Rural Health Transformation Program – Opioid Treatment Program Workforce Incentive Programs

RFA No. 2026HCA9

Amendment No. 1

Date Issued: 8/4/2026

To: RFA Applicants

From: Megan Clark, RFA Coordinator

Purpose: In response to Applicant Questions

This amendment hereby modifies and is attached to RFA No. 2026HCA9. All other terms, conditions, and specifications remain unchanged.

The above referenced solicitation is amended as follows:

1. HCA answers to Applicant's questions:

RFA 2026HCA9 - OTP Workforce Incentive Program			
#	**Section**	**Bidder Questions**	**HCA Answers**
1	N/A	We have a federally approved indirect rate. The RFA states indirect costs are allowed if we have a current, federally approved indirect cost rate, which we do. Our indirect rate is 23.7% but the budget template has 7.1% listed. Can you please confirm which rate we are to use?	If an Applicant has a federally approved rate, they should use that rate for calculation of indirect costs. Applicants will be expected to provide a copy of their authorization of their approved rate with their Contract, if awarded.
2	Exhibit B	Is a person receiving a salary through a new OTP position subject to the five-year commitment?	Yes. In the 5-year-service-commitment-fact-sheet.pdf linked on Exhibit B: Applicant Questions, Section C, subsection 2, describes in detail the five-year commitment requirement.
3	Exhibit B	Are continuing education and conference travel costs tied to the five-year service commitment?	Yes. In the 5-year-service-commitment-fact-sheet.pdf linked on Exhibit B: Applicant Questions, Section C, subsection 2, describes in detail the five-year commitment requirement.
4	Exhibit B	Who is responsible for tracking the rural service commitment if an employee leaves [Organization] before completing five years?	The Applicant organization should monitor and report to HCA when a service commitment is not completed. See the 5-year-service-commitment-fact-sheet.pdf linked on Exhibit B: Applicant Questions, Section C, subsection 2.

5	Exhibit B	Does full repayment of an unearned incentive balance extinguish the individual's five-year obligation?	See the 5-year-service-commitment-fact-sheet.pdf linked on Exhibit B: Applicant Questions, Section C, subsection 2. "Failure to Complete the 5-Year Service Requirement: Prorating and Extenuating Circumstances In cases where a provider is unable to complete the 5-year service requirement at their initially committed healthcare organization (e.g., due to hospital closure), they may fulfill the remainder of their 5-year commitment through work for other rural providers or in other rural communities within the State. States may also consider prorating the incentive payment amount to reflect the service provided to the rural community up to that point. It may be allowable for States to forgive the 5-year service obligation in cases where the educational and/or credentialing requirements that are prerequisite to clinical practice have not been met or the 5-year service requirement has not been fulfilled due to extenuating circumstances such as death or disability of the committed provider. States must submit a request with documentation substantiating a provider's death or disability to CMS for review and approval in order to write-off or otherwise forgive the 5-year service obligation."
6	1.6	What is the definition of "spent"?	Merriam-Webster defines "spent" as "a: used up : consumed; b: exhausted of active or required components or qualities often for a particular purpose". In-line with that definition, any awarded Rural Health Transformation funding must be fully consumed or exhausted by the Applicant by the stated deadline.
7	N/A	Are there any concerns for the RHTP funding and the Governor's directive on the freeze?	No, federally funding sources are exempt from the Washington state Governor's directive on contracts freeze. See the full Directive here: https://governor.wa.gov/sites/default/files/directive/24-19-Freezes.pdf

8	Exhibit C	Can we "hold" awards or stagger payment for the awards?	Section 5.3 of the Sample Contract, prohibits advanced payment. Funds will be dispersed upon an invoice for the expenses used.
9	Exhibit D	What is listed on the improved incentives list?	Additional incentive options outside of the categories listed in Exhibit D - Budget Proposal Template are individually approved by HCA and CMS, as necessary. Applicants may propose alternative incentive options with sufficient justification related to workforce retention in their Budget Narrative.
10	Exhibit D	Would elder care/summer camp reimbursement/etc be an allowable cost?	Exhibit D - Budget Proposal, Budget Sheet Instructions has a list of allowable expenses. Applicants may propose alternative incentive options with sufficient justification related to workforce retention in their Budget Narrative.
11	N/A	Would a director who also holds an behavioral license (like MD/NP/RN) be eligible for this opportunity?	This fund is for supporting the clinical positions within rural Washington. A director likely isn't considered a clinically practicing position and would not qualify for recruitment funds.

