

Rural Health Transformation Program

Summary of State Applications

December 2025



PUBLIC
CONSULTING GROUP

TABLE OF CONTENTS

INTRODUCTION	3
EXECUTIVE SUMMARY	4
Overview	4
Summary of Key Themes	4
STATE SUMMARIES	8
Alabama	8
Alaska	11
Arizona	14
Arkansas	17
California	20
Colorado	22
Connecticut	25
Delaware	28
Florida	32
Georgia	36
Hawaii	38
Idaho	39
Illinois	42
Indiana	45
Iowa	48
Kansas	50
Kentucky	52
Louisiana	53
Maine	55
Maryland	58
Massachusetts	60
Michigan	63
Minnesota	65
Mississippi	67
Missouri	69
Montana	72
Nebraska	74
Nevada	75
New Hampshire	77
New Jersey	79

New Mexico	82
New York.....	84
North Carolina	85
North Dakota.....	87
Ohio	89
Oklahoma	91
Oregon.....	92
Pennsylvania	94
Rhode Island.....	96
South Carolina.....	99
South Dakota	101
Tennessee	104
Texas.....	110
Utah	112
Vermont.....	115
Virginia	118
Washington	120
West Virginia.....	123
Wisconsin.....	126
Wyoming	129

INTRODUCTION

On September 15, 2025, the Centers for Medicare and Medicaid Services (CMS) released the Notice of Funding Opportunity (NOFO) for the Rural Health Transformation Program (RHT Program), a \$50 billion initiative established under the One Big Beautiful Bill Act (H.R. 1) signed into law on July 4, 2025. The NOFO included significant guidance to states on how, and under what criteria CMS will distribute the \$50 billion fund. The application submission deadline was November 5, 2025, and the expected award date is December 31, 2025, which is also the earliest start date for funded projects. CMS announced that all 50 states submitted applications, and CMS has indicated in webinars with states that they may engage in conversations during the review period on submission details such as proposed budgets.

The NOFO document provides a comprehensive overview of the required formats and narratives for submission. Applicants were required include a project summary, project narrative, and budget narrative, each with specific page limits. Additionally, various attachments such as an endorsement from the governor of each applicant state, business assessment, and program funding duplication assessment are required.

Scoring criteria for the RHT Program are detailed, with factors divided into initiative-based and policy-based categories. These criteria assess the quality of proposed initiatives and the state's existing policies. The full details can be found in the NOFO and subsequent FAQ documents located at:

<https://www.cms.gov/priorities/rural-health-transformation-rht-program/rural-health-transformation-rht-program>.

Following the grant award, states will need to act quickly on a full range of rural health transformation implementation activities. These include program design and planning, technology enablement, workforce development and training, monitoring and evaluation, reporting, and ongoing technical assistance. PCG subject matter experts are happy to answer any questions states may have on RHTF application requirements as well as implementation. As always, email us at healthpolicynews@pcgus.com.

EXECUTIVE SUMMARY

OVERVIEW

This document provides a summary of each state's Rural Health Transformation Program (RHTP) application materials and other publicly available information regarding a state's submission. For each state, PCG has provided the following information:

- ▶ **Lead Agency:** The agency that was designated by the state to submit and be the coordinator for the RHTP application
- ▶ **Website:** The dedicated RHTP website for the state, if available
- ▶ **Email:** The point of contact for the state's RHTP, if available
- ▶ **Project Summary:** Link to the state's project summary submission, if available
- ▶ **Project Narrative:** Link to the state's project narrative submission, if available
- ▶ **Budget Narrative:** Link to the state's budget narrative submission, if available
- ▶ **Summary of Application:** A high-level summary of the application materials or other publicly available information
- ▶ **Key Initiatives:** A list of the state's RHTP initiatives including purpose, uses of funds, outcomes, and estimated funds, if available
- ▶ **Legislative and Regulatory Commitments:** A list and description of any commitments made by the state to improve state policy action factors
- ▶ **Other Resources:** Websites and documents used to obtain information for summaries as well as additional information for reference

SUMMARY OF KEY THEMES

The Rural Health Transformation Program (RHTP) proposals submitted by states represent a coordinated effort to improve healthcare access, quality, and sustainability in rural communities. This analysis identifies ten prominent themes within the initiatives proposed by states, highlighting specific examples to illustrate each theme's practical application and cross-state relevance.

Theme 1: Workforce Development

States consistently prioritize workforce development to address provider shortages and enhance care capacity. For example, several states have proposed incentive programs for rural clinicians, expanded loan repayment options, and partnerships with academic institutions to pipeline new talent into underserved areas. One state launched a rural residency program to bolster local physician recruitment, while another invested in continuing education for nurses and allied health professionals.

- ▶ Oregon applied to establish incentive grants for rural clinicians, including a loan repayment program for physicians and nurses serving in critical access hospitals.
- ▶ Montana will develop a rural residency track, increasing local physician recruitment and retention.
- ▶ North Carolina requests to expand continuing education opportunities for allied health professionals through online modules and scholarships for rural practitioners.

Theme 2: EMS Enhancement

Emergency Medical Services (EMS) enhancement is a recurring theme, with states aiming to improve response times and service coverage. Initiatives include upgrading ambulance fleets, implementing advanced training for EMS personnel, and piloting community paramedicine models. For instance, a state introduced mobile EMS units to reach remote populations, and another expanded tele-triage capabilities for first responders.

- ▶ Wyoming proposes upgrading its ambulance fleet and establishing an incentive program for EMS services.

- ▶ Arkansas applied to modernize EMS systems and ensure access to emergency care.
- ▶ New Mexico is considering modifying EMS services to include mobile integrated health services, point-of-care testing, treat-in-place authority, and enhanced telehealth-support clinical procedures.

Theme 3: Telehealth Expansion

Telehealth expansion features prominently, as states seek to overcome geographic barriers to care. Efforts include increasing broadband infrastructure, subsidizing telehealth equipment for clinics, and revising reimbursement policies to encourage virtual visits. One state piloted telepsychiatry in rural schools, while another implemented remote monitoring for chronic disease management.

- ▶ Colorado hopes to strengthen and expand rural health systems' participation in the use of technology-enabled prevention, monitoring, and care delivery.
- ▶ West Virginia proposed expanding telehealth, remote monitoring, and mobile-care access points across various care settings.
- ▶ Texas applied to expand telehealth for prevention, behavioral health treatment, or remote monitoring of chronic conditions by relevant specialists.

Theme 4: Behavioral Health Integration

Integrating behavioral health into primary and specialty care settings is a major focus. States have launched collaborative care models, embedded behavioral health specialists in rural clinics, and developed crisis intervention teams. Examples include a state's initiative to co-locate mental health services within rural hospitals and another's statewide training for substance use disorder screening.

- ▶ Connecticut proposes integration of behavioral health in primary care and community settings to support population health outcomes.
- ▶ Idaho hopes to expand access to behavioral health services through integration into primary care, school-based programs, and mobile or telehealth-enabled crisis response to promote early intervention, coordinated treatment, and resilience-building.
- ▶ Alabama applied to expand mental health access via school-based tele-mental health and conversion of CMHCs to CCBHCs.

Theme 5: Preventive Health and Chronic Disease Management

Preventive health and chronic disease management are pivotal strategies for improving long-term outcomes in rural communities. States are prioritizing the deployment of educational programs, routine screenings, and targeted outreach to address chronic conditions that disproportionately affect rural populations, such as diabetes and cardiovascular disease. These initiatives support early detection, encourage healthy habits, and foster collaborative approaches across agencies, increasing access to essential health resources and building local capacity for ongoing health improvement.

- ▶ Minnesota hopes to launch community health initiatives focused on diabetes and cardiovascular disease prevention, partnering with local governments and hospital systems to support these efforts.
- ▶ South Carolina applied to build on existing chronic care initiatives that have demonstrated improved outcomes in sickle-cell, diabetes, hypertension, and other high-burden conditions.
- ▶ Missouri proposes establishing a statewide network of 30 Community Hubs linked through 7 Regional Coordinating Networks (RCNs) to improve chronic disease management.

Theme 6: Infrastructure Investment

Infrastructure investment initiatives target facility upgrades, technology modernization, and transportation improvements. States have allocated funds for hospital renovations, expanded clinic hours, and invested

in new health information systems. For example, a state constructed a rural health hub integrating primary, dental, and behavioral care under one roof.

- ▶ Kansas applied to use funds for rural emergency hospitals to complete minor facility renovations, repairs, and remodeling, and for hospitals to make transformative capital investments.
- ▶ California proposes to modernize rural health infrastructure and connectivity, enhance health information exchange and cybersecurity, and empower both providers and patients with digital tools.
- ▶ Pennsylvania hopes to use capital investments in digital technology to improve care, enable innovative models, and foster prevention.

Theme 7: Data and Quality Improvement

States prioritize data-driven quality improvement, implementing new performance metrics, electronic health record enhancements, and statewide reporting systems. Examples include a state's adoption of rural-specific quality benchmarks and another's investment in predictive analytics to identify high-risk populations.

- ▶ Maine plans to build a Healthcare Workforce Data Dashboard that will be a centralized platform for the collection and reporting of health workforce data.
- ▶ Oregon applied to invest in rural community capacity to collect, analyze and disseminate data through community-led data convening and data projects.
- ▶ Tennessee proposes supporting rural hospitals, obstetric providers, and dental clinics to strengthen their infrastructure, workforce readiness, and quality improvement systems that support sustained participation in VBP models.

Theme 8: Financial Sustainability

Financial sustainability is addressed through alternative payment models, grant programs, and technical assistance for rural providers. States have piloted value-based purchasing, streamlined billing processes, and provided financial planning resources to small hospitals. One state created a rural health innovation fund to support long-term viability of critical access facilities.

- ▶ Alaska applied to streamline billing processes and offer technical assistance to small rural hospitals facing financial strain.
- ▶ Colorado proposes providing direct financial support to rural hospitals facing financial, operational and workforce challenges.
- ▶ Montana plans to establish Stand up the Montana Rural Health Center of Excellence to rapidly create a rural health supply and demand fact base for Montana and develop recommendations to align care delivery services with rural health needs at the county and facility level.

Theme 9: Partnerships and Collaboration

Cross-sector partnerships and collaboration are central, as states join forces with academic centers, local governments, and nonprofit organizations. Initiatives include joint workforce training, shared service arrangements, and collaborative grant applications. For instance, a state launched a multi-stakeholder rural health coalition to coordinate resources and expertise.

- ▶ Ohio proposes the Ohio Rural Health Innovation Hubs to build formal, collaborative networks among health providers and community organizations in a region.
- ▶ Arizona is pursuing joint workforce training programs with local colleges and tribal health organizations.
- ▶ Connecticut applied to facilitate regional collaboratives to promote shared learning, resource optimization, and sustainable financial performance across rural health networks.

Theme 10: Regulatory Modernization

Regulatory modernization efforts focus on streamlining licensure, updating scope-of-practice rules, and reducing administrative burdens. States have pursued legislative changes to facilitate telehealth, expanded provider credentialing reciprocity, and modernized EMS regulations to reflect evolving service models.

- ▶ Rhode Island will enact legislation reducing the restrictiveness of its Certificate of Needs laws.
- ▶ Delaware will expand scope of practice regulations to allow nurse practitioners, physician assistants, pharmacists, and dental hygienists to practice at the top of their training and licensure.
- ▶ Iowa commits to joining the PSYPACT compact for psychologists to increase rural mental health provider access.

In summary, the RHTP proposals reveal a shared commitment among states to advance rural health through workforce investment, EMS enhancement, telehealth expansion, behavioral health integration, preventive health and chronic disease management, infrastructure upgrades, data-driven improvement, financial sustainability, robust partnerships, and regulatory modernization. These themes collectively illustrate a strategic approach to transforming rural healthcare systems, with tailored examples underscoring both common challenges and innovative solutions across the country.

STATE SUMMARIES

Below is a summary of each state's RHTP submission materials or other publicly available information.

ALABAMA

Lead Agency:	Alabama Department of Economic and Community Affairs (ADECA)
RHTP Website:	AL RHTP Website
Email:	rural.health@shpda.alabama.gov
Project Summary:	N/A
Project Narrative:	AL RHTP Project Narrative
Budget Narrative:	N/A

Summary of Application

The Alabama Rural Health Transformation Program (ARHTP) is designed to transform Alabama's rural healthcare system, targeting improved access, quality, and outcomes for over 1.6 million residents in 58 rural counties. The program leverages federal funding, state policy reforms, innovative healthcare models, and expansions of proven methods to address persistent disparities and systemic challenges in rural health.

The lead agency that submitted this proposal was Alabama Department of Economic and Community Affairs (ADECA), with support from the Governor Ivey's office, the Alabama Department of Finance, the Alabama Medicaid Agency, the Alabama State Health Planning and Development Agency, and a working group and stakeholders.

Key RHTP Initiatives

1. Collaborative EHR, IT, and Cybersecurity Initiative

- Purpose: Modernize healthcare IT infrastructure by creating regional hubs for IT and cybersecurity support, integrating EHR systems, and improving interoperability.
- Uses of Funds: Establish regional IT hubs, upgrade IT/cybersecurity platforms, deploy new EHR systems.
- Outcomes: Cost savings, improved system reliability, increased interoperability, and enhanced cybersecurity.
- Estimated Funding: \$125M over 5 years.

2. Rural Health Initiative

- Purpose: Expand access to specialty and emergent care via telehealth hubs linking EMS, hospitals, and clinics to regional centers.
- Uses of Funds: Create regional hubs, fund telehealth integration, upgrade equipment, expand non-emergency transport, pilot shared-services networks.
- Outcomes: Increased telehealth consultations, reduced transfers, improved access to care.
- Estimated Funding: \$275M over 5 years.

3. Maternal and Fetal Health Initiative (Obstetric Digital Regionalization)

- Purpose: Address maternal/fetal health crises by connecting rural facilities to specialists, deploying telerobotic ultrasound, and providing emergency L&D carts.
- Uses of Funds: Establish referral hubs, acquire telerobotic devices, deploy emergency L&D carts.
- Outcomes: Improved maternal and infant health, reduced high-risk morbidity.
- Estimated Funding: \$24M over 5 years.

4. Rural Workforce Initiative

- Purpose: Build and sustain healthcare workforce pipelines, expand training, and incentivize rural practice.
 - Uses of Funds: Fund curriculum development, remote training, workforce partnerships, GME programs, incentives for rural practice.
 - Outcomes: Increased healthcare professionals in rural areas, expanded training programs.
 - Estimated Funding: \$309.75M over 5 years.
- 5. Cancer Digital Regionalization Initiative**
- Purpose: Replicate successful cancer prevention models (e.g., OPERATION WIPE OUT) for other cancers, improve screening and treatment access.
 - Uses of Funds: Expand detection systems, fund mobile screening units, establish referral hubs, community activation teams.
 - Outcomes: Increased screening rates, early detection, community engagement.
 - Estimated Funding: \$25M over 5 years.
- 6. Simulation Training Initiative**
- Purpose: Improve care quality by expanding simulation-based training for rural providers.
 - Uses of Funds: Expand/replicate simulation programs, create new specialty training.
 - Outcomes: More providers trained, reduced patient transfers, improved local care.
 - Estimated Funding: \$15.5M over 5 years.
- 7. Statewide EMS Trauma and Stroke Initiative**
- Purpose: Expand EMS diversion systems to route patients to appropriate hospitals for trauma, stroke, and other conditions.
 - Uses of Funds: Expand diversion systems statewide, add new service lines.
 - Outcomes: More hospitals/EMS participating, improved patient outcomes.
 - Estimated Funding: \$20M over 5 years.
- 8. EMS Treat-in-Place Initiative**
- Purpose: Enable EMS to treat low-acuity patients on-site, reducing unnecessary transports and ED overcrowding.
 - Uses of Funds: Pilot treat-in-place programs, fund equipment, protocol development, training.
 - Outcomes: More patients treated in place, reduced transports, increased EMS availability.
 - Estimated Funding: \$25M over 5 years.
- 9. Mental Health Initiative**
- Purpose: Expand mental health access via school-based tele-mental health and conversion of CMHCs to CCBHCs.
 - Uses of Funds: Develop school-based programs, support CMHC conversion.
 - Outcomes: Increased mental health services, more CCBHCs, improved youth mental health.
 - Estimated Funding: \$45.75M over 5 years.
- 10. Community Medicine Initiative**
- Purpose: Provide mobile wellness screenings, address food access, promote healthy lifestyles.
 - Uses of Funds: Procure mobile units, expand locations, integrate wellness and food services.
 - Outcomes: Increased screenings, improved food access, health education.
 - Estimated Funding: \$5M over 3 years.
- 11. Rural Health Practice Initiative**
- Purpose: Establish/expand networked rural health clinics, integrate physical and behavioral health, promote telehealth.

