INDIANA
RURAL HEALTH TRANSFORMATION

Curriculum Enhancement Grant

Initiative 10: Rural GME Enhancement

Grant Opportunity Frequently Asked Questions

November 6, 2026

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Frequently Asked Questions

FAQ: Curriculum Enhancement Grant

? What is meant by “community-based learning” for the addiction medicine curriculum requirement?

✓ For purposes of this funding opportunity, community-based learning includes structured, in-person experiential learning with community organizations, programs, or systems involved in substance use prevention, treatment, recovery, referral, or support. Examples may include experiences with community-based treatment or recovery programs, public health departments, community mental health organizations, harm-reduction programs, recovery support organizations, or other relevant community partners.
Experiences should include defined educational objectives and meaningful resident participation or engagement. Community-based learning does not necessarily require direct patient care; however, lectures, presentations, meetings, or passive observational visits alone would not constitute community-based experiential learning.
Applicants should clearly describe the setting, resident activities, educational objectives, and how the proposed experience contributes to the addiction medicine curriculum.

? What qualifies as a "substantial expansion" of an existing rural or addiction medicine curriculum?

✓ A substantial expansion must go beyond maintaining existing activities and result in a meaningful enhancement to the residency curriculum. Applicants should demonstrate how the project increases training capacity, educational structure, learner participation, or the quality of rural and/or addiction medicine training experiences. Grant funds should support new or expanded educational opportunities rather than simply continuing current programming

? Can a single training experience count toward both the rural training and addiction medicine requirements?

✓ Yes. The NOFO allows overlap between the required rural and addiction medicine training experiences. For example, addiction medicine training conducted in a qualifying rural setting may be counted toward both requirements, provided the experience supports the program's educational objectives and meets the expectations outlined in the NOFO. Applicants should clearly describe how the experience fulfills both components within their proposed curriculum.

FAQ: Curriculum Enhancement Grant

? Must all proposed rural training sites be identified and secured at the time of application?

✓ No. Applicants are not required to have all training sites secured at the time of application. However, applicants should describe their proposed training sites, partnership development efforts, and implementation approach within the project narrative. Applications should demonstrate a clear plan for establishing the clinical training experiences necessary to achieve the proposed curriculum enhancement and project objectives outlined in the Curriculum Enhancement NOFO.

? What qualifications are expected of preceptors, faculty, or clinical supervisors involved in the proposed training program?

✓ Preceptors, faculty, and clinical supervisors should possess the qualifications required by the applicable accrediting body for the proposed training program. Applicants are encouraged to ensure that supervisor credentials meet accreditation standards so that learner experiences may qualify for educational credit and training requirements.

? What evidence is expected to demonstrate adequate patient volume, clinical experience, staffing, supervision, facilities, and administrative support for learners?

✓ Applicants should demonstrate that the proposed training environment can support the clinical, curricular, facility, and administrative requirements established by the applicable accrediting body. Training experiences should provide sufficient patient volume and learner exposure to meet accreditation standards and educational requirements.

? Are there required application formats, templates, page limits, supporting documents, certifications, or other submission requirements beyond those identified in the NOFO?

✓ All NOFO-required components must be included, but no specific template or format is required as long as the submission contains all required information.

FAQ: Curriculum Enhancement Grant

? Must faculty that teach rural or addiction medicine rotations be considered core faculty within the residency program?

✓ No. Faculty supporting rural health or addiction medicine rotations do not need to be core faculty solely based on their teaching role. Programs should ensure faculty qualifications and supervision meet applicable accrediting body requirements.

? How does placing Residents Physicians in FQHCs, RHCs and community practices impact DGME and IME payments?

✓ Under CMS regulations, teaching hospitals may be able to count resident time spent in approved non-hospital training settings, including Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and community-based practices, for purposes of Direct Graduate Medical Education (DGME) and Indirect Medical Education (IME) reimbursement when applicable requirements are met.
Note: Applicants should consult their hospital finance, reimbursement, compliance, or Medicare cost report experts to determine how current CMS rules apply to their specific program and training sites.

? Do rural training sites have to sponsor their own residency program or be separately accredited by the ACGME?

✓ No. Rural training sites may participate in resident training as approved participating sites under an accredited residency program and do not need to independently sponsor a residency program or hold separate ACGME accreditation.