

On September 25, 2025, CMS hosted the second of two webinars for applicants interested in the RHTP. Below is a detailed recap of the program requirements, budget rules, scoring, and key tips for applicants discussed in the webinar. Additionally, find NRHA's summary of the RHTP NOFO [here](#).

NRHA RHTP Office Hours: October 2, 2025 @ 1 pm EST [Register here](#).

NRHA RHTP Office Hours: October 17, 2025 @ 1 pm EST [Register here](#).

Program Overview

- Funding available: \$50 billion total over five budget periods.
 - \$25 billion baseline funding: evenly distributed among approved state applications.
 - \$25 billion workload funding: distributed based on rural facility factors, state initiatives, state policies, and the overall quality of the application.
- Application type: States submit a one-time application; joint or consortium applications are not permitted.
- Award date: All funding will be announced on December 31, 2025, awards will be distributed starting January 2026.

Funding Opportunities

- CMS staff clarified that there is one application covering two funding opportunities:
- Baseline funding (\$25 billion): evenly distributed among approved state applications.
- Workload funding (\$25 billion): distributed among approved states based on need criteria and scoring.

Application Process

- NOFO number: CMS-RHT-26-001.
- Registration: States must register in [SAM.gov](#) and obtain a Unique Entity Identifier (UEI) used for login.
- Letter of Intent: Optional, but due September 30, 2025, at 11:59 p.m. EST to MAHARural@cms.hhs.gov.
- Formatting: Follow required font size, page limits, and attach all required forms ([Step 3 of NOFO](#)).
- Review: Applications will be checked for Completeness & Responsiveness ([Step 4](#)).
 - Use the [NOFO checklist](#).
 - Ensure AOR electronic signatures match the SF-424

Program Funding Rules

CMS emphasized the following restrictions:

- No new construction. Minor remodeling or equipment projects may be approved.

- No duplication of billable services or attempts to alter existing CMS fee schedules.
- Caps on use of funds:
 - Capital expenditures/infrastructure ≤ 20% of award.
 - Provider payments ≤ 15%.
 - EMR replacement ≤ 5% if a certified system was already in place before Sept. 1, 2025.
 - Rural Tech Catalyst Initiative ≤ 10% or \$20M, whichever is less.

Application Content

Applications must include:

- **Project narrative** tied to the NOFO.
- Most current list of behavioral health clinics and number of DSH payments.
- Goals and strategies covering:
 - Workforce recruitment and training (minimum five-year service).
 - Hardware/software upgrades for efficiency, cybersecurity, and patient outcomes.
 - Care availability (preventive, ambulatory, inpatient, outpatient, acute).
 - OUD/SUD treatment and mental health services.
 - Innovative care (value-based models, alternative payment).
 - Minor renovations/equipment only.

Appendix initiatives: States must fund at least three initiatives aligned with the strategic goals

Budget Requirements

- **Budget narrative:** Must follow the **NOFO template** (link found on **NOFO pg. 38**)
 - Each cost category must identify which initiative line item it supports.
 - An extra budget column must be added linking costs to initiatives.
- Reasonableness: Costs must be proportional to patient volume and goals.
- Audits: CMS may require audits after the fifth year.

Implementation & Sustainability

- Applications must outline **governance**, project management, and coordination across agencies and stakeholders.
- States should identify legislative or regulatory actions needed.
- Sustainability plans are required: initiatives must show transformative and measurable impact by 2028 and continue after the program sunsets in 2031.

Funding & Scoring

- RHTP awards will be cooperative agreements, requiring close collaboration and communication between CMS and states.
- Baseline funding is awarded if applications meet minimum requirements.

- **Workload funding is equally based on:**
 - Rural population & technical scores (data-driven metrics making state comparisons).
 - Initiative-based quality of programs.
 - State policy actions (licensure compacts, scope of practice, SNAP waivers, data infrastructure). These are optional to include in an application.
- Merit reviewers: subject matter experts with no conflicts of interest who will score applications. CMS stressed that reviewers will prioritize sustainability and transformative impact.

Key Tips from CMS Staff

- Use the **NOFO checklist**. Small formatting errors or missing attachments can disqualify an application.
- Tie every budget item to an initiative. Unlinked costs will not be accepted.
- Demonstrate transformation. Show how programs go beyond status quo.
- Plan for sustainability. Reviewers will reward states with credible long-term plans.
- Engage with state leadership now. Only states can apply, but provider input is essential.
- Governance counts. Include strong management and coordination structures.

Next Steps

- Optional Letter of Intent: Sept. 30, 11:59 p.m. EST to MAHARural@cms.hhs.gov.
- Review the NOFO and appendix carefully. They contain the scoring details and initiative lists.
- Resources:
 - **RHTP website – sign up for email updates**
 - **RHTP FAQ page**
- Webinar slides and transcript will be posted by CMS, NRHA will circulate when made available.