- Uses of Funds: Upgrade clinics, expand workforce, develop shared services, acquire telehealth equipment.
- Outcomes: More clinics, increased patient access, expanded telehealth.
- Estimated Funding: \$30M over 5 years

Legislative and Regulatory Commitments

- ▶ **Telehealth Parity & Credentialing:** The state will pursue legislation and/or regulatory changes to ensure telehealth services are reimbursed at parity with in-person care and to enable cross-facility credentialing for providers.
- ▶ **EMS Treat-in-Place Reimbursement:** Commitment to develop policies that allow EMS providers to be reimbursed for treating patients on-site, reducing unnecessary transports.
- ▶ **CCBHC Certification & Funding:** Support for certification and funding alignment for Certified Community Behavioral Health Clinics (CCBHCs).
- ▶ **Data Sharing & Participation:** Mandate participation in regional health information exchange hubs and set cybersecurity standards.
- ▶ **Healthcare Payment Updates:** Update payment policies to stabilize rural facility solvency and support network models.

Other Resources

- ▶ [Alabama Reflector - Alabama submits plan for rural health care to federal government](#)
- ▶ [Alabama Daily News - Here's what's included in Alabama's plan for federal rural health funds](#)
- ▶ [ADECA - Alabama Rural Health Transformation Program](#)
- ▶ [Alabama Daily News - Ivey appoints group to advise on rural health fund application](#)

ALASKA

Lead Agency:	State of Alaska Department of Health
RHTP Website:	AK RHTP Website
Email:	DOH.RHTF@alaska.gov
Project Summary:	AK RHTP Project Summary
Project Narrative:	AK RHTP Project Narrative
Budget Narrative:	N/A

Summary of Application

Alaska's RHTP statewide strategy is to transform rural, remote, and frontier health systems. The program aims to promote lifelong health, build sustainable and outcomes-driven systems, and drive workforce and technology innovation. Funding will be distributed to a wide range of subrecipients, including health care organizations, Tribal Health Organizations, community entities, education/workforce institutions, technology vendors, provider associations, consulting firms, and government agencies.

Key RHTP Initiatives

1. Healthy Beginnings

- Purpose: Strengthen maternal and child health as a foundation for healthy families, especially in rural and remote areas.
- Use of Funds:
 - Expand technology-enabled maternal care (telehealth, remote monitoring, EMRs)
 - Modernize rural maternal care facilities and staffing
 - Recruit, train, and retain maternal/child health workforce
 - Enhance home visiting programs (prenatal/postpartum, telehealth)
 - Support youth health programs (physical activity, nutrition, mental health)
 - Provide technical assistance for project planning and implementation
- Outcomes:
 - Improved maternal and infant health outcomes
 - Increased access to high-quality, culturally appropriate care
 - Stronger workforce capacity in rural communities
 - Healthier habits and resilience among youth
- Estimated Funding: Not specified in the summary documents.

2. Health Care Access

- Purpose: Expand and sustain essential health services across Alaska's rural communities, maximizing care close to home.
- Use of Funds:
 - Improve primary care access (workforce, facility improvements, IT upgrades)
 - Expand behavioral health and dental services (workforce, telehealth, mobile clinics)
 - Increase access to specialty care (facility upgrades, virtual programs, AI diagnostics)
 - Build care homes and multidisciplinary teams for complex care
 - Strengthen Tribally led Traditional Healing
 - Enhance pharmacy capacity and innovative delivery methods
 - Transform EMS and trauma care systems (equipment, training, alternative payment models)
 - Bolster senior supports and home/community-based services
 - Build transportation networks to connect people to care

- Conduct provider gap analysis
 - Provide technical assistance for project planning and implementation
 - Outcomes:
 - Greater access to comprehensive health services
 - Reduced travel and wait times for rural residents
 - Improved care coordination and quality of life
 - Enhanced cultural appropriateness and local autonomy
 - Estimated Funding: Not specified in the summary documents.
- 3. Healthy Communities**
- Purpose: Invest in preventive care and address root causes of poor health in rural, remote, and frontier Alaska.
 - Use of Funds:
 - Deploy consumer-facing digital tools for chronic disease management
 - Build data infrastructure for population health management
 - Launch integrated primary/preventive care units (mobile clinics, paramedicine, kiosks)
 - Fund evidence-based community health programs (e.g., diabetes prevention, Fresh Start)
 - Establish wellness centers for physical activity, nutrition, and healthy lifestyles
 - Develop community-led regional health care delivery plans
 - Improve home environments (clean water, sanitation)
 - Provide technical assistance for project planning and implementation
 - Outcomes:
 - Improved chronic disease management and prevention
 - Increased health literacy and healthier lifestyles
 - Enhanced community engagement and local innovation
 - Better home environments supporting health
 - Estimated Funding: Not specified in the summary documents.
- 4. Pay for Value: Fiscal Sustainability**
- Purpose: Shift from volume-based reimbursement to value-based, sustainable payment models for rural providers.
 - Use of Funds:
 - Technical assistance for value-based care participation (contracting, planning, benchmarking)
 - Support infrastructure for value-based payment (IT, analytics, team-based workflows)
 - Centralize back-office solutions (billing, scheduling, claims)
 - Establish alternative payment methods for prevention and chronic disease management
 - Test regional care coordination models (bundled payments, shared savings)
 - Develop alternative payment methodologies for hospitals
 - Explore participation in CMMI AHEAD model
 - Launch transitional planning grants for value-based payment adoption
 - Outcomes:
 - Improved financial stability for rural providers
 - Increased provider participation in innovative care models
 - Enhanced care coordination and quality
 - Lower health care costs and improved outcomes
 - Estimated Funding: Not specified in the summary documents.
- 5. Strengthen Workforce**
- Purpose: Build a resilient rural health care workforce through pipeline, recruitment, training, and retention strategies.

- Use of Funds:
 - Create high school-to-certification programs
 - Fund training, certification, and workforce development programs
 - Reskill/upskill programs for adults
 - Expand residency and internship programs
 - Implement recruitment and retention strategies (bonuses, housing, child care)
 - Expand scope of practice for providers
 - Launch housing placement resources and child care supports
 - Provide technical assistance for recruitment, training, and program development
 - Outcomes:
 - Increased number and retention of rural health care providers
 - Stronger workforce pipelines and career pathways
 - Improved provider stability and service capacity in rural communities
 - Estimated Funding: Not specified in the summary documents.
- 6. Spark Technology & Infrastructure**
- Purpose: Harness data and technology to enable secure, efficient, high-quality care in rural, remote, and frontier Alaska.
 - Use of Funds:
 - Deploy consumer-facing digital tools (apps, wearables, portals)
 - Empower providers with AI tools for care delivery
 - Develop community-based system navigation applications
 - Expand HIE platforms for data integration
 - Create telehealth-enabled specialty care access programs
 - Pilot emerging health technologies (drones, remote pharmacy, diagnostics)
 - Integrate advanced analytics across health/data systems
 - Build health IT infrastructure for value-based care
 - Launch rural health infrastructure and technology catalyst funds
 - Provide technical assistance for technology adoption, project planning, and performance improvement
 - Outcomes:
 - Expanded access to care through technology
 - Improved interoperability and data sharing
 - Enhanced provider capacity and efficiency
 - Scalable innovation in health care delivery
 - Estimated Funding: Not specified in the summary documents.

Legislative and Regulatory Commitments

While no specific legislation or regulatory commitments are made, Alaska does note:

- ▶ Commitment to transition from traditional volume-based (fee-for-service) reimbursement to value-based payment models.
- ▶ Support for voluntary participation in innovative care and payment models, including bundled payments, shared savings, and capitated arrangements.
- ▶ Exploration of participation in federal demonstration models (e.g., CMMI AHEAD).
- ▶ Transitional grants to offset financial risk for providers adopting new payment models.

Other Resources

- ▶ [Alaska RFI Response Detailed Summary](#)
- ▶ [The One Big Beautiful Bill Act \(OBBBA\) - Impacts to Alaska](#)

ARIZONA

Lead Agency:	Governor Katie Hobbs' Office
RHTP Website:	N/A
Email:	N/A
Project Summary:	N/A
Project Narrative:	AZ RHTP Project Narrative
Budget Narrative:	N/A

Summary of Application

The Arizona Rural Health Transformation Program (RHTP), led by the Governor Katie Hobbs' Office in partnership with the Arizona Health Care Cost Containment System (AHCCCS), the Department of Health Services (ADHS) and the Office of Economic Opportunity (OEO), is a statewide initiative to improve health outcomes and system resilience for rural and Tribal communities. The program's high-level goals are to expand access to care through telehealth and mobile clinics, build a robust rural health workforce, modernize health infrastructure and technology, foster innovative care models and shared service networks, and address disparities in behavioral health, chronic disease, and maternal-fetal health. RHTP is structured as a multi-year, multi-agency effort with strong stakeholder engagement and a commitment to policy reform for long-term sustainability.

Key RHTP Initiatives

1. Rural Health Workforce Development and Training Program

- Purpose: Address critical workforce shortages in rural Arizona by recruiting, training, and retaining clinicians and allied health professionals, with a focus on non-physician providers (nurses, CHWs, EMTs, behavioral health staff) and expanding rural clinical rotations and residency slots.
- Uses of Funds:
 - Establish new rural clinical rotations and residency slots
 - Expand nursing and allied professional educator programs
 - Support health career and technical education (CTE) programs in rural schools/colleges
 - Provide financial incentives for rural practice (sign-on, relocation, commuting, retention, childcare subsidies)
 - Micro-grants for provider upskilling and residency support
 - Create the Arizona Healthcare Workforce Project Office and Rural Innovation Learning Network
- Outcomes:
 - Increased rural health workforce pipeline and clinician retention
 - Expanded training rates and access to care in rural communities
- Estimated Funding: \$57,000,000 per year.

2. Priority Health Initiatives Grants Portfolio

- *Behavioral Health & Substance Use Disorder (SUD) Expansion Grant*
 - Purpose: Increase clinical capacity and access points for behavioral health and SUD treatment in rural communities.
 - Uses of Funds:
 - Opioid overdose prevention (naloxone distribution)
 - Mobile/digital service expansion and rural crisis services
 - Training and recruitment of behavioral health professionals
 - Prevention programs for suicide, trauma, and substance use
 - Outcomes:

- Improved geographic access to behavioral health and crisis services
 - Increased treatment engagement via digital therapeutics
 - Increased naloxone distribution and prevention activities
 - Estimated Funding: \$10,000,000 per year.
- *Chronic Disease Prevention & Management Grant*
 - Purpose: Strengthen county/regional infrastructure to prevent and manage chronic diseases (hypertension, diabetes, obesity).
 - Uses of Funds:
 - Rural health screening events and outreach
 - Embedding resources for insurance enrollment and social services
 - Evidence-based interventions for diabetes, blood pressure, cancer screenings
 - Building sustainable public health billing infrastructure
 - Outcomes:
 - Improved rural prevention infrastructure
 - Increased chronic illness screening opportunities/events
 - Counties with operational public health billing systems
 - Estimated Funding: \$12,000,000 per year.
- *Improving Rural Maternal-Fetal Health Grant*
 - Purpose: Improve maternal-fetal health before, during, and after pregnancy by coordinating prevention and early intervention.
 - Uses of Funds:
 - Expand maternal health programs (AIM bundles, congenital syphilis action plan)
 - Enhance OB and maternal mental health training (OB simulation, PMH-C)
 - Ensure access to critical help lines for perinatal psychiatric and clinical support
 - Outcomes:
 - Increased implementation of AIM bundles
 - Enhanced readiness for rural hospitals to respond to obstetric emergencies
 - Expanded access to perinatal mental health consultation and education
 - Estimated Funding: \$5,000,000 per year.

3. Making Rural Healthcare Accessible

- *Telehealth Digital Transformation, Adoption, and Care Coordination Grant*
 - Purpose: Expand access to care via telehealth hubs, digital infrastructure, and care coordination.
 - Uses of Funds:
 - Establish/expand telehealth hubs and remote monitoring
 - Grants for technology, broadband upgrades, and care coordination platforms
 - Integration of services into care coordination platforms (tele-behavioral health, chronic care, EMS networks)
 - Outcomes:
 - Increased telehealth utilization
 - Improved care coordination
 - Estimated Funding: \$20,000,000 per year.
- *Rural Health Innovative Care Pilot Program*
 - Purpose: Increase long-term rural health access points by piloting innovative care models, technologies, and payment approaches.
 - Uses of Funds:

- Acquire, equip, and deploy mobile units/satellite sites
- Pilot community health worker programs, diversion models, in-home services, traditional healing supports
- Support alternative payment/value-based care adoption
- Outcomes:
 - Expanded service reach and rural specialty access
 - Reduced emergency and hospital utilization
 - Strengthened local health infrastructure
 - Accelerated adoption of value-based care
- Estimated Funding: \$25,000,000 per year.

4. Making Rural Healthcare Resilient

- Purpose: Build and strengthen collaboration among rural health facilities to operate efficiently and promote shared service models, co-located community hubs, and integrated rural networks.
- Uses of Funds:
 - Upgrade medical diagnostic equipment and technology (EHRs, cybersecurity)
 - Fund provider liaisons to reduce administrative burdens
 - Implement shared services consortiums (staffing, training, data systems, facilities)
 - Provide technical assistance for operational and fiscal performance
- Outcomes:
 - Increased co-located care sites and improved care coordination
 - Reduced service duplication and improved operational sustainability
 - Expanded cybersecurity capabilities for providers
- Estimated Funding: \$51,000,000 per year

Legislative and Regulatory Commitments

- ▶ **Licensure Compacts:** Arizona commits to pursuing legislation and regulatory changes to join the EMS Personnel Licensure Compact (REPLICA) and the Physician Assistant Licensure Compact by December 31, 2027, with full implementation by 2028. This will expand workforce mobility and emergency response capacity, especially in rural and Tribal regions.

Other Resources

- ▶ [AZPHA - Arizona Submits Rural Health Transformation Grant Application to Fed](#)
- ▶ [Office of the Governor Katie Hobbs - Governor Katie Hobbs Submits State Application for Federal Rural Health Transformation Program Grant](#)
- ▶ [AZ RHTP Stakeholder Letter of Support](#)
- ▶ [AZ RHTP US Congress Letter of Support](#)

ARKANSAS

Lead Agency:	Arkansas Department of Finance and Administration
RHTP Website:	AR RHTP Website
Email:	N/A
Project Summary:	N/A
Project Narrative:	AR RHTP Project Narrative
Budget Narrative:	AR RHTP Budget Narrative

Summary of Application

The Arkansas Rural Health Transformation Program, led by the Arkansas Department of Finance and Administration, is a statewide initiative designed to strengthen rural healthcare systems through coordinated investments in access, workforce, technology, and sustainability. The program's high-level goals are to stabilize and modernize rural healthcare delivery, improve health outcomes, and ensure long-term viability for rural providers and communities. Key strategies include expanding preventive and chronic disease care, leveraging telehealth and digital infrastructure, developing and retaining a skilled rural health workforce, fostering partnerships among providers, and supporting financial solvency for at-risk facilities. Through four integrated initiatives—HEART (Healthy Eating, Active Recreation, & Transformation), PACT (Promoting Access, Coordination, and Transformation), RISE AR (Recruitment, Innovation, Skills, and Education for Arkansas), and THRIVE (Telehealth, Health-monitoring, and Response Innovation for Vital Expansion)—the program aims to make rural Arkansas healthier, more connected, and resilient, ensuring every resident has access to quality care close to home.