12	Exhibit D, and Exhibit B	Would tuition reimbursement be eligible for this opportunity? • If a clinician or staff member receives a recruitment or retention bonus but does not complete the required service obligation, is repayment to the funder required? • Could you please share the exact policy or contract language that explains repayment or clawback for breached service obligations? o If repayment is required, who is responsible for recovering the funds — the employer or the funder? o If the employer is expected to collect repayment, what documentation or reporting will you require from us? o If repayment is required, is the amount full or pro rated based on time served? If prorated, can you provide the formula or an example calculation? o Are there any allowable offsets (for example, taxes withheld or benefits paid) that reduce the repayment amount?	Exhibit D - Budget Proposal, Budget Sheet Instructions has a list of allowable expenses. Applicants may propose alternative incentive options with sufficient justification related to workforce retention in their Budget Narrative. See the 5-year-service-commitment-fact-sheet.pdf linked on Exhibit B: Applicant Questions, Section C, subsection 2. "Failure to Complete the 5-Year Service Requirement: Prorating and Extenuating Circumstances In cases where a provider is unable to complete the 5-year service requirement at their initially committed healthcare organization (e.g., due to hospital closure), they may fulfill the remainder of their 5-year commitment through work for other rural providers or in other rural communities within the State. States may also consider prorating the incentive payment amount to reflect the service provided to the rural community up to that point. It may be allowable for States to forgive the 5-year service obligation in cases where the educational and/or credentialing requirements that are prerequisite to clinical practice have not been met or the 5-year service requirement has not been fulfilled due to extenuating circumstances such as death or disability of the committed provider. States must submit a request with documentation substantiating a provider’s death or disability to CMS for review and approval in order to write-off or otherwise forgive the 5-year service obligation."

13	Exhibit C and Exhibit D	We are exploring a retention grant structure that allocates funding by benefit category rather than by specific item. Is this approach permissible under the grant guidelines? For example, could we request funding such as: • Experience Allowance: $20,000 • Wellness Allowance: $10,000 • Professional Development Allowance: $15,000 Within each category, we would establish an approved list of eligible expenses and allow employees to select the option most relevant to them. For example, under the Experience Allowance category, one employee might choose a museum membership while another might choose a family activity or cultural event, provided the expense falls within the approved category guidelines. Would categories such as Experience, Wellness, and Professional Development be considered allowable uses of grant funds? If so, can funding be requested and administered at the category level, with employees selecting from pre-approved options within each category? Additionally, what level of detail is required regarding eligible expenses, administration, tracking, and reporting to ensure compliance with grant requirements?	Exhibit D - Budget Proposal, Budget Sheet Instructions has a list of allowable expenses. Applicants may propose alternative incentive options with sufficient justification related to workforce retention in their Budget Narrative. Exhibit C - Sample Draft Contract, page 43, Reporting requirements includes details required to report to HCA after award and throughout Contract term.

