can be found in the following resources:

[CMS 5-Year Service Commitment Fact Sheet](#)

[CMS Category E Workforce Information Guide](#)

[CMS: Rural Health Transformation Program Frequently Asked Questions – September 2026](#)

Administrative vs. Programmatic Costs

Applicants should review the RHTP Federal Budget Development Basics training for requirements and guidance on identifying, calculating, and documenting programmatic and administrative costs. Direct administrative costs are limited to 3% of the total project budget, and indirect cost rates and overhead percentages may not be applied.



Capital Expenditures and Infrastructure

Applicants proposing capital expenditures, equipment, or infrastructure-related costs should review the RHTP Federal Budget Development Basics training for applicable requirements and budget guidance. Applicants may also review the [CMS RHTP Capital Expenditures & Infrastructure Fact Sheet](#) for additional federal guidance.

Electronic Medical Record (EMR) Projects

No more than 5% of the total award to the State of Alaska may be used to replace an EMR/EHR system when a HITECH-certified EMR/EHR system was already in place as of September 1, 2025. The 5% cap applies specifically to replacement of an existing HITECH-certified system.

Applicants proposing an EMR/EHR investment will be asked whether the project involves a new system, replacement of an existing system, or an upgrade or enhancement. Applicants proposing replacement of an existing system will also be asked whether the system being replaced was HITECH-certified and in place as of September 1, 2025.²

Funding Policies and Limitations

Federal and RHTP requirements prohibit or restrict certain uses of funds.³ As part of the application process, applicants will be asked to describe how their project aligns with RHTP program goals and how it complements (rather than duplicates or supplants) existing funding sources.

Applicants should review these policies to ensure their project concept fits within RHTP funding parameters and to avoid developing proposals that rely on unallowable uses of funds. Unallowable or restricted costs include, but are not limited to:

- Pre-award costs;
- Meeting matching requirements for any other federal funds or local entities;
- Services, equipment, or supports that are the legal responsibility of another party under federal, State, or tribal law, such as vocational rehabilitation or education services;
- Services, equipment, or supports that are the legal responsibility of another party under any civil rights law, such as modifying a workplace or providing accommodations that are obligations under law;
- Goods or services not allocable to the project;
- Supplanting existing State, local, tribal, or private funding of infrastructure or services,

² CMS Interoperability Framework <https://www.cms.gov/health-technology-ecosystem/interoperability-framework>

³ Awards will be subject to any applicable provisions of 2 CFR Part 200 and 2 CFR Part 300. As of October 1, 2025, HHS will adopt 2 CFR Part 200, with some modifications included in 2 CFR Part 300. These regulations can be found at 89 FR 80055 and replace those in 45 CFR Part 75.



such as staff salaries. RHTP funds may support expansion of existing programs or staff roles but may not pay for work or costs that are already funded. Only the portion of time or activity that is new or expanded under the RHTP project may be supported;

- Funding utilized as an endowment, capital fund, revolving loan fund, or other mechanism resembling an investment or income generating account;
- Construction, facility expansion, demolition, major renovations, cosmetic improvements, and, for the Fall 2026 funding cycle, minor renovations and building alterations;
- Purchasing land and/or buildings;
- Vehicles and equipment subject to additional approval requirements. Applicants should clearly identify these purchases in the budget and provide the requested justification;
- Salary for an individual (including staff, physicians, subawardees or contractors) that exceeds the maximum annual salary cap (FY2025: \$225,700 or FY2026: \$228,800)⁴ over cap funding must be covered by non-federal sources;
- The cost of independent research and development, including their proportionate share of indirect costs;⁵
- Funds related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order;
- Purchase of covered telecommunications and video surveillance equipment ⁷ as well as financial assistance to households for installation and monthly broadband internet costs;
- Issuing direct student loans or funding student loan repayment programs;
- Meals, unless in limited circumstances such as:
 - Subjects and patients under study
 - Where specifically approved as part of the project or program activity, such as in programs providing children's services or produce prescription programs
 - As part of a per diem or subsistence allowance provided in conjunction with allowable travel;
- Activities prohibited under federal grant policies⁶, including but not limited to:
 - Paying the salary or expenses of any grant recipient, or agent acting for such

⁴ See Grants Policy Bulletin HHS Salary Rate Limit, Bulletin Number 2026-01E, Release Date 3.25.2026, <https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/gpb-2026-01e-hhs-salary-rate-limit.pdf>.