Key RHTP Initiatives

1. HEART: Healthy Eating, Active Recreation, & Transformation

- **Purpose:** To improve health outcomes and access to preventive care in rural Arkansas by promoting nutrition, physical activity, and chronic disease management through community-driven approaches.
- **Uses of Funds:**
 - School-based clinics and health programs (GROW Kids)
 - Nutrition education, local produce markets, and food-as-medicine strategies (FARM)
 - Facility enhancements for exercise and recreation (MOVE)
 - Faith-based outreach and health screenings (FAITH)
 - Provider training and curriculum development (HEAL)
 - Chronic disease management pilots and technology platforms (IMPACT)
- **Expected Outcomes:**
 - Increased preventive screenings and early identification of chronic conditions in children
 - Improved access to healthy foods and nutrition education
 - Higher physical activity rates and utilization of community fitness infrastructure
 - Expanded reach of health services through faith-based organizations
 - Enhanced provider knowledge in preventive care and chronic disease management
 - Improved health outcomes for participants with chronic conditions
- **Estimated Funding:** \$150,000,000

2. PACT: Promoting Access, Coordination, and Transformation

- **Purpose:** To strengthen rural healthcare delivery by expanding access, improving care coordination, and supporting sustainable, high-quality services through integrated networks and strategic facility investments.
- **Uses of Funds:**

- Telehealth platforms, mobile screening units, and equipment (ACCESS)
 - Grants for developing Clinically Integrated Networks (CINC)
 - Data systems and regional coalition support for transportation and workforce alignment (ROADMAP)
 - Training and certification for expanded provider scope of practice (SCoPE)
 - Facility upgrades, acquisitions, and shared administrative systems (SAFE)
 - Expected Outcomes:
 - Increased access to specialty, preventive, and telehealth services
 - Improved care coordination and efficiency through collaborative networks
 - Reduced transportation barriers and better workforce distribution
 - Expanded provider capacity and preventive care through scope-of-practice elevation
 - Stabilized rural hospitals and preserved essential healthcare services
 - Estimated Funding: \$250,000,000
- 3. RISE AR: Recruitment, Innovation, Skills, and Education for Arkansas**
- Purpose: To build a sustainable, high-skilled healthcare workforce for rural Arkansas by strengthening recruitment, training, and retention programs.
 - Uses of Funds:
 - Leadership academy development and operations (LEAD)
 - Expansion of medical school rotations, residencies, fellowships, and allied health training (PATHWAY)
 - Financial incentives, relocation support, and mentorship programs (RETAIN)
 - Continuing education and credentialing for nurses, PAs, counselors, and paraprofessionals (SKILL UP)
 - Expected Outcomes:
 - Enhanced leadership skills among rural healthcare administrators
 - Increased number of medical school rotations and allied health professionals
 - Improved recruitment and retention of clinicians in rural areas
 - Strengthened workforce capability and expanded clinical competencies
 - Estimated Funding: \$250,000,000
- 4. THRIVE: Telehealth, Health-monitoring, and Response Innovation for Vital Expansion**
- Purpose: To modernize rural healthcare delivery by expanding telehealth, remote monitoring, and emergency response systems.
 - Uses of Funds:
 - EMS equipment, vehicles, and communication systems (LIFELINE)
 - Remote patient monitoring devices and telehealth platforms (HOME)
 - Data integration and virtual specialty clinics (VIRTUAL)
 - Technology upgrades, cybersecurity, and connectivity infrastructure (TECH Fund)
 - Expected Outcomes:
 - Reduced EMS response times and improved trauma/emergency survival rates
 - Increased patient engagement and improved chronic disease management
 - Expanded access to specialty care and telehealth services
 - Enhanced digital infrastructure and interoperability for rural providers
 - Estimated Funding: \$350,000,000

Legislative and Regulatory Commitments

- ▶ **Presidential Fitness Test in Schools:** Arkansas will seek to reestablish the Presidential Fitness Test in schools, aligned with federal guidance (Executive Order 14327), by December 31, 2028.
- ▶ **Nutrition Education for Medical Professionals:** Arkansas will implement nutrition education
- ▶ **Physician (IMLC):** Legislation passed, implementation expected in 2026.

- ▶ **Scope of Practice Expansion:** Legislation to expand scope of practice for pharmacists and other healthcare professionals will be introduced in the 2027 legislative session, with a target enactment date of December 31, 2027.

Other Resources

- ▶ [Governor SHS - Sanders Announces Arkansas' Application for Rural Health Funding](#)
- ▶ [Governor SHS - Arkansas Rural Health Transformation Program Application](#)

CALIFORNIA

Lead Agency:	Department of Healthcare Access and Information's State Office of Rural Health (CalSORH)
RHTP Website:	CA RHTP Website
Email:	CalSORH@hcai.ca.gov
Project Summary:	CA RHTP Project Summary
Project Narrative:	N/A
Budget Narrative:	N/A

Summary of Application

The California Rural Health Transformation Program, led by the California Department of Health Care Access & Information, seeks to create a statewide network of regional care collaboratives to improve access to timely, person-centered primary, maternity, chronic disease, and specialty care for rural communities. The program's high-level goals are to strengthen and retain a homegrown rural health workforce, modernize technology and health information exchange, enhance financial stability for rural providers, reduce travel burdens for rural patients, and improve maternal and chronic disease outcomes through earlier detection and coordinated management. By developing regional hub-and-spoke networks, expanding workforce pathways, and investing in digital infrastructure and telehealth, the initiative aims to deliver comprehensive, evidence-based care and innovative solutions that address the unique needs of California's rural and frontier populations.

Key RHTP Initiatives

1. Transformative Care Model

- Purpose: To create regional hub-and-spoke networks anchored by hospital hubs and connected clinics, birthing centers, and other providers, expanding access to timely, person-centered care and improving care coordination for rural residents.
- Uses of Funds:
 - Establish shared levels of care and transfer protocols
 - Implement Project ECHO for chronic disease and primary-specialty care collaboration
 - Launch family medicine with obstetrics fellowships
 - Deploy OB Nest for prenatal care with remote patient self-monitoring and nursing support
 - Provide e-Consult resources and perinatal psychiatry access programs
 - Make targeted transformation payments to support rural hospitals' capacity for system transformation
 - Conduct telehealth gap assessments for each hub and spoke
 - Use accelerator partners to incubate workforce, technology, and payment solutions
- Expected Outcomes:
 - More rural residents receive primary, maternity, chronic disease, and specialty services locally
 - Fewer preventable maternal complications
 - Expanded local clinician and provider capacity
 - Increased use of telehealth and e-Consults
 - Improved health information exchange and cybersecurity
 - Reduced rural hospital bypass
 - Higher patient engagement
- Estimated Funding: Unknown

2. Rural Health Workforce Development

- Purpose: To strengthen and retain a homegrown rural health workforce by building education and career pathways, expanding training and clinical placement, and providing incentives for recruitment and retention.
 - Uses of Funds:
 - Build a Statewide Workforce Mapping and Planning Tool to identify workforce needs
 - Strengthen education pathways from high school to community colleges and universities, with wraparound supports
 - Expand regional upskilling through Train-the-Trainer programs in maternal health, chronic disease, behavioral health, and telehealth
 - Grow non-physician roles such as Community Health Workers, nurses, doulas, and midwives
 - Fund pipeline and pathway programs, expand clinical placement and supervision sites
 - Provide retention and relocation incentive payments
 - Expected Outcomes:
 - Expanded local clinician and provider capacity
 - Sustainable pipeline of rural students pursuing health careers
 - Improved recruitment and retention of rural health professionals
 - Increased workforce stability and fit for rural communities
 - Estimated Funding: Unknown
- 3. Rural Health Technology and Tools**
- Purpose: To modernize rural health infrastructure and connectivity, enhance health information exchange and cybersecurity, and empower both providers and patients with digital tools.
 - Uses of Funds:
 - Modernize infrastructure and connectivity (EHR enhancements, health information exchange, cybersecurity)
 - Operate a Technical Assistance Center for implementation support, training, certification, and capabilities assessment
 - Expand collaboration through shared purchases and services
 - Deploy patient-centered tools such as Remote Patient Self-Monitoring
 - Fund technology upgrades for screening, population health, telehealth, e-Consult platforms, interoperability, and revenue cycle management
 - Expected Outcomes:
 - Improved health information exchange and stronger cybersecurity
 - Increased use of telehealth and e-Consults
 - Enhanced digital infrastructure for rural providers
 - Higher patient engagement and integration of person-generated data into clinical workflows
 - Estimated Funding: Unknown

Legislative and Regulatory Commitments

None identified in publicly available information.

Other Resources

- ▶ [HCAI – California State Office of Rural Health](#)
- ▶ [HCAI – Rural Health Transformation Program Overview Presentation](#)
- ▶ [HCAI – RHTP Project Abstract](#)

COLORADO

Lead Agency:	Department of Health Care Policy and Financing
RHTP Website:	CO RHTP Website
Email:	hcpf_rhtp@state.co.us
Project Summary:	CO RHTP Project Summary
Project Narrative:	CO RHTP Project Summary
Budget Narrative:	CO RHTP Budget Narrative

Summary of Application

The Colorado Rural Health Transformation Program, led by the Colorado Department of Health Care Policy & Financing (HCPF), is a comprehensive initiative designed to strengthen and modernize rural health care across the state's 52 rural and frontier counties. The program's high-level goals are to make rural Colorado healthy again through chronic disease prevention, ensure sustainable access to care by stabilizing rural hospitals and expanding regional networks, develop and retain a robust rural health workforce, foster innovative care models and payment reforms, and drive tech innovation through telehealth and data integration. HCPF coordinates with key partners—including the Colorado Rural Health Center, Office of eHealth Innovation, and the Department of Public Health and Environment—to implement ten strategic initiatives that address prevention, access, workforce development, innovation, and technology, all with a focus on improving health outcomes, equity, and long-term sustainability for rural communities.

Key RHTP Initiatives

1. Transforming Rural Care: Hospitals and Chronic Disease Prevention

- **Purpose:** Expand prevention and chronic disease management programs, improve care coordination, and support rural hospitals and providers in delivering high-quality, evidence-based services.
- **Uses of Funds:**
 - Training and technical assistance for chronic disease prevention (e.g., diabetes, hypertension, obesity)
 - Support for “food as medicine” programs and nutrition education
 - Regional collaborations and clinically integrated networks
 - Care coordination and referral systems linking clinics to community-based programs
 - SNAP waivers and nutrition incentive programs
- **Outcomes:**
 - Increased participation in prevention programs
 - Reduced avoidable hospitalizations
 - Improved chronic disease outcomes
 - Strengthened partnerships and data-driven care
- **Estimated Funding:** \$229,950,000 over five years

2. Build Data and Evaluation Infrastructure for Chronic Disease Programs

- **Purpose:** Create unified data systems and dashboards to monitor, evaluate, and improve chronic disease programs statewide.
- **Uses of Funds:**
 - Design and management of chronic disease dashboards
 - Technical assistance for data interoperability and reporting
 - Performance monitoring and evaluation frameworks
- **Outcomes:**
 - Real-time feedback and continuous improvement
 - Increased data sharing among rural clinics and partners

- Better measurement of program reach and impact
 - Estimated Funding: \$7,000,000–\$15,000,000 over five years
- 3. Build and Connect Colorado’s Rural Health Networks**
 - Purpose: Strengthen coordination, collaboration, and sustainability by building regional health networks and centralized data tracking.
 - Uses of Funds:
 - Establish regional provider partnerships and networks
 - Develop rural/regional health-data dashboards
 - Support tribal participation in rural health networks
 - Outcomes:
 - Improved access and quality
 - More regional collaborations and partnership agreements
 - Enhanced system resilience
 - Estimated Funding: \$25,000,000–\$30,000,000 over five years
- 4. Strengthen Rural Care Delivery Systems**
 - Purpose: Modernize and transform rural care delivery by improving EMS coverage, care coordination, and clinical integration.
 - Uses of Funds:
 - Expand EMS transport and coverage models
 - Support shared dispatch systems and workforce coordination
 - Integrate hospitals, clinics, and behavioral health providers
 - Outcomes:
 - Faster EMS response times
 - More collaborative care networks
 - Expanded service lines (OB, behavioral health, post-acute care)
 - Estimated Funding: \$45,000,000–\$55,000,000 over five years
- 5. Sustain Rural Hospital Operations and Regulatory Readiness**
 - Purpose: Ensure long-term stability and regulatory readiness for rural hospitals.
 - Uses of Funds:
 - Technical assistance for operational improvements
 - Infrastructure upgrades and equipment
 - Strategic planning and leadership education
 - Outcomes:
 - More hospitals engaged in quality improvement
 - Expanded service lines and regulatory compliance
 - Improved financial sustainability
 - Estimated Funding: \$20,000,000–\$25,000,000 over five years
- 6. Strengthen and Expand the Rural Health Workforce**
 - Purpose: Expand access to credentialing, training, and retention opportunities for rural health professionals.
 - Uses of Funds:
 - Credentialing and certification support
 - Continuing education and training for health workers
 - Recruitment and retention incentives
 - Outcomes:
 - More credentialed health workers in rural areas
 - Improved workforce stability and capacity
 - Enhanced chronic disease management
 - Estimated Funding: \$145,000,000–\$150,000,000 over five years
- 7. Expanding Clinical Capacity to Perform Preventive Care**

- Purpose: Equip rural clinicians with advanced skills for preventive screenings and procedures.
 - Uses of Funds:
 - Training and curriculum development
 - Continuing education scholarships
 - Outcomes:
 - More rural providers trained in chronic disease topics
 - Increased preventive care services
 - Estimated Funding: \$2,500,000–\$3,000,000 over five years
- 8. Strengthening State and Local Health Coordination**
- Purpose: Enhance collaboration between state, regional, and local health entities.
 - Uses of Funds:
 - Leadership staffing and technical assistance
 - Interagency coordination and reporting
 - Outcomes:
 - More collaborative workforce initiatives
 - Improved policy alignment and program effectiveness
 - Estimated Funding: \$4,500,000–\$5,000,000 over five years
- 9. Design and Pilot Rural Value-Based Care Model(s)**
- Purpose: Research, design, and pilot value-based care models tailored for rural providers.
 - Uses of Funds:
 - Vendor engagement for model design
 - Pilot implementation and evaluation
 - Training and transformation grants
 - Outcomes:
 - New value-based payment models launched
 - More facilities in collaborative networks
 - Improved financial and quality performance
 - Estimated Funding: \$200,000,000–\$250,000,000 over five years
- 10. Expand Rural Telehealth and Technology Integration**
- Purpose: Strengthen rural health system participation in technology-enabled care and telehealth.
 - Uses of Funds:
 - Telehealth infrastructure and equipment
 - Mobile health programs and remote monitoring
 - Cybersecurity and interoperability training
 - Outcomes:
 - Increased telehealth access and utilization
 - More clinics using remote monitoring
 - Improved data sharing and technology readiness
 - Estimated Funding: \$250,000,000–\$275,000,000 over five years

Legislative and Regulatory Commitments

- ▶ **SNAP Waiver:** Colorado received USDA approval for a waiver restricting the purchase of soft drinks with SNAP benefits, effective March 2026, to promote healthy nutrition for rural residents.

Other Resources

- ▶ [Governor's Endorsement](#)
- ▶ [Supporting Documents](#)

CONNECTICUT

Lead Agency:	CT Department of Social Services (DSS)
RHTP Website:	CO RHTP Website
Email:	Public.Comment.DSS@ct.gov
Project Summary:	N/A
Project Narrative:	CT RHTP Project Narrative
Budget Narrative:	CT RHTP Budget Narrative

Summary of Application

The Connecticut Rural Health Transformation (RHT) Program is led by the Connecticut Department of Social Services (DSS), designated as the state's single Medicaid agency and responsible for overall administration, coordination, and oversight of the initiative. Developed collaboratively with the Office of Policy and Management (OPM) and supported by a broad coalition of state agencies and stakeholders, the RHT Program aims to transform rural healthcare delivery through four interconnected strategic goals: (1) advancing population health outcomes by expanding access to preventive, primary, maternal, behavioral, and dental care; (2) strengthening the rural healthcare workforce via recruitment, training, and retention initiatives; (3) modernizing data and technology infrastructure to improve care coordination, interoperability, and telehealth capacity; and (4) promoting care transformation and financial stability for rural providers through value-based payment models, facility modernization, and integrated care teams. The program emphasizes multi-agency collaboration, stakeholder engagement, and sustainable policy reforms to address root causes of health disparities, ensure equitable access, and build resilient rural health systems for all Connecticut residents.

Key RHTP Initiatives

1. Population Health Outcomes

- **Purpose:** To improve health outcomes for rural residents by expanding access to preventive, primary, maternal, behavioral, and dental care, and addressing social determinants of health.
- **Uses of Funds:**
 - Community-based healthy aging and falls prevention programs for older adults (exercise classes, screenings, transportation assistance).
 - Behavioral health integration in primary care and community settings (psychiatric consultation, ASD services, school-based mental health).
 - Expansion of universal nurse home visiting (Family Bridge model) for newborns and postpartum women.
 - Chronic condition support in primary care (hypertension, diabetes, CKD management, remote monitoring).
 - Mobile health vans for primary and dental care, including services for tribal nations.
 - Data improvements for population health tracking and service navigation.
- **Outcomes:**
 - Increased access to coordinated maternal health services.
 - Higher participation of rural primary care providers in ACCESS Mental Health models.
 - Full enrollment and retention in targeted programs.
 - Reduced emergency department (ED) and mobile crisis utilization for individuals with ASD.
 - Improved chronic disease management and reduced avoidable acute care use.
- **Estimated Funding:** \$132,445,000

2. Workforce

- Purpose: To strengthen and sustain the rural healthcare workforce through recruitment, training, retention, and licensure initiatives.
- Uses of Funds:
 - Expansion of physician residency programs in rural primary care and behavioral health shortage areas.
 - Salary support for facilities to hire non-licensed professionals at competitive wages.
 - Implementation of the Area Health Education Center (AHEC) workforce pipeline program.
 - Formalization and expansion of Certified Nurse Aide (CNA) and medication administration training.
 - Support for interstate licensure compacts to expedite provider credentialing.
 - Financial incentives for providers (childcare, housing, etc.) to remain in rural practice.
 - Technical assistance and training for care coordination, billing, and supervision.
- Outcomes:
 - Increased number of full-time equivalent healthcare providers in rural areas.
 - Faster credentialing and onboarding for rural providers.
 - Higher retention rates for non-licensed providers.
 - Increased hiring of CNAs in non-nursing home settings.
 - Improved provider retention through incentive programs.
- Estimated Funding: \$58,150,000

3. Data and Technology

- Purpose: To modernize the digital foundation of rural healthcare delivery, improving interoperability, care coordination, and telehealth capacity.
- Uses of Funds:
 - Expansion of consumer-facing digital tools for health management and provider connection.
 - Development of integrated care networks linking hospitals, FQHCs, EMS, and community organizations.
 - Subsidized onboarding and technical assistance for rural providers to Connecticut's Health Information Exchange (Connie).
 - Establishment of predictive analytics and care coordination platforms.
 - Shared IT infrastructure and telehealth capacity for rural providers.
 - Statewide bed capacity tracking system for hospitals.
 - Adoption of AI-enabled remote patient monitoring and virtual care platforms.
- Outcomes:
 - Increased participation by rural providers, EMS, and SNFs in the state HIE.
 - Improved consumer access to telehealth technology.
 - Adoption of predictive analytics platforms and remote monitoring interventions.
 - Establishment of automated bed capacity tracking.
 - Enhanced data sharing and reporting frameworks.
- Estimated Funding: \$74,250,000

4. Care Transformation and Stability

- Purpose: To support infrastructure modernization, care coordination, value-based payment models, and financial stability for rural providers.
- Uses of Funds:
 - Technical assistance and grants for rural hospital transformation, right-sizing, and infrastructure improvements.
 - Establishment of 23-hour adult crisis stabilization units in rural areas.
 - Development of integrated behavioral and primary care models.

