

Rural Residency Planning and Development Program Frequently Asked Questions

Q: Can I apply to expand the number of residents, training sites, etcetera in an existing residency program?

A: No. This funding supports the development of *new* residency programs or rural training tracks, not the expansion of existing programs.

Q: What is the definition of “new program”?

A: Programs that have not trained residents in the past, are not currently training residents and do not plan to train residents before Academic Year 2020-2021.

Q: What is the definition of “rural”?

A: Entities that meet the [Federal Office of Rural Health Policy \(FORHP\) definition of rural](#) are eligible to apply for the program (see the [Rural Health Grants Eligibility Analyzer](#)). However, Centers for Medicare and Medicaid Services (CMS), which oversees Medicare GME funding, defines rural differently. CMS defines rural as whole non-metropolitan counties and does not include rural census tracts within metropolitan counties. If sustainability planning includes certain CMS GME funding, entities must also meet the CMS definition of rural (see the [Rural GME Analyzer](#) or contact CMS). Please note that either the applicant or a consortium’s primary training partner must be in a rural area.

Q: I used the Rural Health Grants Eligibility Analyzer, and it says “partially rural”. Does this qualify as rural?

A: If your results are “partially rural” you then need to determine if you are located in a rural Census tract within a county to determine if you qualify. Refer to the [Rural Health Grants Eligibility Analyzer](#), and input the address to determine whether the site is in a rural Census Tract. Either the applicant or a consortium’s primary training partner must be in a rural area. If the sustainability plan for the residency program includes CMS GME funding, confirm eligibility for this sustainability funding with [CMS](#), because CMS defines rural differently.

Q: Can I apply for funds to develop a rural track in an existing residency program?

A: Any rural track must be a separately accredited rural training track (RTT) and not additional slots within an existing program.

Q: Can an urban hospital apply?

A: Urban entities can apply under conditions of a separately accredited rural training track or as part of a rurally-focused GME consortium. Entities should ensure that their primary training partner is in a rural area if applying as a GME consortium.

Q: ACGME has only accredited RTTs in Family Medicine to date. Can I apply to develop an RTT in internal medicine or psychiatry?

A: Applicants planning to develop RTTs in internal medicine or psychiatry should contact the respective ACGME review committee to determine if this is a viable option for their organization.

Q: Can funding support development of a residency program in other disciplines, for example, Child and Adolescent Psychiatry, or another combined program such as Med-Peds?

A: No. The purpose of this grant program is to develop new rural residency programs or Rural Training Tracks (RTT) in *family medicine, internal medicine, and psychiatry*, to support expansion of the physician workforce in rural areas.

Q: Can funding support development of residency programs for other primary care health professional disciplines (e.g., nurse practitioners, physician assistants), or for fellowships?

A: No. The purpose of this grant program is to develop new rural residency programs or Rural Training Tracks (RTT) in family medicine, internal medicine, and psychiatry, to support expansion of the *physician workforce* in rural areas.

Q: My program has just received initial accreditation but will not have residents starting until 7/2020, can I apply?

A: Yes. Programs that have not trained residents in the past, are not currently training residents or plan to before AY 2020-2021 may apply. Funds cannot be used for expenditures occurring before the program start date of August 1, 2019.

Q: For RTTs, should the applicant be the established residency program or the satellite rural site?

A: This will depend on the sustainability plan and any applicable ACGME requirements. Ideally, the applicant and the institutional sponsor should be the rural site.

Q: Are grants only available to non-profit entities?

A: Eligible entities include:

- 1) rural hospitals,
- 2) rural community-based ambulatory patient care centers including federally qualified health centers, community mental health centers or rural health clinics,
- 3) health centers operated by the Indian Health service, an Indian tribe or tribal organization, or an urban Indian organization,
- 4) schools of allopathic medicine or osteopathic medicine,
- 5) public or private non-profit graduate medical education consortiums,
- 6) entities such as faith-based and community-based organizations, capable of carrying out the grant activities. Either the applicant or a consortium's primary training partner must be located in a rural area.

Q: What specific Standard Form (SF) is needed to apply to this program?

A: Applicants should only use the SF-424 available at the [SF-424 Workplace Package](#) and not the SF-424 R&R form.