



Montana Department of LABOR & INDUSTRY

Division: Workforce Services Division

Category: Programs

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Rural Health Transformation Project (RHTP) - HELP-Link Policy

Background:

In 2025, the Montana Department of Public Health and Human Services (DPHHS) received a historic investment from the Centers for Medicare and Medicaid Services (CMS) through the [Rural Health Transformation Program \(RHTP\)](#). Authorized under the One Big Beautiful Bill Act (Section 71401 of Public Law 119-21), the RHTP was established to advance innovative solutions to the persistent challenges of healthcare delivery in rural and frontier communities. The RHTP funds will enable Montana to strengthen the sustainability, quality, and accessibility of healthcare services across its rural regions. Through a coordinated partnership between DPHHS and the Montana Department of Labor and Industry (MTDLI), the RHTP HELP-Link program will increase clinical healthcare provider capacity in rural areas within the project's workforce initiatives. The RHTP Help-Link program is the MTDLI-implemented workforce development program for Medicaid-enrolled individuals, created to leverage opportunities to increase the earning capacity, economic stability, and self-sufficiency of program participants while training workers for in-demand clinical healthcare occupations to increase healthcare capacity in rural areas.

Scope:

This policy applies to all service providers operating the RHTP Help-Link program, the RHTP Help-Link program manager, WSD fiscal officer(s), and the MTDLI monitoring team.

Policy:

Required for RHTP Help-Link Participants:

- Determination of eligibility;
- Comprehensive assessment;
- An Individualized Employment Plan (IEP) developed in partnership with the participant;
- Case management (including staff-assisted career services and follow-up services as applicable); and
- Documentation of outcomes.

RHTP Help-Link Eligibility:

To receive RHTP Help-Link services, an individual must:

- Currently receive Medicaid Expansion coverage;
 - Proof of coverage from CHIMES/DPHHS is required and must be documented before education and training begin.
- Be legally authorized to work in the U.S;

- Provide a Social Security number;
- An interest and willingness to begin education, training, in a clinical (direct patient care) healthcare career;
- An interest and willingness to seek employment or remain employed in an HRSA rural area as defined by the HRSA Federal Office of Rural Health Policy. A map of HRSA Federal Office of Rural Health Policy rural areas can be found at: <https://data.hrsa.gov/topics/rural-health/rural-health-eligibility> and
- Sign a 5-year service commitment to secure employment in an HRSA rural area and acknowledge there will be a prorated portion of payback if commitment is not met.

Comprehensive Assessment:

- Enrolled individuals must be provided with a comprehensive assessment of their individual skill levels and service needs using testing and other assessment tools. An in-depth interview and evaluation to identify their employment barriers and appropriate employment goals must also be completed.
- Based on the assessment's results, a complete Individual Employment Plan (IEP) is required for a participant to access individualized career and training services.

Individual Employment Plan (IEP):

- An IEP must be developed in partnership with the participant.
- The IEP identifies the participant's current circumstances, goals, and the appropriate mix of services and support needed to reach a realistic employment goal.
- The IEP must be maintained in the participant's file. This IEP is the acknowledgement that the participant has read and agrees to the responsibilities; and knows where to file a grievance or complaint. The EEO copy must be given to the participant.
- Case managers must open the IEP service in the Management Information System (MIS). The work history, strengths, goals, and assessments must be recorded. Case managers must record and update IEP activities as needed.

RHTP Help-Link Services and Activities:

Co-enrollment in WIOA programs is not permissible. Co-enrollment in registered apprenticeship, when possible, is encouraged.

Basic Career Services

Universally available to all individuals without being enrolled in the RHTP and Help-Link program.

Individualized Career Services

Available to individuals enrolled in the RHTP Help-Link Program. Please refer to the Operations Manual for details.

Supportive Services

Available to enable an enrolled individual to participate in and complete RHTP Help-Link activities when they cannot obtain services through other programs. Please refer to the Supportive Services policy for details.

Training Services

Training services may be provided to participants and must include the following considerations:

- Occupational skills training programs can be no longer than 18 months. The training program must target in-demand skills, certifications, or credentials for clinical healthcare occupations including:
 - Certified Nursing Assistant
 - Dental Hygienist
 - LPN
 - RN
 - Certified Clinical Medical Assistants
 - Community Health Workers

- Phlebotomist
- Certified Behavioral Health Peer Support Specialist
- Radiology Technologist
- Anesthesiology Assistant
- Pharmacy Technician

Please note: This list serves as a primary guide for common clinical pathways but is not exhaustive. Please explore other direct patient care options with your participant. Clinical healthcare positions are defined as direct patient care positions. On-the-Job Training (OJT) is not an allowable training type for this program. Maximum total cost of participant services is \$7,500. Within this cap, supportive services have a separate limit of \$2,500 per participant.

Service Commitment Requirements:

Participants who receive RHTP HELP-Link funded training or supportive services that are intended to result in a recognized licensure, certification, or clinical credential must agree to a five (5)-year service commitment in a rural healthcare setting.

Non-compliance may require repayment of a prorated portion of funds unless an exemption is approved for circumstances such as health limitations, relocation, or lack of rural employment opportunities.

Follow-up Services:

- Follow-up services must be provided to RHTP Help-Link participants and customized to their needs.
- During the follow-up period, quarterly contact should be made with the participant to obtain employment, wage, and credential outcome information for reporting purposes, including quarterly reports.

Case Management:

Case Management responsibilities include but are not limited to:

- Documenting monthly contact or contact attempts with participant
- Maintaining the participant file by recording all program services, case notes, and documentation MIS within seven (7) working days and as service/contact occurs;
- Documenting participant's credential achievement.
- Entering program services and start and end dates.

Administrative Requirements:

MTDLI will:

- Communicate client involvement in RHTP Help-Link and services provided to DPHHS.
- Provide data and information to legislative subcommittees regarding program participation, expenditures, and outcomes.
- Provide data and reports to DPHHS as needed.

Technical Assistance:

- The RHTP Help-Link program manager will provide technical assistance to case managers.

References:

- [2025 Montana Legislature House Bill 245](#)
- [2 CFR Part 200](#)
- [Montana Code Annotated \(MCA\) 2025, 39-12-106](#)
- [Administrative Rules of Montana \(ARM\) 24.13](#)
- [Montana Rural Health Transformation Project](#)