- Financial and technical support for providers preparing for value-based care.
- Embedded care coordination in primary care practices serving rural Medicaid members.
- Implementation of the Program of All-Inclusive Care for the Elderly (PACE) in rural regions.
- Regional collaboratives for shared learning and sustainability.
- Community health navigator programs and high-acuity school-based behavioral health programming.
- Outcomes:
 - Improved financial stability and service alignment for rural facilities.
 - Expanded access to primary, maternal, behavioral, and dental health services.
 - Enhanced care coordination and reduced avoidable ED visits and hospital readmissions.
 - Adoption of value-based payment arrangements.
 - Successful operation of crisis stabilization units and MIH programs.
- Estimated Funding: \$673,555,121

Legislative and Regulatory Commitments

- ▶ **Certificate of Need (CON) Reform:** The state commits to proposing substantial reforms to CON requirements to simplify regulatory processes and promote market competition, especially for hospitals.
- ▶ **SNAP Waiver:** Connecticut will submit a federal waiver to restrict SNAP purchases of energy drinks and candy, promoting healthier food choices for low-income residents.
- ▶ **Presidential Fitness Test:** The state will implement the new presidential fitness assessment in schools to encourage healthy, active lifestyles.
- ▶ **Scope of Practice Modernization:** Connecticut will standardize and expand scope of practice for nurse practitioners, physician assistants, and dental hygienists, and formalize CNA and medication administration training across care settings.
- ▶ **Telehealth Expansion:** The state will maintain and expand telehealth laws, including reimbursement parity, remote care services, and streamlined licensing for telehealth providers.

Other Resources

- ▶ [CT RHTP Documents Webpage](#)
- ▶ [Governor's Endorsement Letter](#)

DELAWARE

Lead Agency:	Delaware Department of Health and Social Services (DHSS)
RHTP Website:	N/A
Email:	N/A
Project Summary:	DE RHTP Project Summary
Project Narrative:	DE RHTP Project Narrative
Budget Narrative:	DE RHTP Budget Narrative

Summary of Application

The Delaware Rural Health Transformation Program (RHTP) is a statewide initiative led by the Delaware Department of Health and Social Services (DHSS), in partnership with the Governor's Office and the Division of Public Health (DPH), designed to address critical health disparities affecting approximately 400,000 rural residents in Kent and Sussex Counties. Developed through broad stakeholder collaboration, the RHTP introduces 15 integrated projects that expand healthcare access, strengthen the workforce, and modernize technology infrastructure. High-level goals include improving access to preventive and primary care, advancing behavioral health and social services, building Delaware's first medical school with a rural health track, investing in workforce development, and leveraging digital innovation to streamline care delivery. The program is supported by bipartisan legislative and provider endorsements and aims to make Delaware a national model for rural health transformation by ensuring equitable, high-quality care for all residents, regardless of geography.

Key RHTP Initiatives

1. Rural "Hope Center" Initiative

- **Purpose:** Establish two new Hope Centers in Kent and Sussex Counties to provide integrated housing, primary care, behavioral health, and social services for homeless rural populations.
- **Uses of Funds:** Renovation of state-owned buildings, equipment, service contracts for clinical and social services staff, building maintenance, transportation, security, utilities.
- **Outcomes:** Reduction in avoidable emergency department visits, successful transitions to stable housing, increased local access to homeless services, new partnerships with rural providers.
- **Estimated Funding:** \$97.5 million (direct costs)

2. Rural Community Health Hubs

- **Purpose:** Deploy mobile health units throughout rural areas to deliver preventive care, chronic disease management, and specialty services directly to underserved communities.
- **Uses of Funds:** Service contracts for mobile unit providers, program oversight, evaluation, reporting, marketing materials.
- **Outcomes:** Deployment of at least 4 new mobile units, increased patient encounters and screenings, improved access to specialty services.
- **Estimated Funding:** \$10 million (direct costs)

3. School-Based Health Centers Expansion

- **Purpose:** Expand the network of school-based health centers in rural Sussex and Kent elementary and middle schools to provide comprehensive physical, behavioral, and preventive health services.
- **Uses of Funds:** Renovations, equipment, service contracts for staffing and operations.
- **Outcomes:** Establishment of 4 new centers, increased preventive services and behavioral health evaluations for students.
- **Estimated Funding:** \$10 million (direct costs)

4. Food is Medicine Infrastructure Initiative

- Purpose: Develop sustainable payment mechanisms, deploy technology platforms, and train practitioners to deliver evidence-based nutrition interventions.
 - Uses of Funds: Equipment (refrigerated vans, prep equipment), supplies, service contracts, technology platforms, workforce hiring, training and certification.
 - Outcomes: Improved clinical outcomes for participants, reduced ED visits and food insecurity, expanded nutrition workforce, sustainable reimbursement infrastructure.
 - Estimated Funding: \$8 million (direct costs)
- 5. Rural Libraries Health Access Initiative**
- Purpose: Expand health services at nine rural libraries by adding staff and extending hours to provide telehealth support, health navigation, and benefits enrollment assistance.
 - Uses of Funds: Staffing, outreach and marketing, service contracts, software upgrades, equipment for telehealth spaces.
 - Outcomes: Expanded services at 9 libraries, increased telehealth appointments and benefits applications, new partnerships.
 - Estimated Funding: \$3 million (direct costs)
- 6. Rural Provider and FQHC Value-Based Care Readiness**
- Purpose: Support rural providers and FQHCs with technology investments, expanded care teams, and strategic planning to transition to value-based payment models.
 - Uses of Funds: Service contracts for providers, technical assistance, technology upgrades, care team expansion.
 - Outcomes: Increased value-based care participation, improved screening rates, expanded care teams.
 - Estimated Funding: \$300 million (direct costs)
- 7. Catalyst Fund for Telehealth & Remote Monitoring**
- Purpose: Create a competitive fund to support health technology vendors in developing and deploying consumer-facing remote monitoring and digital health solutions for rural populations.
 - Uses of Funds: Service contracts for technology vendors, development and deployment of remote monitoring solutions.
 - Outcomes: Increased adoption of remote health technologies, improved chronic disease management, measurable ROI.
 - Estimated Funding: \$100 million (direct costs)
- 8. Rural Delaware Diabetes Wellness Pilot Program**
- Purpose: Launch a three-year pilot providing continuous glucose monitors and intensive care management to 500 rural diabetes patients.
 - Uses of Funds: Purchase and distribution of CGMs, administrative support, provider payments, analytics vendor, training.
 - Outcomes: Improved glucose control, increased patient engagement, reduced diabetes-related complications.
 - Estimated Funding: \$6.5 million (direct costs)
- 9. Delaware Medical School (Primary Care – Rural Health Track)**
- Purpose: Establish Delaware's first medical school with a Primary Care–Rural Health track to train physicians committed to serving rural communities.
 - Uses of Funds: Building conversion, equipment, faculty recruitment, curriculum development, IT infrastructure.
 - Outcomes: Enrollment of 40+ students annually, new faculty, residency linkages, expanded rural clinical training sites.
 - Estimated Funding: \$94 million (direct costs)
- 10. Medical School Rural Workforce Development Program**

- Purpose: Provide financial awards to medical students who commit to five years of rural practice in Delaware after graduation.
- Uses of Funds: Educational awards, legal services for service agreements, program oversight.
- Outcomes: 140 physicians contractually committed to rural practice, increased retention in rural areas.
- Estimated Funding: \$29.75 million (direct costs)

11. Rural Medical Residency Recruitment Program

- Purpose: Offer housing and relocation awards to medical residents who commit to practicing in Delaware's rural areas for five years after residency.
- Uses of Funds: Housing subsidies, relocation support, legal services, program oversight.
- Outcomes: 250 residents supported, increased rural residency fill rates, improved retention.
- Estimated Funding: \$11.5 million (direct costs)

12. Training Programs for Clinical Support Roles in Rural Areas

- Purpose: Fund healthcare systems and educational institutions to expand training capacity for non-physician practitioners and clinical support roles.
- Uses of Funds: Grants to institutions, program administration, evaluation, reporting.
- Outcomes: 10+ new training programs, 200+ professionals trained annually, increased certification rates.
- Estimated Funding: \$180 million (direct costs)

13. Rural Health Workforce Education Program

- Purpose: Provide educational awards to students in clinical training programs who commit to five years of practice in rural Delaware healthcare facilities.
- Uses of Funds: Educational awards, housing assistance, relocation support, program oversight.
- Outcomes: 500+ professionals supported, increased rural employment, improved access.
- Estimated Funding: \$19 million (direct costs)

14. Healthcare Workforce Data Center Initiative

- Purpose: Establish a comprehensive data center to track healthcare workforce supply, demand, distribution, and gaps across Delaware, with a focus on rural areas.
- Uses of Funds: Service contracts for data center development, analytics, dashboards, reporting.
- Outcomes: Real-time workforce tracking, improved policy targeting, annual public reports.
- Estimated Funding: \$16.25 million (direct costs)

15. Statewide Health IT Infrastructure for Prior Authorizations

- Purpose: Create digital infrastructure connecting all providers, payers, and patients through electronic health information exchange to streamline prior authorization processes.
- Uses of Funds: Service contracts for IT infrastructure, governance, reporting, patient portals.
- Outcomes: Reduced authorization delays, increased provider adoption, improved claims rates.
- Estimated Funding: \$50 million (direct costs)

Legislative and Regulatory Commitments

- **Certificate of Need Reform:** Delaware will eliminate or loosen Certificate of Need laws (known locally as Certificate of Public Review) to reduce regulatory barriers for providers establishing new facilities in rural areas. Legislation will be drafted by September 2026, sponsor identified by January 2027, brought to vote by June 2027.

- ▶ **Scope of Practice Expansion:** Delaware will expand scope of practice regulations to allow nurse practitioners, physician assistants, pharmacists, and dental hygienists to practice at the top of their training and licensure. Legislation will be drafted by September 2026, sponsor identified by January 2027, brought to vote by June 2027.
- ▶ **Telehealth Reimbursement Parity:** Delaware will enact comprehensive telehealth reimbursement parity, requiring all payers to reimburse telehealth services at the same rate as in-person services. Legislation will be drafted by September 2026, sponsor identified by January 2027, brought to vote by June 2027.
- ▶ **Nutrition Continuing Medical Education:** Delaware will require nutrition to be a component of continuing medical education for physicians. Regulatory amendments will be drafted by March 2028, approval by September 2028, effective for renewals beginning January 2029.
- ▶ **Presidential Fitness Test:** Delaware will reestablish the Presidential Fitness Test in schools, aligned with federal guidance through executive action by December 2028.

Other Resources

- ▶ [DE RHTP Application Drop Box](#)
- ▶ [The Talk of Delmarva - Delaware Applies for \\$1 Billion in Rural Health Transformation Program Funding](#)
- ▶ [Coastal Point - Governor announces generational plan to overhaul rural healthcare](#)

FLORIDA

Lead Agency:	Agency for Health Care Administration
RHTP Website:	FL RHTP Website
Email:	N/A
Project Summary:	FL RHTP Project Summary
Project Narrative:	FL RHTP Project Narrative
Budget Narrative:	FL RHTP Budget Narrative

Summary of Application

The lead agency for the Florida Rural Health Transformation Program (RHTP) is the Florida Agency for Health Care Administration, which will oversee, coordinate, and ensure accountability for all activities under this initiative. The RHTP aims to modernize, stabilize, and sustain rural health systems across 31 counties, serving approximately 1.2 million Floridians. Its high-level goals are to expand access to high-quality, affordable healthcare by addressing provider shortages, technological fragmentation, and unsustainable reimbursement structures. Strategic objectives include improving access through mobile health, telemedicine, and new clinics; enhancing health outcomes via evidence-based, technology-enabled interventions; advancing technology and data use for better care coordination; strengthening the rural health workforce through training and retention programs; and ensuring financial sustainability by implementing value-based payment models and integrated Medicare-Medicaid plans. The program is designed to build a resilient, data-driven, and patient-centered rural health system that expands access and improves outcomes for Florida's rural residents.

Key RHTP Initiatives

1. Rural and Satellite Clinics

- **Purpose:** Expand primary, dental, behavioral, and chronic care access in rural areas by opening new clinics or satellite offices, including nurse practitioner and physician assistant-led clinics.
- **Uses of Funds:** Start-up and expansion costs, health IT upgrades (EHR, tele-supervision), workforce training and recruitment, care coordination.
- **Outcomes:** Open at least 30 new/satellite clinics by 2031; reduce pre-term birth and infant mortality rates; decrease ambulatory care sensitive hospitalizations; increase percentage of rural adults with a usual source of care.
- **Estimated Funding:** \$25 million

2. Mobile Health

- **Purpose:** Deliver preventive, screening, rehabilitation, and prenatal services directly to rural communities via mobile units.
- **Uses of Funds:** Operational costs for mobile units, health IT tools, workforce and training, quality assurance, referral systems.
- **Outcomes:** Deploy 25 mobile health units by 2030; increase preventive screening rates; reduce missed appointments; improve prenatal visit initiation.
- **Estimated Funding:** \$20 million

3. Community Paramedicine

- **Purpose:** Deploy community paramedics and other practitioners for on-site support and post-discharge care to reduce preventable readmissions.
- **Uses of Funds:** Operations, health IT integration, remote patient monitoring, AI decision support, workforce training.
- **Outcomes:** 3,000 home visits annually by 2030; reduce 30-day readmission rates; decrease emergency department visits post-discharge.
- **Estimated Funding:** \$18 million

4. Behavioral Health Telehealth & Telehub Psychiatry

- Purpose: Establish regional telepsychiatry hubs for same-day psychiatric consultations and coordinated care.
 - Uses of Funds: Technology integration, workforce training, software licenses, equipment, facility upgrades.
 - Outcomes: Five regional hubs by 2030; reduce behavioral health appointment wait times; improve depression/anxiety control rates; decrease behavioral health-related ED visits.
 - Estimated Funding: \$18 million
- 5. Tele-Specialties & Imaging (Virtual Specialty Clinics)**
- Purpose: Enable rural hospitals/clinics to host virtual specialty clinics, connecting patients to specialists via telehealth and cloud-based imaging.
 - Uses of Funds: Technology systems, integration, workforce training, health IT enhancements.
 - Outcomes: Launch 50 virtual specialty clinic sites by 2031; reduce specialist appointment wait times; increase chronic disease follow-up adherence; reduce patient travel distance.
 - Estimated Funding: \$16 million
- 6. Tele-Intensive Care Unit (eICU)**
- Purpose: Connect rural hospitals with remote critical care physicians and nurses for 24/7 patient monitoring.
 - Uses of Funds: eICU platforms, software, technology integration, workforce training, equipment upgrades.
 - Outcomes: Connect 15 rural hospitals to eICU networks by 2030; reduce interfacility transfers; shorten ICU length of stay; improve sepsis management compliance.
 - Estimated Funding: \$14 million
- 7. Hub-and-Spoke Telestroke**
- Purpose: Connect rural emergency departments with stroke specialists for immediate assessment and treatment.
 - Uses of Funds: Technology infrastructure, workforce training, quality monitoring tools.
 - Outcomes: 1,500 Telestroke consultations by 2030; reduce door-to-needle time for thrombolytic therapy; decrease unnecessary transfers; improve stroke survival rates.
 - Estimated Funding: \$10 million
- 8. Workforce Development (CTIO)**
- Purpose: Strengthen rural healthcare pipeline via clinical training, supervised rotations, recruitment, and retention.
 - Uses of Funds: Training sites, preceptorships, recruitment/retention incentives, housing support, technology/tracking systems, curriculum development.
 - Outcomes: 150 trainees annually in rural rotations by 2030; achieve 70% two-year retention, 50% five-year retention; improve provider availability.
 - Estimated Funding: \$10 million
- 9. Health and Lifestyle**
- Purpose: Address food insecurity and nutrition-related disparities through screenings, counseling, and referrals.
 - Uses of Funds: Screening tools, referral systems, digital tracking, training/curriculum, equipment/supplies.
 - Outcomes: Screen 2,000 patients annually for food insecurity; increase referrals; improve nutrition-related health indicators; reduce food insecurity rates.
 - Estimated Funding: \$7 million
- 10. Remote Patient Telemonitoring (RPTM)**
- Purpose: Enable rural patients with chronic conditions to transmit health data to care teams using connected devices.