⁵ See 2 CFR 300.477.

⁶ See 2 CFR 200.216.



recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before the Congress or any State government,

State legislature, or local legislature or legislative body

- Lobbying, but awardees can lobby at their own expense if they can segregate federal funds from other financial resources used for lobbying;
- Funding clinical services already covered by insurance. RHTP funds cannot pay for clinical services if they duplicate billable services and/or attempt to change payment amounts of existing fee schedules. If you plan to fund direct health care services, you must justify why they are not already reimbursable, how the payment will fill a gap in care coverage (such as uncompensated care or services not covered by insurance), and/or how they transform the current care delivery model. Funding cannot be used for initiatives that fund certain cosmetic and experimental procedures that fall within the definition of a specified sex-trait modification procedures⁷ because that is beyond the scope of this program;
- Clinician salaries or wage supports for facilities that subject clinicians to non-compete contractual limitations;
- None of the funding shall be used by the State for an expenditure that is attributable to an intergovernmental transfer, certified public expenditure, or any other expenditure to finance the non-Federal share of expenditure required under any provision of law (for example to pay the state portion of Medicaid expenditure);
- SSA Section 2105(c), paragraphs (1), (7), and (9) apply as funding limitations. These limitations are related to general limitations, limitations on payment for abortions, and citizenship documentation requirements for payments made with respect to an individual.

Final Applicant Reminders

Strong applications generally:

- Clearly address a rural health need;
- Align with an RHTP initiative;
- Demonstrate realistic implementation planning;
- Include sustainable operational models;
- Reflect thoughtful stewardship of federal funding;
- Show measurable rural impact.

⁷ See 45 CFR 156.400.



Please note that submission of a full proposal does not guarantee funding. All awards remain subject to CMS approval and federal requirements.

Checklist Before Submitting

- ✓ Project clearly ties to at least one initiative
- ✓ Public-facing summary uses plain language
- ✓ Upload all required attachments
- ✓ Administrative costs do not exceed 3% of the total proposed project budget
- ✓ Project Budget and Budget Narrative are consistent
- ✓ Define all utilized acronyms
- ✓ Project timeline fits within the performance period
- ✓ No unallowable costs

Resources

The Rural Health Transformation Program is guided by both federal and state-level information, and updates will continue as the program moves forward. Organizations should review the resources below and check back regularly for new guidance.

Alaska Department of Health

- **Alaska RHTP Website:** Program updates, timelines, funding opportunities, FAQs, and application materials.
 - <https://health.alaska.gov/en/education/rural-health-transformation-program/>
 - DOH will post updates on this site as new materials become available, including webinar announcements, statewide and regional convenings, and application guidance.

Centers for Medicare & Medicaid Services

- **CMS RHTP Program Overview:** Background on the federal program, goals, and resources.
 - <https://www.cms.gov/priorities/rural-health-transformation-rht-program/overview>
- **CMS RHTP Notice of Funding Opportunity:** The official federal funding announcement.
 - https://files.simpler.grants.gov/opportunities/782f996f-78f8-4742-8b68-d2bf50c87f99/attachments/1f9b7812-12a9-46ab-92cf-bb804c0bf6ac/cms-rht-26-001_final.pdf
- **CMS RHTP Frequently Asked Questions:** Clarifications and guidance issued by CMS, including responses to questions raised by states, and specific guidance



regarding Provider Payments and 5-year Service Commitments.

- <https://www.cms.gov/files/document/rural-health-transformation-frequently-asked-questions.pdf>
- <https://www.cms.gov/files/document/frequently-asked-questions-april-2026.pdf>
- <https://www.cms.gov/files/document/provider-payments-fact-sheet.pdf>
- <https://www.cms.gov/files/document/5-year-service-commitment-fact-sheet.pdf>
- **US Office of Management and Budget's Uniform Grants Guidance 2 CFR 200:** Uniform administrative requirements, cost principles, and audit requirements for all Federal awards, including RHTP subawards.
 - <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200>

Applicants are strongly encouraged to review the CMS FAQs linked above, as they address common questions about allowable uses of funds, limitations, and program requirements.

Questions and Contact Information

- Programmatic questions: RHTP@alaska.gov
- Questions about the Application portal: rhtp@alaskacf.org

This guide and the linked resources are intended to help organizations prepare to engage with Alaska's RHTP. Federal guidance, CMS approvals, and award-specific terms will always govern, and additional details may be provided as the program evolves.

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