14	Exhibit B	If an incentivized employee leaves employment before completing the five-year service commitment, what repayment or other obligations would apply, and would those obligations rest with the employee, the employer, or both?	See the 5-year-service-commitment-fact-sheet.pdf linked on Exhibit B: Applicant Questions, Section C, subsection 2. "Failure to Complete the 5-Year Service Requirement: Prorating and Extenuating Circumstances In cases where a provider is unable to complete the 5-year service requirement at their initially committed healthcare organization (e.g., due to hospital closure), they may fulfill the remainder of their 5-year commitment through work for other rural providers or in other rural communities within the State. States may also consider prorating the incentive payment amount to reflect the service provided to the rural community up to that point. It may be allowable for States to forgive the 5-year service obligation in cases where the educational and/or credentialing requirements that are prerequisite to clinical practice have not been met or the 5-year service requirement has not been fulfilled due to extenuating circumstances such as death or disability of the committed provider. States must submit a request with documentation substantiating a provider's death or disability to CMS for review and approval in order to write-off or otherwise forgive the 5-year service obligation."
15	Exhibit B	Are hardship exceptions, waivers, or prorated repayment provisions available for employees who are unable to fulfill the full five-year commitment due to disability, retirement, family hardship, or other unforeseen circumstances?	See the 5-year-service-commitment-fact-sheet.pdf linked on Exhibit B: Applicant Questions, Section C, subsection 2. "It may be allowable for States to forgive the 5-year service obligation in cases where the educational and/or credentialing requirements that are prerequisite to clinical practice have not been met or the 5-year service requirement has not been fulfilled due to extenuating circumstances such as death or disability of the committed provider. States must submit a request with documentation substantiating a provider's death or disability to CMS for review and approval in order to write-off or otherwise forgive the 5-year service obligation."

16	N/A	May a single employee receive more than one type of workforce incentive under this program (for example, relocation assistance, childcare support, and a recruitment or retention incentive), provided overall funding limitations are met?	Yes.
17	1.5	May workforce incentive funds support positions that integrate traditional healing practices, cultural services, and other culturally grounded approaches that complement OTP treatment and recovery services?	Yes, as long as the facility/clinic is eligible, the services provided in addition to OTP services should not be limited. This program does not look at the service level activities as long as the providers meet the other requirements of the Workforce Incentive program.
18	Exhibit B	Application Question C.8 references supporting delivery of MOUD services in external settings. For Tribal applicants, what types of activities, partnerships, or expenditures would HCA consider responsive to this requirement, and would Tribal community-based settings or Tribal partner facilities qualify as external settings?	Any external setting where an OTP patients are residing outside of a OTP clinic. External settings may include skilled nursing facilities, inpatient behavioral health agencies (such as residential treatment or withdrawal management), carceral facilities, or other type of alternate setting where a patient is temporarily residing. See Exhibit B, Section C, subsection 8.
19	N/A	In accordance with the Washington State Centennial Accord and HCA's Tribal Consultation and Communication Policy, what consultation with Tribal governments, Tribal health programs, and Urban Indian Organizations occurred during the design of the OTP Workforce Incentive Program and its requirements?	This question will be answered directly to the Applicant by HCA leadership, in coordination with the Office of Tribal Affairs.
20	N/A	How does HCA intend to ensure that implementation of this program remains responsive to the unique workforce, geographic, and cultural needs of Tribal communities?	This question will be answered directly to the Applicant by HCA leadership, in coordination with the Office of Tribal Affairs.

21	N/A	If Tribes identify barriers or unintended consequences associated with program requirements during implementation, what process will HCA use to receive Tribal feedback and consider program modifications?	This question will be answered directly to the Applicant by HCA leadership, in coordination with the Office of Tribal Affairs.
22	N/A	Does HCA anticipate any ongoing Tribal consultation or Tribal advisory opportunities related to implementation of this program?	This question will be answered directly to the Applicant by HCA leadership, in coordination with the Office of Tribal Affairs.
23	1.5	We have a mobile clinic that brings accessible mental health care and substance use treatment to rural communities in King County. Our mobile clinic is to support rural KC with their treatment by making behavioral health accessible to our rural clients who have limited transportation options or cannot attend their appointments at one of our brick-and-mortar clinic locations. Would our mobile clinic fit into a project the RFP's purpose and eligibility looks to fund?	Yes, as long as all other eligibility criteria are also met. See Section 1.5 of the RFA document.