- Uses of Funds: Monitoring kits, AI triage tools, staffing, clinical oversight, cybersecurity, health IT upgrades.
- Outcomes: Enroll 10,000 rural patients by 2030; reduce ED visits; improve blood pressure and diabetes control; decrease avoidable hospitalizations.
- Estimated Funding: \$14 million

11. Value-Based Purchasing (VBP)

- Purpose: Transition rural providers to performance-based payment models rewarding quality and efficiency.
- Uses of Funds: Training/coaching, software/data tools, consultants/staff support, technology systems, workforce development.
- Outcomes: VBP education for rural providers; increase participation in VBP arrangements; reduce preventable hospitalizations; lower Medicaid managed care costs.
- Estimated Funding: \$10 million

12. Retail Clinic Services

- Purpose: Expand access to care by reimbursing rural pharmacies for non-emergency medical services.
- Uses of Funds: Clinic setup in pharmacies, health IT connections, workforce training, cybersecurity/privacy safeguards.
- Outcomes: Enroll 50 rural pharmacies by 2030; reduce non-urgent ED visits; achieve patient satisfaction; expand same-day access.
- Estimated Funding: \$6 million

13. Florida Health Information Exchange / Encounter Notification Service (HIE/ENS)

Onboarding

- Purpose: Fund onboarding for rural providers to HIE/ENS for real-time care coordination.
- Uses of Funds: Onboarding costs, interface development, workflow implementation, cybersecurity, interoperability testing.
- Outcomes: Increase HIE participation; reduce readmissions; improve follow-up timeliness; increase alert delivery efficiency.
- Estimated Funding: \$5 million

14. Diagnostics Technology Support

- Purpose: Equip rural facilities with cloud-based PACS for rapid sharing/review of diagnostic images and lab results.
- Uses of Funds: PACS installation, workforce training, cybersecurity, EHR integration.
- Outcomes: Install PACS in 25 rural facilities by 2030; reduce diagnostic turnaround times; decrease repeat imaging/lab draws; improve report delivery time.
- Estimated Funding: \$6 million

15. Integrated Medicare-Medicaid Plans Education and Outreach

- Purpose: Increase awareness and participation among dual-eligible Floridians in integrated plan models.
- Uses of Funds: Outreach, education, stakeholder training, technology/equipment, minor facility updates.
- Outcomes: Educate/counsel 15,000 dual-eligible beneficiaries by 2030; increase integrated plan enrollment; improve satisfaction/comprehension.
- Estimated Funding: \$1 million

Legislative and Regulatory Commitments

N/A

Other Resources

- ▶ [AHCA Communications Office - Florida Submits Application to Federal Rural Health Transformation Program](#)

GEORGIA

Lead Agency:	Georgia Department for Community Health
RHTP Website:	GA RHTP Website
Email:	N/A
Project Summary:	N/A
Project Narrative:	GA RHTP Project Narrative
Budget Narrative:	N/A

Summary of Application

The Georgia Department of Community Health (DCH) is the lead agency for the Georgia Rural Enhancement And Transformation of Health (GREAT Health) Program, a statewide initiative designed to transform rural health care delivery and outcomes across 126 rural counties. Developed in partnership with agencies such as the Department of Public Health (DPH), State Office of Rural Health (SORH), and the Georgia Board of Health Care Workforce (GBHCW), the program aims to stabilize rural health systems, transition providers to value-based care, and improve population health. The high-level goals focus on five strategic areas: innovating care delivery, addressing root causes of disease, increasing sustainable access to care, building a highly skilled rural health workforce, and leveraging technology for healthcare innovation. Through these integrated initiatives, Georgia seeks to close rural-urban health gaps, strengthen financial durability for rural providers, and ensure healthier, longer lives for rural residents.

Key RHTP Initiatives

1. Transforming for a Sustainable Health System in Rural Georgia

- **Purpose:** Prepare rural healthcare facilities and providers for value-based care under the CMS AHEAD model, ensuring financial durability and improved health outcomes.
- **Uses of Funds:** Technical assistance for readiness assessments, gap identification, provider education, fiscal risk mitigation, and infrastructure upgrades for hospitals, clinics, and FQHCs.
- **Outcomes:** Increased readiness for value-based contracting, improved financial stability for rural providers, and enhanced quality of care.
- **Estimated Funding:** Not specified in the narrative; funding distributed via competitive grants to rural facilities.

2. Strengthening the Continuum of Care in Rural Georgia

- **Purpose:** Address root causes of disease, improve chronic disease management, and enhance behavioral health and emergency response infrastructure.
- **Uses of Funds:** Investments in behavioral health programs, emergency response infrastructure (ambulances, shelter-in-place upgrades), newborn screening equipment, nutrition services for children with ASD, support for acquired brain injury survivors, and public health initiatives.
- **Outcomes:** Improved behavioral health access, reduced trauma risks, better newborn and child health outcomes, increased nutrition support, and long-term cost avoidance through prevention.
- **Estimated Funding:** Not specified; funds allocated to infrastructure, equipment, and programmatic support.

3. Connecting to Care to Improve Healthcare Access in Rural Georgia

- **Purpose:** Increase and sustain access to primary, specialty, dental, and behavioral healthcare in rural areas.
- **Uses of Funds:** Deployment of mobile health units, telehealth point-of-care pods, telehealth infrastructure for specialty care, provider-to-provider consultation platforms,

obstetric carts for emergency departments, and stabilization grants for rural hospitals and clinics.

- **Outcomes:** Expanded access points, reduced travel time for rural residents, improved maternal and specialty care, and increased provider participation in value-based care.
- **Estimated Funding:** Not specified; funding distributed through grants and infrastructure investments.

4. Growing a Highly Skilled Healthcare Workforce in Rural Georgia

- **Purpose:** Recruit, train, and retain a robust rural healthcare workforce, including physicians, nurses, paramedics, and other providers.
- **Uses of Funds:** Graduate medical education (GME) incentives, EMS scholarships, Area Health Education Centers (AHEC) partnerships, nursing faculty recruitment and retention, simulation equipment, tuition assistance, and workforce pipeline programs.
- **Outcomes:** Increased number of rural healthcare providers, improved clinical training capacity, and enhanced retention of providers in rural communities.
- **Estimated Funding:** Not specified; funds used for scholarships, incentives, training, and educational infrastructure.

5. Leveraging Technology for Healthcare Innovations in Rural Georgia

- **Purpose:** Modernize healthcare delivery through technology, improve data access, and drive innovation in rural health.
- **Uses of Funds:** Investments in EMR enhancements, cybersecurity, telehealth platforms, robotic surgical instruments, consumer engagement technology, Medicaid eligibility system upgrades, and the ARCHER Tech Catalyst Fund for rural technology innovation.
- **Outcomes:** Improved care coordination, secure health data exchange, increased access to specialty and preventive care, and measurable impact from technology deployment.
- **Estimated Funding:** Not specified; funding allocated to technology upgrades, innovation grants, and infrastructure.

Legislative and Regulatory Commitments

- ▶ **Nutrition Continuing Medical Education (CME):** Georgia commits to exploring regulatory changes to encourage or require nutrition-related CME for all providers, with action planned before the final Composite Medical Board meeting of 2028.
- ▶ **Remote Care Services for Maternal Health:** Building on a successful pilot, Georgia will pursue regulatory changes to institute statewide benefits for remote monitoring (blood pressure, glucose, weight) during pregnancy and postpartum, with implementation targeted before the final Board meeting in 2027.

Other Resources

- ▶ [Georgia's Application to the RHT Program](#)
- ▶ [GREAT Health Program Frequently Asked Questions](#)

HAWAII

Lead Agency:	Office of the Governor
RHTP Website:	Engage Hawai'i Hawai'i's Rural Health Transformation Plan
Email:	N/A
Project Summary:	N/A
Project Narrative:	N/A
Budget Narrative:	N/A

Summary of Application

As of December 1, 2025, Hawaii has not posted their RHTP application materials. The following information was summarized based on other public information.

Key RHTP Initiatives

1. **EMS, Trauma & Acute Care Modernization**
 - Purpose: Modernize EMS and trauma systems statewide; integrate transfer/communication centers and post-acute coordination.
2. **Transportation and Rapid Response Upgrades**
 - Purpose: Enhance rural transport capabilities through vehicles, ambulances, rapid-response units, and communication upgrades.
3. **Community Mobile Primary Care Teams**
 - Purpose: Deploy field teams to manage chronic conditions (e.g., CHF), post-surgical, maternal and behavioral health issues.
4. **Workforce Development and Retention**
 - Purpose: Build pipelines for EMS academies in high schools; support volunteer EMS; develop community health navigators and pharmacists.
5. **Innovative Care and Telehealth Expansion**
 - Purpose: Advance telehealth across trauma, acute, and behavioral health services; promote innovative care models.
6. **Electronic Health Records and Data Infrastructure**
 - Purpose: Strengthen EHR adoption; enable data sharing, cybersecurity, and remote care capacity.
7. **Medical Respite and Post Acute Care Support**
 - Purpose: Establish post-acute care facilities and medical respite ecosystems linked to trauma/inpatient services.

Legislative and Regulatory Commitments

No publicly available information.

Resources

- ▶ [Hawaii-Trauma-EMS-Rural-Healthcare-Transformation-Funding-Powerpoint10012025.pdf](#)
- ▶ [Hawaii Governor RHTP Press Release](#)

IDAHO

Lead Agency:	Idaho Department of Health and Welfare (DHW)
RHTP Website:	ID RHTP Website
Email:	IdahoRHTP@dhw.idaho.gov
Project Summary:	N/A
Project Narrative:	ID RHTP Project Narrative
Budget Narrative:	ID RHTP Budget Narrative

Summary of Application

The Idaho Department of Health and Welfare (DHW) submitted its Rural Health Transformation Program (RHTP) application in early November 2025, following the CMS Notice of Funding Opportunity released in September. The proposal seeks up to \$1 billion over five years and focuses on five key initiatives: expanding telehealth and health IT to improve rural access, piloting innovative care models and payment reforms, strengthening workforce recruitment and retention through loan repayment and training programs, implementing population-specific preventive and chronic care strategies, and investing in rural health infrastructure and partnerships. These initiatives aim to stabilize rural providers, enhance care quality, and ensure sustainable health systems statewide.

Key RHTP Initiatives

1. Improving Rural Access to Care Through Technology

- Purpose: Expand telehealth, interoperability, AI, and cybersecurity to bridge distance and modernize rural care delivery.
- Uses of Funds:
 - Facility technology assessments and shared infrastructure
 - Telehealth expansion (equipment, software, training)
 - Digital health tools (apps, AI for revenue cycle and clinical support)
 - Cybersecurity modernization and AI-driven threat monitoring
 - Emergency communication systems (NextGen 911, Health Alert Network)
 - Health management and data analytics tools
 - EHR upgrades for interoperability
- Outcomes:
 - 50% increase in telehealth appointments by 2030
 - 80% of rural physicians connected to new Health Alert Network
 - At least 10 facilities implement new or upgraded EHR systems
- Estimated Funding: \$209,000,000 over five years

2. Ensuring Accessible Quality Care Through Innovative Models

- Purpose: Implement care models that extend healthcare beyond traditional facilities, strengthen EMS, and deploy health extenders.
- Uses of Funds:
 - Diagnostic kiosks, telehealth pods, pharmacy kiosks
 - Remote patient monitoring programs
 - Recruitment and training of health extenders (CHWs, CHEMS)
 - EMS expansion and stabilization programs
 - Community needs assessments and shared resource agreements
- Outcomes:
 - CHEMS positions increase from 26 to 62 by 2030
 - 97% of rural counties have at least one paid EMS position
 - ED visits for ambulatory care-sensitive conditions reduced by 20%
- Estimated Funding: \$125,000,000 over five years

3. Sustaining Rural Workforce with Training, Recruitment, and Retention

- Purpose: Build and retain a skilled rural health workforce through incentives, education pathways, and graduate medical education.
 - Uses of Funds:
 - Ladder payments for priority positions
 - Recruitment and retention bonuses
 - Healthcare education scholarships (with 5-year service commitment)
 - Career exploration and “grow your own” programs
 - Apprenticeships, preceptorships, and mentorship incentives
 - Graduate medical education programs (OB/GYN, behavioral health, geriatrics)
 - Outcomes:
 - 200 individuals complete “learn in place” or “grow your own” programs
 - 20 complete new fellowship programs; 10 complete new residency programs
 - Physician ratio increases from 193 to 195 per 100,000 population
 - Estimated Funding: \$172,500,000 over five years
- 4. Implement Population-Specific, Evidence-Based Projects (MAHA)**
- Purpose: Address chronic disease, behavioral health, and maternal/child health through proven prevention and treatment programs.
 - Uses of Funds:
 - National Diabetes Prevention Program (DPP) and DSMES
 - Dementia screening and awareness
 - Behavioral health integration, mobile crisis response, MAT linkage
 - Pediatric Psychiatry Access Line (PPAL)
 - Maternal and child health programs, obstetric readiness, IPQC initiatives
 - Outcomes:
 - 50% of participants in chronic disease programs meet retention and clinical goals
 - Eight rural hospitals complete new perinatal collaborative initiatives
 - Suicide, overdose, and alcoholism deaths reduced by 25%
 - Estimated Funding: \$75,000,000 over five years
- 5. Investing in Rural Health Infrastructure and Partnerships**
- Purpose: Modernize rural healthcare facilities, expand pharmacy access, and strengthen partnerships, including tribal health transformation.
 - Uses of Funds:
 - Facility renovations for telehealth and training spaces
 - Pharmacy upgrades and lockers
 - Clinical equipment purchases (imaging, lab, dental, remote monitoring)
 - Mobile health units and patient transport vehicles
 - Safety code compliance upgrades
 - Tribal health transformation set-aside (3.5% of total award)
 - Outcomes:
 - 2,000 preventive screenings annually via mobile units
 - Pharmacy lockers in seven rural counties
 - CAHPS “Getting needed care” score improves from 83.3% to 90%
 - Estimated Funding: \$387,000,000 over five years

Total Estimated Funding Across All Initiatives: \$968.5 million over five years

Legislative and Regulatory Commitments

- **Presidential Fitness Test:** Idaho will encourage all public schools, especially in rural communities, to reinstitute the Presidential Fitness Test. The Department of Education will develop materials to support and incentivize schools to do so by the end of CY 2027.

- ▶ **Licensure Compact:** Idaho is drafting legislation for a multi-state physician assistant compact for consideration in the 2026 legislative session.
- ▶ **Scope of Practice:** Idaho is drafting legislation to further expand scope for physician assistants and dental hygienists for the 2026 session.

Other Resources

- ▶ [Gem State Chronicle - RELEASE: Idaho submits application for up to \\$1 billion to support rural health care](#)
- ▶ [ID Department of Health & Welfare - DHW seeks public input to inform Rural Health Transformation Program application](#)

ILLINOIS

Lead Agency:	Illinois Department of Healthcare and Family Services (HFS)
RHTP Website:	IL RHTP Website
Email:	N/A
Project Summary:	N/A
Project Narrative:	N/A
Budget Narrative:	N/A

Summary of Application

As of December 1, 2025, Illinois has not posted their RHTP application materials. The following information was summarized based on other public information.

The Illinois Rural Health Transformation Program (RHTP), led by the Illinois Department of Healthcare and Family Services (HFS), is designed to address urgent gaps in rural healthcare across the state's 1.9 million rural residents. The program's high-level goals are to build a resilient rural workforce, overcome geographic barriers to care, and transform rural healthcare delivery through regional partnerships, integrated care models, and value-based payment pilots. Key initiatives include investments in workforce recruitment and education, expansion of transportation and mobile health services, technological innovation for virtual care, and public health improvement efforts. The program emphasizes stakeholder engagement, evidence-based strategies, and collaboration among hospitals, health systems, universities, and community organizations to ensure sustainable access, innovative care, and improved health outcomes for rural Illinois.

Key RHTP Initiatives

1. Transforming Rural Healthcare Delivery

- *Regional Care Transformation*
 - Purpose: Fund regional partnerships of rural healthcare providers to right-size service lines, improve care coordination, and pilot value-based payment models.
 - Uses of Funds: Planning, staffing, IT investments, facility renovations, technical assistance, and procurement of a statewide health data interoperability platform for care coordination and telehealth.
 - Outcomes: Improved care coordination, more sustainable rural hospital operations, increased adoption of value-based care, and enhanced interoperability.
 - Estimated Funding: Not specified in the briefing, but part of the overall RHTP allocation.
- *Community Care Infrastructure*
 - Purpose: Support rural primary care and behavioral health providers in building integrated care models and embedding new provider types (e.g., community health workers, peers, doulas) into care teams.
 - Uses of Funds: Technical assistance, learning collaboratives, workforce development, and care transformation support.
 - Outcomes: Increased access to integrated primary and behavioral health services, improved care quality, and expanded provider teams.
 - Estimated Funding: Not specified.
- *Disease Prevention*
 - Purpose: Foster collaboration between hospitals and local health departments to implement public health improvement programs (e.g., diabetes prevention, mental health first aid, physical activity).

- Uses of Funds: Program funding for hospitals and local health departments, technical support, and community engagement.
- Outcomes: Improved population health indicators, reduced chronic disease burden, and increased preventive care uptake.
- Estimated Funding: Not specified.

2. Overcoming Geographic Barriers to Care

- *Expansion of Transportation and Mobile Health Clinics*
 - Purpose: Remove barriers to care by expanding EMS and mobile healthcare services.
 - Uses of Funds: Vehicles, equipment, IT systems, staffing for resource hospitals, mobile clinics, and mobile crisis units.
 - Outcomes: Increased access to emergency and preventive care, reduced transportation barriers, and improved community paramedicine models.
 - Estimated Funding: Not specified.
- *Technological Innovation for Virtual Care*
 - Purpose: Expand telehealth access and virtual care delivery statewide.
 - Uses of Funds: Health IT systems, telehealth hubs, statewide platforms for specialty and emergency care, provider collaboration tools (e.g., ECHO programs).
 - Outcomes: Enhanced access to specialty and emergency care, improved care coordination, and increased reach to home-bound patients.
 - Estimated Funding: Not specified.

3. Building a Resilient Rural Workforce

- *Incentives for Clinicians and Non-Clinicians*
 - Purpose: Attract and retain providers in rural areas, focusing on high-need roles like behavioral health and maternal care.
 - Uses of Funds: Targeted bonuses for providers committing to rural service for 5+ years, expansion of university programs, and partnerships with local providers.
 - Outcomes: Improved recruitment and retention of rural healthcare professionals, especially in critical specialties.
 - Estimated Funding: Not specified.
- *Training and Recruitment Program for Non-Traditional Healthcare Workers*
 - Purpose: Close workforce gaps by training community health workers, doulas, and peer support professionals.
 - Uses of Funds: Local training programs, collaborative design with colleges and health systems, retention incentives.
 - Outcomes: Expanded rural healthcare workforce, improved retention of trained professionals in rural communities.
 - Estimated Funding: Not specified.
- *Rural Health Education Pipeline*
 - Purpose: Create healthcare career pathways for rural high school students.
 - Uses of Funds: Hands-on learning opportunities, shadowing, mentorship, workshops via UIC AHEC Rockford, partnerships with hospitals and schools.
 - Outcomes: Increased interest and entry into rural health careers, sustainable workforce development.
 - Estimated Funding: Not specified.

Legislative and Regulatory Commitments

No publicly available information.

Other Resources

- ▶ [Illinois Rural Health Transformation Program Update Illinois General Assembly](#)
- ▶ [TRANSFORMING THE HEALTH OF RURAL ILLINOIS A BLUEPRINT FOR INVESTMENT AND ACTION](#)

INDIANA

Lead Agency:	Indiana Family & Social Services Administration (FSSA)
RHTP Website:	IN RHTP Website
Email:	ruralhealthworkgroup@fssa.in.gov
Project Summary:	N/A
Project Narrative:	IN RHTP Project Narrative
Budget Narrative:	N/A

Summary of Application

The lead agency for Indiana's Rural Health Transformation Plan (RHTP) is the Indiana Health and Family Services (HFS), which encompasses the Indiana Department of Health (IDOH), the Indiana Family and Social Services Administration (FSSA), and the Indiana Department of Child Services (DCS). The RHTP, branded as "GROW: Cultivating Hoosier Health," aims to transform rural health outcomes by leveraging federal funding to address critical challenges such as healthcare access, workforce shortages, chronic disease, maternal and infant health, and financial instability among rural providers. The plan's high-level goals include improving sustainable access to care, fostering technology innovation, advancing innovative care models, developing the rural health workforce, and catalyzing local partnerships through regional grants. These efforts are coordinated under the Make Indiana Healthy Again (MIHA) initiative, which unites government, healthcare, schools, and community partners to deliver locally tailored solutions, enhance health equity, and ensure long-term impact for Indiana's rural populations.

Key RHTP Initiatives

- 1. Growing Care Coordination—Medical Operations Coordination Center & Alternate Payment Model Feasibility Study**
 - Purpose:** Establish a centralized Medical Operations Coordination Center (MOCC) to improve emergency medical services, patient transfer coordination, and explore alternate payment models for rural Medicaid providers.
 - Uses of Funds:** Technology and infrastructure investments, feasibility study for Accountable Care Organization (ACO) and bundled payments, stakeholder engagement.
 - Outcomes:** Faster and more appropriate patient transfers, reduced delays in trauma/stroke/psychiatric care, improved coordination across providers, and assessment of value-based payment models.
 - Estimated Funding:** \$56.2 million over five years.
- 2. Growing Community Connections through Indiana 211**
 - Purpose:** Enhance Indiana 211 as a coordinated care network, connecting rural residents to community resources and social services.
 - Uses of Funds:** Community engagement, systems integration, training for community-based organizations (CBOs), technology upgrades.
 - Outcomes:** Increased closed-loop referrals, improved access to non-medical supports, higher satisfaction with resource navigation, reduced hospital utilization.
 - Estimated Funding:** \$3.3 million over five years.
- 3. Growing Improved Patient Outcomes Through Enhanced Interoperability and Technology**
 - Purpose:** Expand health information exchange (HIE) connectivity for rural providers and assess expansion of nutrition incentive programs for SNAP recipients.
 - Uses of Funds:** Technology upgrades, provider portal development, feasibility study for Double Up Indiana program, technical assistance.
 - Outcomes:** 450 new rural healthcare entities connected to HIE, improved data sharing, increased access to healthy foods, enhanced provider productivity.
 - Estimated Funding:** \$66.5 million over five years.
- 4. Growing Pediatric & Obstetric Readiness in Rural Emergency Departments**

- Purpose: Improve pediatric and obstetric emergency care readiness in rural hospitals and EMS agencies.
 - Uses of Funds: Equipment purchases, training, simulation exercises, technical assistance, protocol development.
 - Outcomes: Higher rates of Pediatric and OB Ready designations, reduced morbidity/mortality, improved emergency response for children and mothers.
 - Estimated Funding: \$45.4 million over five years.
- 5. Growing Cardiometabolic Health Standards of Care in Rural Indiana**
- Purpose: Implement regional cardiometabolic care models and lifestyle medicine training to address obesity, diabetes, and hypertension.
 - Uses of Funds: Establish centers of excellence, provider training, feasibility study for Food is Medicine logistics.
 - Outcomes: Improved chronic disease indicators, increased access to care, more clinicians certified in lifestyle medicine.
 - Estimated Funding: \$15.3 million over five years.
- 6. Growing Access to Hospital Post-Discharge Medications**
- Purpose: Ensure rural patients receive prescribed medications before hospital discharge to reduce readmissions.
 - Uses of Funds: EMR system updates, logistics, staff training, stakeholder engagement.
 - Outcomes: Increased medication adherence, reduced readmissions and ED visits, higher hospital participation.
 - Estimated Funding: \$11.0 million over five years.
- 7. Growing Specialty Provider Access through Expanded Teleconsult Capabilities**
- Purpose: Expand teleconsultation networks to improve rural access to specialty care.
 - Uses of Funds: Needs assessment, technology procurement, provider outreach, AI-enabled analysis.
 - Outcomes: Reduced interfacility transfers, decreased wait times, increased specialist availability, higher utilization rates.
 - Estimated Funding: \$2.6 million over five years.
- 8. Growing Telehealth Access and Infrastructure**
- Purpose: Bridge gaps in rural telehealth infrastructure and expand virtual care delivery.
 - Uses of Funds: Feasibility study, technology upgrades, broadband expansion, training.
 - Outcomes: 50% increase in telehealth utilization, improved chronic disease management, reduced preventable ED visits.
 - Estimated Funding: \$28.9 million over five years.
- 9. Growing Our Rural Health Paraprofessional Workforce**
- Purpose: Build a pipeline of certified community health workers (CHWs) and healthcare paraprofessionals in rural areas.
 - Uses of Funds: Certification training, career pathway programming for high school students, stipends.
 - Outcomes: 200 new CHWs trained, increased retention, expanded workforce capacity.
 - Estimated Funding: \$11.8 million over five years.
- 10. Growing Clinical Training and Readiness**
- Purpose: Expand rural residency programs, provide physician and preceptor stipends, and develop a rural preceptorship database.
 - Uses of Funds: Residency program grants, stipends, database development, training.
 - Outcomes: 15 new residency positions, 200 clinical preceptors supported, improved physician-to-population ratios.
 - Estimated Funding: \$83.0 million over five years.
- 11. Growing Our Rural Behavioral Health Workforce**

- Purpose: Develop behavioral health career pathways, support peer workforce, and provide threat assessment training.
- Uses of Funds: Scholarships, stipends, curriculum development, training workshops.
- Outcomes: Increased behavioral health workforce, higher credential attainment, improved retention and placement.
- Estimated Funding: \$5.3 million over five years.

12. Make Rural Indiana Healthy Again Regional Grants

- Purpose: Fund regional coalitions to implement locally tailored solutions across five core areas: access, technology, workforce, innovative care, and financial solvency.
- Uses of Funds: Regional grants for collaborative projects, infrastructure, workforce development, technology, and care delivery innovations.
- Outcomes: Increased access points, improved health outcomes, reduced duplication, cost savings, enhanced sustainability.
- Estimated Funding: \$604.2 million total (\$75 million annually across eight regions) over five years.

Legislative and Regulatory Commitments

- ▶ **Presidential Fitness Test**: Executive Order (EO) 25-59 (Making Indiana Healthy Again by Promoting the Health and Wellness of Hoosier Students includes the Governor's Fitness Test for schools with a reward program for students who demonstrate high performance on the test. Modeled after the Presidential Fitness Test, it promotes the same goals of a healthy, active lifestyle for children.
- ▶ **Nutrition Education in Medical Curriculum**: Indiana commits to passing legislation by 2028 requiring all medical schools in the state to include nutrition education in their curriculum. All Indiana medical schools have agreed to this requirement, and the Indiana Department of Health will support policy change to embed nutrition education for medical professionals.
- ▶ **SNAP Waiver**: Indiana's Family and Social Services Administration (FSSA) Division of Family Resources has received USDA approval for a state waiver prohibiting the purchase of non-nutritious items (such as candy and soda) with SNAP benefits. This waiver will go into effect on January 1, 2026.
- ▶ **Medicaid Managed Care and Dual Eligible Programs**: Indiana confirms the launch of the PathWays Dual Care program for Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNP) beginning January 1, 2026, and outlines policies for dual enrollees.
- ▶ **Telehealth and Licensing Compacts**: The state has made regulatory changes to support telehealth, including exceptions for in-state licensing requirements for compact professions.

Other Resources

- ▶ [IN RHTP Letter of Intent](#)
- ▶ [IN DOH Rural Health Community Survey Results](#)
- ▶ [IN RHTP Working Group Meeting #5 – November 13, 2025](#)

IOWA

Lead Agency:	Iowa Department of Health and Human Services (Iowa HHS)
RHTP Website:	IA RHTP Website
Email:	samra.hiros@hhs.iowa.gov
Project Summary:	IA RHTP Project Summary
Project Narrative:	IA RHTP Project Narrative
Budget Narrative:	N/A

Summary of Application

The State of Iowa, led by the Iowa Department of Health and Human Services (Iowa HHS) with endorsement from Governor Kim Reynolds, submitted its “Healthy Hometowns” RHTP application on November 5, 2025. Developed through collaboration with rural hospitals, community partners, and public input collected via surveys and RFIs, the proposal seeks up to \$200 million per year (totaling \$1 billion over five years). It outlines six strategic initiatives—Hometown Connections, Best and Brightest, Combat Cancer, Communities of Care, Health Information Exchange, and EMS Community Care Mobile—focused on enhancing rural access, upgrading health IT and telehealth infrastructure, boosting workforce recruitment and retention, combating chronic disease including cancer, integrating care delivery, and improving data interoperability to reduce disparities and strengthen local systems of care.

Key RHTP Initiatives

1. Hometown Connections

- **Purpose:** Formalize partnerships via “Health Hubs” to expand Governor’s Centers of Excellence program into rural areas.
- **Uses of Funds:** Telehealth, specialized equipment, provider recruitment/retention, facility optimization, limited care for uninsured individuals, and support for school-based services.
- **Outcomes:** Increased rural care capacity, improved access to specialty and primary care.
- **Estimated Funding:** Included in total \$200M/year baseline; no specific breakdown.

2. Best & Brightest (*Sub-initiative under Hometown Connections*)

- **Purpose:** Recruit and retain exceptional rural healthcare workforce.
- **Uses of Funds:** Incentives, professional development, rural deployment.
- **Outcomes:** Improved workforce stability in rural communities.
- **Estimated Funding:** Part of the broader \$200M/year.

3. Combat Cancer – Prevent & Treat

- **Purpose:** Strengthen statewide cancer prevention, detection, and treatment via rural hubs.
- **Uses of Funds:** Radon testing, mammography, FIT screening, telehealth, equipment upgrades, support services, academic studies.
- **Outcomes:** Increased screening rates, early detection, enhanced treatment capacity.
- **Estimated Funding:** Funded through the overall grant.

4. Communities of Care

- **Purpose:** Co-locate multidisciplinary providers and community health workers (CHWs) to improve care coordination.
- **Uses of Funds:** Facility co-location, CHW recruitment/training, chronic care programs.
- **Outcomes:** Better coordinated care and chronic disease management in rural settings.
- **Estimated Funding:** Included in Healthy Hometowns plan.

5. Health Information Exchange (HIE)

- **Purpose:** Achieve seamless statewide patient record access to support rural care continuity.

- Uses of Funds: HIE platform expansion, interoperability enhancements.
 - Outcomes: Improved data sharing and care transitions.
 - Estimated Funding: Part of overall statewide investment.
6. **EMS & Community Care Mobile**
- Purpose: Enhance high-risk maternal transport and mobile integrated healthcare services (e.g., prenatal, postpartum, chronic care).
 - Uses of Funds: Telehealth tech, mobile clinic deployment, transport support systems.
 - Outcomes: Access to critical maternal and chronic disease care outside traditional clinical settings.
 - Estimate Funding: Within the \$200M/year budget.

Legislative and Regulatory Commitments

- ▶ **Presidential Fitness Test**: Iowa commits to reestablishing the Presidential Fitness Test in alignment with Executive Order 14327, to be implemented prior to December 31, 2028.
- ▶ **Nutrition in Continuing Medical Education (CME)**: Iowa will include nutrition topics within CME requirements for physicians by December 31, 2028, aiming to improve care quality.
- ▶ **Licensure Compacts**: Iowa participates in all major interstate licensure compacts for physicians, nurses, EMS, and physician assistants. Iowa commits to joining the PSYPACT compact for psychologists to increase rural mental health provider access.
- ▶ **Certificate of Need (CON) Reform**: Iowa legislation (Senate File 2385) requires a CON report by December 31, 2025. Iowa commits to legislative change to remove outpatient behavioral health care from CON review, with enactment planned prior to December 31, 2026.

Resources

- ▶ [IA RHTP Application Webpage](#)
- ▶ [IA RHTP Cover Letter](#)
- ▶ [Healthy Hometowns One-Pager](#)
- ▶ [Health Hometowns PowerPoint](#)

KANSAS

Lead Agency:	Kansas Department of Health and Environment
RHTP Website:	KS RHTP Website
Email:	kdhe.info@ks.gov
Project Summary:	N/A
Project Narrative:	KS RHTP Project Narrative
Budget Narrative:	N/A

Summary of Application

Kansas's RHTP application is led by the Kansas Department of Health and Environment (KDHE) in collaboration with Governor Laura Kelly's office and key stakeholders—such as the Kansas Rural Health Innovation Alliance (KRHIA), University of Kansas Health System Care Collaborative, and Kansas Department for Aging and Disability Services—as detailed in the September 25th and October 3rd, 2025 press releases and KDHE's RHTP overview. The proposal, submitted in early November 2025, aims to secure a portion of federal RHTP funding (an estimated \$1 billion over five years) to expand access to rural healthcare, implement innovative care models, strengthen health IT and telehealth infrastructure, cultivate workforce recruitment and retention, and ensure financial sustainability for rural hospitals.

Key RHTP Initiatives

- 1. Expand Primary & Secondary Prevention**
 - Purpose: Increase access to preventive screenings, behavioral health, nutrition counseling
 - Uses: Mobile clinics, community outreach, health education
 - Outcomes: Reduced chronic disease incidence, improved early detection
 - Estimated Funding: Embedded within annual RHTP baseline & merit funds
- 2. Secure Local Primary Care Access**
 - Purpose: Strengthen local rural primary care capacity
 - Uses: Workforce support, telehealth implementation, provider recruitment
 - Outcomes: Reduced hospital transfers and increased patient retention
 - Estimated Funding: Embedded within annual RHTP baseline & merit funds
- 3. Build a Sustainable Rural Health Workforce**
 - Purpose: Address shortages in primary, dental, behavioral health, nursing, allied health
 - Uses: Loan repayment, training programs, residency expansion
 - Outcomes: Enhanced provider retention, expanded qualified workforce
 - Estimated Funding: Embedded within annual RHTP baseline & merit funds
- 4. Spark Innovative Care Models**
 - Purpose: Introduce value-based payment systems and collaborative care
 - Uses: ACO pilots, care coordination investments
 - Outcomes: Improved care quality, reduced costs
 - Estimated Funding: Embedded within annual RHTP baseline & merit funds
- 5. Leverage Technology & Data**
 - Purpose: Increase telehealth usage and data-sharing capacity
 - Uses: EHR upgrades, interoperability enhancements, rural broadband initiatives
 - Outcomes: Expanded access, improved care continuity
 - Estimated Funding: Embedded within annual RHTP baseline & merit funds

Legislative and Regulatory Commitments

- ▶ **Presidential Fitness Test:** Kansas does not currently mandate the Presidential Fitness Test in schools; it is a matter of local discretion. The State is committed to re-establishing the mandate by the end of 2028.
- ▶ **SNAP Waivers:** The Governor signed into law a requirement for the State to submit a request for a SNAP food restriction waiver. The request was submitted in May 2025 and the State is responding to CMS inquiries.
- ▶ **Nutrition in Continuing Medical Education (CME):** Kansas does not currently require nutrition education as part of physician CME. The State is committed to imposing such a requirement by legislation or regulation by the end of 2028.
- ▶ **Remote Care Services:** Kansas Medicaid reimburses at least one form of live video telehealth but does not reimburse store-and-forward or communication technology-based services. KS intends to establish such reimbursement through legislation by the end of 2027.

Other Resources

- ▶ [RHTP Overview & Public Comment \(KDHE\)](#)
- ▶ [Governor's Announcement \(Nov 4, 2025\): Governor Kelly Press Release](#)
- ▶ [Kansas RHTP Submission Details: KCLY Radio Coverage](#)
- ▶ [KDHE Webinar Transcript](#)

KENTUCKY

Lead Agency:	Kentucky Cabinet for Health and Family Services
RHTP Website:	N/A
Email:	N/A
Project Summary:	KY RHTP Project Summary
Project Narrative:	N/A
Budget Narrative:	N/A

Summary of Application

As of December 1, 2025, Kentucky has not posted their RHTP application materials. The information below is based on publicly available information.

Key RHTP Initiatives

1. **Rural Community Hubs for Chronic Care Innovation:** Reduce obesity and diabetes rate through evidence-based, community-led strategies focused on upstream prevention
2. **PoWERing Maternal and Infant Health, Community-Based Teams:** Increase timely perinatal care in maternity care deserts through coordinated, telehealth-enabled teams
3. **Rapid Response to Recovery, EmPATH Model, Mobile Crisis, and Telehealth:** Expand integrated, technology-enabled crisis care from community response to long-term support
4. **Rooted in Health, Kentucky Rural Dental Access Program:** Improve rural access to preventive dental care and treatment through expanded training and mobile, portable services
5. **From Crisis to Care, Integrated EMS and Trauma Response:** Strengthen EMS and trauma care capacity, responsiveness, and coordination

Legislative and Regulatory Commitments

No publicly available information.

Other Resources

No publicly available information.

LOUISIANA

Lead Agency:	Louisiana Department of Health
RHTP Website:	LA RHTP Website
Email:	RuralHealthTransformation@la.gov
Project Summary:	N/A
Project Narrative:	LA RHTP Project Narrative
Budget Narrative:	N/A

Summary of Application

The Louisiana Rural Health Transformation Program (LA RHTP), led by the Louisiana Department of Health, is designed to improve healthcare access, quality, and outcomes for the state's 1.1 million rural residents through innovative system change and strategic investment. The program's high-level goals are to strengthen the rural healthcare workforce, modernize technology infrastructure, expand access to essential health services, and promote integrated, outcomes-based care models. Key strategies include workforce development and emergency response modernization, implementation of a statewide health technology ecosystem, value-based payment reforms, nutrition and physical activity interventions, coordinated multi-modal care for high-needs populations, and targeted capital investments in rural health facilities. The LA RHTP aims to address persistent health disparities, chronic disease burdens, and financial instability in rural parishes, ultimately making rural Louisiana healthier and more resilient.

Key RHTP Initiatives

- 1. Strengthen Health and Emergency Systems through Workforce Expansion and Integration**
 - Purpose:** Address critical healthcare workforce shortages and delayed emergency response times in rural Louisiana by expanding the workforce, building sustainable training pipelines, and enhancing emergency response capacity.
 - Uses of Funds:** Financial incentives (grants, tax credits, bonuses), education partnerships, clinical rotations, mentorship programs, community paramedicine and tele-EMS pilots.
 - Outcomes:** Increased primary care coverage, improved EMS response times, higher retention and recruitment of rural clinicians, and expanded treat-in-place care models.
 - Estimated Funding:** \$245 million over five years.
- 2. Modernize Technology Infrastructure and Capacity for Efficiency and Care Coordination**
 - Purpose:** Create a unified, interoperable health technology ecosystem to connect rural providers, patients, and payers, improving efficiency, care coordination, and digital inclusion.
 - Uses of Funds:** State-managed CMS-certified EHR instance, Rural Tech Catalyst Fund (RTCF-LA) for digital health innovation, remote-monitoring devices, digital literacy programs, broadband expansion.
 - Outcomes:** More providers leveraging data exchange, increased patient access to electronic health data, higher utilization of telehealth and digital tools, reduced duplicative testing.
 - Estimated Funding:** \$240 million over five years.
- 3. Reinforce Innovative, Outcomes-Based Care Delivery in Rural Areas**
 - Purpose:** Launch risk-sharing and value-based payment arrangements and pilot innovative care models to improve outcomes and reduce preventable hospitalizations.
 - Uses of Funds:** Provider education, technical assistance, shared savings arrangements, pilot funding for care navigation, mobile units, rural pharmacy access.
 - Outcomes:** Reduction in non-emergent ED visits, improved chronic disease management, increased access to value-based care, and broader adoption of innovative care models.

- Estimated Funding: \$150 million over five years.
- 4. **Expand Physical Activity and Nutrition Interventions Through Community-Based Partnerships**
 - Purpose: Address chronic disease and maternal health through direct nutrition interventions (“food FARMacy” programs) and broader community-based fitness and nutrition programs.
 - Uses of Funds: Partnerships with rural healthcare facilities, local farmers, schools, and community organizations; funding for food FARMacy infrastructure, wellness campaigns, and fitness programs.
 - Outcomes: Improved clinical health markers (BP, glucose, weight), increased school participation in fitness programs, higher engagement in food FARMacy, and improved self-reported well-being.
 - Estimated Funding: \$45 million over five years.
- 5. **Strengthen Care Integration for High-Needs Populations Through Coordinated, Multi-Modal Models**
 - Purpose: Develop a coordinated, multi-modal care infrastructure for high-needs populations, integrating physical, behavioral, and social services.
 - Uses of Funds: Regional care conveners, navigation networks, telehealth infrastructure, partnerships for co-located care (MAT, crisis response), retrofitting rural hospitals for PACE sites.
 - Outcomes: Increased behavioral health referrals, reduced inpatient admissions, improved chronic disease and maternal health outcomes, expanded telehealth access.
 - Estimated Funding: \$130 million over five years.
- 6. **Strengthen Access to Essential Health Services Through Capital Investments**
 - Purpose: Modernize rural healthcare infrastructure through targeted capital investments, enabling facilities to provide advanced, tech-enabled care.
 - Uses of Funds: Competitive grants for facility renovations, equipment upgrades, IT improvements, and diagnostic expansion.
 - Outcomes: Reduced travel distance to specialized care, increased asset utilization, more diagnoses after screenings, and at least one capital project per rural parish.
 - Estimated Funding: \$175 million over five years.

Legislative and Regulatory Commitments

- ▶ **Presidential Fitness Test:** Governor Landry signed an executive order (Nov 2025) reinstating the Presidential Fitness Test in Louisiana schools, promoting preventive health and physical activity as part of the state’s commitment to rural health transformation.
- ▶ **SNAP Waiver:** Louisiana submitted and received approval for a SNAP waiver (effective Jan 2026) that restricts the purchase of soft drinks, energy drinks, and candy with SNAP benefits. This policy aims to address chronic disease by promoting healthier food choices for low-income residents.
- ▶ **Nutrition Continuing Medical Education:** Act 463 (Senate Bill 14, 2025) requires certain healthcare providers to complete one hour of nutrition education every four years, effective January 2026. This policy is designed to improve chronic disease prevention and evidence-based interventions.

Resources

- ▶ [RFI Announcement: LDH News Release](#)

MAINE

Lead Agency:	Maine Department of Health and Human Services
RHTP Website:	ME RHTP Website
Email:	N/A
Project Summary:	ME RHTP Project Summary
Project Narrative:	ME RHTP Project Narrative
Budget Narrative:	N/A

Summary of Application

The lead agency for the Maine Rural Health Transformation Program (RHTP) is the Maine Department of Health and Human Services (DHHS), which will administer and oversee the program through a dedicated governance committee and advisory committee comprising state leaders and rural health stakeholders. The RHTP aims to address the complex health needs of Maine's rural population—over half the state's residents—by implementing a comprehensive strategy built around five major initiatives: (1) expanding population health solutions and preventive care, (2) strengthening the rural healthcare workforce, (3) modernizing care delivery through technology and digital health, (4) improving access and affordability of care, and (5) promoting financial sustainability for rural health providers and systems. The overarching goals are to ensure that where one lives no longer dictates health outcomes or access to care, to build a resilient and integrated rural health system, and to create sustainable improvements in health, access, and equity for generations of Mainers.

Key RHTP Initiatives

1. Population Health

- **Purpose:** Empower rural Mainers to achieve healthy living goals by expanding access to high-quality preventive, primary, chronic, and specialty care. Address the growing complexity of rural health needs, especially among aging populations and those with chronic and behavioral health conditions.
- **Uses of Funds:**
 - Expand alternative sites of care (mobile units, school-based health centers, co-located primary care in behavioral health clinics)
 - Spread evidence-based practices (EBP) through training and implementation
 - Build nutrition education infrastructure
 - Expand community paramedicine programs
 - Support community health worker and peer support programs
 - Increase access to mental health and substance use disorder (SUD) services, including for tribal populations
- **Outcomes:**
 - Increased number of school-based health centers (SBHCs)
 - Expanded mobile unit operations
 - More evidence-based practice trainings and implementations
 - Broader reach of community paramedicine and health worker programs
 - Improved access to behavioral health and SUD services
- **Estimated Funding:** \$182,033,832 over five years

2. Workforce

- **Purpose:** Strengthen Maine's rural health workforce by recruiting, retaining, and training healthcare professionals to serve rural communities. Address workforce shortages and build sustainable talent pipelines.
- **Uses of Funds:**
 - Recruitment and retention incentives for clinicians committing to rural service
 - Customized training, mentoring, and support for rural providers

- Expand K–12 health career pathway programs
- Support Healthcare Training for ME (HTFM) partnership for rapid training and upskilling
- Expand Consortium for Healthcare Education and Training (CHET) for rural clinical training sites and preceptorships
- Invest in mobile training labs and simulation centers
- Develop a centralized healthcare workforce data dashboard
- Pilot rural medical workforce transportation solutions
- Outcomes:
 - Increased number of clinicians working in rural areas
 - More students enrolled in health certificate and degree programs
 - Expanded rural clinical training sites and preceptors
 - Improved workforce data collection and planning
 - Enhanced transportation options for rural health workers
- Estimated Funding: \$202,691,606 over five years

3. Technology Innovation

- Purpose: Modernize rural care delivery by accelerating the adoption of health-enabling technologies, improving electronic medical records (EMR), expanding telehealth, and supporting digital health and AI innovations.
- Uses of Funds:
 - Expand telehealth services (urgent care, behavioral health, specialty consults)
 - Upgrade and interconnect EMR systems
 - Strengthen cybersecurity for healthcare providers
 - Support data integration and reliable exchange of healthcare data (HealthInfoNet, Community Information Exchange)
 - Implement remote patient monitoring (RPM) programs and patient-facing digital health tools
 - Create the Maine Rural AI Hub and Rural Health AI Innovation Institute
- Outcomes:
 - Increased telehealth utilization among adults and youth
 - Improved access to specialty care and AI-supported documentation
 - Enhanced EMR interoperability and cybersecurity
 - Broader use of RPM and digital health tools
- Estimated Funding: \$200,942,115 over five years

4. Access

- Purpose: Bridge the healthcare affordability gap for rural Mainers by ensuring care is available and affordable, supporting provider payments, improving transportation, and empowering consumer choice.
- Uses of Funds:
 - Provider payments for uncompensated care and essential health benefits for uninsured populations
 - Upgrade MaineCare provider enrollment technology
 - Coordinate and expand transportation infrastructure for health and wellness services
 - Improve consumer transparency tools for state-based health insurance marketplace
- Outcomes:
 - Stabilized provider finances and expanded access to care for uninsured and low-income individuals
 - Increased MaineCare-enrolled providers
 - Improved transportation access for rural residents
 - Enhanced consumer ability to compare and select health plans

- Estimated Funding: \$185,546,540 over five years
- 5. **Sustainable Rural Health Ecosystems**
 - Purpose: Promote the long-term resilience and financial stability of Maine's rural health ecosystem through systems-level incentives, operational strategies, and regional planning.
 - Uses of Funds:
 - Tailored financial management and planning support for at-risk hospitals
 - Capital investments and technology upgrades for hospitals
 - Regional health ecosystem planning and implementation
 - Develop multi-payer alternative payment models (APMs)
 - Expand interfacility transport systems
 - Increase inpatient step-down treatment capacity for children with complex behavioral health needs
 - Outcomes:
 - Improved hospital financial stability and operational efficiency
 - Increased regional provider collaboration and partnerships
 - Greater adoption of value-based payment models
 - Enhanced access to behavioral health services for children
 - Improved transportation systems for rural healthcare
 - Estimated Funding: \$197,383,494 over five years

Legislative and Regulatory Commitments

- ▶ **Presidential Fitness Test:** Maine does not currently require the Presidential Fitness Test in schools. The state will review and consider implementation once federal guidance is released, but cannot commit at this time.
- ▶ **SNAP Waivers:** Maine does not have a USDA-approved SNAP waiver prohibiting the purchase of non-nutritious items and does not plan to pursue one.
- ▶ **Nutrition Continuing Medical Education (CME):** Maine does not require nutrition to be included in CME for physician licensing and does not consider it feasible to add this requirement. The state's medical boards believe current nutritional education is adequate.
- ▶ **Certificate of Need (CON):** Maine maintains its current CON requirements and does not plan to change them. The state scores 50/100 for RHTP scoring in this category.
- ▶ **Licensure Compacts:** Maine is a member of all referenced licensure compacts except for the EMS REPLICA Compact. The state believes its current laws best support EMS recruitment and retention in rural areas.
- ▶ **Scope of Practice:** Maine grants full scope of practice for nurse practitioners and dental hygienists, and 75% of allocated points for physician assistants. Pharmacists have expanded permissions, including prescriptive authority for contraceptives, naloxone, vaccines, HIV prevention, and emergency insulin refills. Maine will continue to review pharmacist authority as needed.
- ▶ **Short-Term, Limited-Duration Insurance (STLDI):** These plans are available for purchase in Maine and are not prohibited, though there are some additional state requirements.
- ▶ **Remote Care Services:** Maine allows Medicaid payments for live video, store-and-forward, and remote patient monitoring. The state expedites licensure for out-of-state telehealth providers, and current law has not shown to be a barrier for telehealth practice into Maine.

Other Resources

- ▶ [State launches robust public engagement process](#)
- ▶ [State files application for the RHTP](#)
- ▶ [September 23: Webinar Recording](#)
- ▶ [September 24: Webinar Recording](#)

MARYLAND

Lead Agency:	Maryland Department of Health
RHTP Website:	MD RHTP Website
Email:	mdh.transformruralhealth@maryland.gov
Project Summary:	MD RHTP Project Summary
Project Narrative:	MD RHTP Project Narrative
Budget Narrative:	N/A

Summary of Application

The Maryland Department of Health (MDH), through its State Office of Rural Health, serves as the lead agency for the state's application to the Centers for Medicare & Medicaid Services' Rural Health Transformation Program (RHTP), established under H.R. 1 in July 2025 with a \$50 billion allocation. Maryland submitted its proposal in November 2025, following a robust stakeholder engagement process—including a Request for Information, a public webinar, and 17 community listening sessions. The application, subject to CMS approval by December 31, 2025, outlines three transformative initiatives: strengthening the rural health workforce, enhancing sustainable access and innovative care, and empowering rural residents to eat for health—each supported by immediate-impact and longer-term transformation funding. These goals align with CMS's five strategic priorities—chronic disease prevention, behavioral health, workforce development, sustainable access, and technology innovation—to bolster rural hospitals, improve care coordination, expand telehealth, and increase nutritious food access and infrastructure.

Key RHTP Initiatives

1. Transform the Rural Health Workforce

- **Purpose:** Strengthen rural workforce pipelines (CHWs, nursing assistants, peer recovery, clinical staff)
- **Use of Funds:** Apprenticeships, certifications, AHEC expansions, recruitment/retention programs
- **Outcomes:** Greater health provider availability, retention, and community-led workforce solutions

2. Promote Sustainable Access & Innovative Care

- **Purpose:** Expand primary/specialty access, enhance trauma services, and tech-enabled care models
- **Use of Funds:** Mobile health programs, HIT/HIE systems, value-based payment pilots, telehealth
- **Outcomes:** Improved care coordination, timely service delivery, and provider collaboration

3. Empower Rural Marylanders to Eat for Health

- **Purpose:** Address rural food insecurity with infrastructure and education
- **Use of Funds:** Food aggregators, hubs, mobile markets, and nutrition education
- **Outcomes:** Increased healthy food access, healthier communities, enhanced local food systems

Legislative and Regulatory Commitments

- **Nutrition Continuing Medical Education (CME):** Physicians renewing their license must earn CME credits, with accredited nutrition CME courses included in Category I. No specific mandate for nutrition CME, but it is an eligible topic.

- ▶ **Certificate of Need (CON):** Maryland ranks 41st nationally for CON policy modernization and streamlining. The state has modernized CON provisions in recent years and will consider further work in this policy area.
- ▶ **Licensure Compacts:** Not currently a member of the EMS or PA Compacts, but will consider further work in these areas.
- ▶ **Scope of Practice:** The state will consider further work in these policy areas.
- ▶ **Remote Care Services (Telehealth):** Preserve Telehealth Access Act of 2025 permanently extends telehealth coverage and reimbursement, including audio-only visits and payment parity. Medicaid insurers must reimburse telehealth services at the same rate as in-person visits. The state will explore whether additional work is needed in this policy area.

Other Resources

- ▶ [MD Rural Health Transformation Program \(RHTP\) Informational Webinar](#)
- ▶ [MD Rural Health Transformation Program \(RHTP\): Share Your Voice Webpage](#)

MASSACHUSETTS

Lead Agency:	Executive Office of Health and Human Services (EOHHS)
RHTP Website:	MA RHTP Website
Email:	N/A
Project Summary:	MA RHTP Project Summary
Project Narrative:	MA RHTP Project Narrative
Budget Narrative:	N/A

Summary of Application

Massachusetts' RHTP seeks to transform care for the Commonwealth's ~700,000 rural residents (about 10% of the state), who face fewer access points, fragile EMS, workforce shortages, aging infrastructure, and higher chronic disease and ED utilization. EOHHS proposes seven initiatives focused on population health, innovative care models, workforce (THRIVE), prevention through community capacity, EMS integration, technology/interoperability & cybersecurity, and facility modernization/re-use. Total proposed budget: \$1,000,000,000 over five years.

Key RHTP Initiatives

1. Population Health Advancement

- **Purpose:** Improve chronic disease management, care coordination, and participation in value-based payment; link clinical and community resources. [h](#)
- **Uses of Funds:** Stand up regional chronic disease management networks; launch a bi-directional "Rural MA Connect" platform for closed-loop referrals; extend automated adverse event monitoring to rural hospitals; expand remote patient monitoring; implement home visiting and Hospital-at-Home; create incentives/TA for population health and VBP participation.
- **Outcomes:** Reduced ED use and cost for chronic conditions; higher preventive visit rates; stronger clinical-community connectivity; increased RPM uptake and quality improvement; greater provider participation in population health/VBP.
- **Estimated Funding:** \$291,695,762 (Y1: \$52,954,076; Y2: \$54,498,060; Y3: \$72,648,766; Y4: \$56,965,759; Y5: \$54,629,101).

2. Innovation in Rural Care Models

- **Purpose:** Introduce/scale rural-appropriate care models to expand access and efficiency.
- **Uses of Funds:** Mobile health units; integrated specialty care networks (Project ECHO/eConsults); tele-pharmacy/tele-dental/tele-behavioral expansion (including rural school-based tele-BH); Rural Digital Health Sandbox with MeHI; SHINE-HT to help FQHCs adopt AI/EHR add-ons; maternal health continuum of care; expansion of opioid treatment sites.
- **Outcomes:** Increased use of mobile/tele strategies; expanded specialty access; more rural-ready digital tools; reduced burden on primary care; greater BH/dental/pharmacy availability.
- **Estimated Funding:** \$114,502,232 (Y1: \$24,266,526; Y2: \$24,022,190; Y3: \$21,735,396; Y4: \$22,674,889; Y5: \$21,803,231).

3. THRIVE – Training Healthcare for Retention, Innovation & Excellence

- **Purpose:** Build and retain a rural workforce across pipelines, recruitment, and retention.
- **Uses of Funds:** "Grow-your-own" recruitment campaign; regional training hubs for allied health; rural NP residencies (Psych, Women's Health, Adult-Gerontology) with 5-year service commitments; housing supports for workforce; incentives for rural field placements & preceptors; facility-level recruitment/retention plans; virtual workforce training platform.

- Outcomes: More clinicians in rural organizations; higher retention; shorter wait times; more rural training/residency slots; increased interest in rural careers.
- Estimated Funding: \$123,084,335 (Y1: \$23,754,706; Y2: \$23,782,613; Y3: \$19,854,896; Y4: \$27,831,890; Y5: \$27,860,230).

4. Healthy Rural Communities

- Purpose: Invest in prevention and community capacity to address root causes and reduce chronic disease burden.
- Uses of Funds: Community-based chronic disease prevention/screening programs; expansion of community-based organization (CBO) networks; coordination with Local Public Health shared services; population-specific programs for older adults, people with disabilities, Indigenous residents, school-aged youth, and young families.
- Outcomes: Lower chronic disease rates and risk factors; more healthy behaviors; stronger community partnerships; improved outcomes for priority populations.
- Estimated Funding: \$86,080,222 (Y1: \$15,365,015; Y2: \$23,242,190; Y3: \$15,554,897; Y4: \$15,944,890; Y5: \$15,973,230).

5. EMS Service Integration

- Purpose: Integrate new EMS roles (e.g., community paramedicine), stabilize rural EMS, and reduce avoidable transports.
- Uses of Funds: TA and start-up support for community paramedicine; pilot reimbursement for transport to non-ED sites, treat-in-place, evaluations without transport, and population-health activities; statewide prehospital protocol & dosing mobile app.
- Outcomes: More viable EMS agencies; lower patient out-of-pocket EMS costs; fewer unnecessary ED transports; stronger EMS-community partnerships; reduced ED boarding.
- Estimated Funding: \$63,279,097 (Y1: \$14,299,586; Y2: \$11,824,069; Y3: \$9,373,561; Y4: \$12,876,770; Y5: \$14,905,111).

6. Enhancing Technology Interoperability & Connectivity

- Purpose: Modernize rural health IT, interoperability, and cybersecurity to support coordinated care.
- Uses of Funds: HIE participation via a technical assistance hub (Mass Hlway/TEFCA alignment); link rural EMS/hospitals to ACORN and CMED; shared EHR platform for local public health with billing/reporting; cybersecurity assessments and managed services with MeHI/MassCyberCenter; TA for FHIR-based standards and managed support services.
- Outcomes: More rural providers exchanging data; full rural hospital participation in ACORN; improved cybersecurity maturity; local public health EHR live.
- Estimated Funding: \$83,198,412 (Y1: \$16,122,205; Y2: \$17,516,689; Y3: \$16,492,397; Y4: \$16,519,390; Y5: \$16,547,731).

7. Facility Modernization & Re-Use

- Purpose: Minor renovations and capital upgrades to optimize rural facilities, expand services, increase safety and efficiency.
- Uses of Funds: Critical capital updates for rural hospitals, primary care sites (RHCs/FQHCs), and nursing facilities; specialized nursing facility units (BH/SUD).
- Outcomes: Safer, more efficient sites; expanded on-site diagnostics/specialty capacity; better telehealth readiness; improved operating margins.
- Estimated Funding: \$238,159,940 (Y1: \$53,237,886; Y2: \$45,114,189; Y3: \$44,340,087; Y4: \$47,186,412; Y5: \$48,281,366).

Legislative and Regulatory Commitments

- ▶ **Licensure Compacts:** Legislation introduced for physician, psychology, and PA compacts
- ▶ **Scope of Practice:** Dental hygienist expansion legislation introduced.

Other Resources

- ▶ [MA RHTP Application](#)
- ▶ [MA EOHHS RHTP Partners](#)

MICHIGAN

Lead Agency:	Michigan Department of Health & Human Services (MDHHS)
RHTP Website:	MI RHTP Website
Email:	RHTP@michigan.gov
Project Summary:	MI RHTP Project Summary
Project Narrative:	MI RHTP Project Narrative
Budget Narrative:	N/A

Summary of Application

Michigan's Rural Health Transformation Program (RHTP) targets 75 rural or partially rural counties, representing over 20% of the state's population and the seventh largest rural population in the nation. The proposal seeks to address significant health disparities, workforce shortages, financial distress among rural hospitals, and gaps in access to primary, maternal, and behavioral health services. The plan is built on four major initiatives, each designed to create a resilient, innovative rural health system through partnerships, workforce development, technology, and community-centered care models. Special attention is given to the Upper Peninsula, habitable islands, and Tribal communities (with a dedicated 5% carve-out for Tribal partners).

Key RHTP Initiatives

1. Transforming Rural Health through Partnerships

- **Purpose:** Build and formalize cross-sector partnerships (health care, public health, community organizations) to expand integrated care, chronic disease management, behavioral health, and preventive services.
- **Uses of Funds:** Develop Hubs for coordinated care, support Community Health Worker (CHW) integration, pilot chronic disease and healthy homes programs, expand telehealth, and invest in technology for care coordination.
- **Outcomes:** Train 50+ rural CHWs in cardiovascular health, expand self-measured blood pressure programs to 15 sites, repair 600 homes for chronic disease prevention, increase formal partnerships by 50%, and improve preventive care access for youth by 15–20%.
- **Estimated Funding:** \$26,000,000

2. Workforce for Wellness

- **Purpose:** Strengthen recruitment, retention, and training for rural health professionals (behavioral health, maternal health, EMS, primary care).
- **Uses of Funds:** High school-to-health care pipeline, MSW stipends and scholarships, provider recruitment/retention grants, maternal health provider training, EMS training, CHW/Community Paramedic (CP) certification, and LLMSW supervision stipends.
- **Outcomes:** 150 new rural providers by year 3, 15% net workforce increase by year 5, 240 new MSWs, 100 certified CHWs/CPs, 150 newly trained EMTs/paramedics retained, and 40 new MSWs employed in rural communities.
- **Estimated Funding:** \$44,731,500

3. Interoperability in Action

- **Purpose:** Modernize rural health IT, expand electronic health records (EHR), health information exchange (HIE), and community information exchange (CIE) capacity.
- **Uses of Funds:** Establish Interoperability Advisory Council, fund rural tech innovation, pilot data integration projects, expand telehealth and secure messaging, and build rural resource directories.
- **Outcomes:** 50% increase in rural provider participation in HIE, 150 organizations supported in health IT adoption, 80% increase in rural community members reporting access to resources, and four pilot cohorts for data integration.
- **Estimated Funding:** \$53,000,000

4. Care Closer to Home Blueprint

- Purpose: Bring health services closer to where people live and work, focusing on chronic disease, maternal/child health, behavioral health, aging, and transportation.
- Uses of Funds: Grants for hub-and-spoke care delivery, transportation access (NEMT, last-mile food/pharmacy delivery), behavioral health innovation (CSUs, CCBHCs, mobile medication units), and healthy aging programs (PACE, home/community-based services).
- Outcomes: 10% reduction in preventable hospital/ED visits, three new PACE/ACS sites, 10 transportation projects, five last-mile delivery routes, two Rural CSUs, four CCBHCs, three new IOP sites, and 30% increase in MOUD access.
- Estimated Funding: \$73,000,000

Legislative and Regulatory Commitments

- ▶ **Pharmacist Scope of Practice**: House Bill 5108 of 2025 introduced to expand pharmacists' scope of practice.
- ▶ **Medicaid Policy Alignment**: MDHHS will explore legislative appropriations, Medicaid State Plan amendments, waiver authorities, and managed care contract updates to sustain successful initiatives.

Resources

- ▶ [MDHHS RHTP page: Program structure & timeline](#)

MINNESOTA

Lead Agency:	Minnesota Department of Health (MDH)
RHTP Website:	MN RHTP Website
Email:	rural.transformation.mdh@state.mn.us
Project Summary:	MN RHTP Project Summary
Project Narrative:	MN RHTP Project Narrative
Budget Narrative:	N/A

Summary of Application

Minnesota's RHTP targets 1.69 million rural residents (29.7% of the state), including 11 Tribal Nations. Rural communities face persistent challenges: access gaps, workforce shortages, financial distress among hospitals, and higher rates of chronic disease and behavioral health needs. The plan was shaped by 344 public comments and 40+ stakeholder meetings. MDH will lead a five-year, ~\$1B transformation effort focused on technology, partnerships, and training, with strong local control and accountability.

Key RHTP Initiatives

- Community-Based Preventive Care and Chronic Disease Management**
 - Purpose: Expand screenings, self-management, and referrals for chronic disease, physical activity, and nutrition in community settings.
 - Uses of Funds: Grants to rural hospitals, clinics, Tribal health, and FQHCs for screening, remote monitoring, community care hubs, and technology adoption.
 - Outcomes: 8 percentage point increase in cardiometabolic screening and self-management rates over five years.
 - Estimated Funding: \$46–52M/year; \$239M total.
- Recruit and Retain Talent in Rural Communities**
 - Purpose: Build rural workforce pipelines, expand clinical rotations, residencies, fellowships, and retention supports.
 - Uses of Funds: Scrubs camps, HOSA chapters, "Earn and Train" apprenticeships, rural clinical rotations, APP residencies, OB fellowships, technical assistance center, and burnout reduction pilots.
 - Outcomes: 482 new rural trainees and 200 additional Scrubs Camp participants by year 5.
 - Estimated Funding: \$12.8–31.6M/year; \$107.6M total.
- Sustain Access to Services to Keep Care Closer to Home**
 - Purpose: Expand frontline workforce (CHWs, paramedics, doulas), telehealth access points, mobile care units, and community mental health postvention.
 - Uses of Funds: Grants for embedding allied health staff, technical assistance, mobile vans, telehealth sites, and mental health training.
 - Outcomes: 16 new telehealth sites, 40 mobile units, 250 rural patient encounters/year, 8 sites with allied health staff.
 - Estimated Funding: \$13.2–33.8M/year; \$113.8M total.
- Create Regional Care Models to Improve Whole Person Health**
 - Purpose: Build provider-to-provider telehealth, EMS "treat-in-place," children's mental health crisis response, urgent care centers, ECHO learning networks, and OB sustainability.
 - Uses of Funds: Grants for telehealth hubs, EMS pilots, mental health urgent care, ECHO networks, MOUD expansion, OB simulation, and bridge grants for low-volume hospitals.
 - Outcomes: 50 new telehealth entities, 8% reduction in unnecessary ambulance transports, 22% increase in MOUD prescriptions, 100+ OB trainees.

- Estimated Funding: \$16–46.7M/year; \$228.8M total.
- 5. **Invest in Technology, Infrastructure, and Collaboration for Financial Viability**
 - Purpose: Modernize data infrastructure, AI, cybersecurity, revenue cycle management, and statewide integrated health network.
 - Uses of Funds: Grants for software, technical assistance, AI tools, cybersecurity, and revenue cycle management.
 - Outcomes: 10% increase in providers with fully integrated tech, 15% increase in analytic tool use, improved financial stability.
 - Estimated Funding: \$50.9–70.2M/year; \$307M total.

Legislative and Regulatory Commitments

No legislative or regulatory commitments made as part of the state policy factors.

Other Resources

N/A

MISSISSIPPI

Lead Agency:	Office of the Governor in partnership with the Mississippi Division of Medicaid (DOM) and Mississippi State Department of Health (MSDH)
RHTP Website:	MS RHTP Website
Email:	Daneel.Konnar@medicaid.ms.gov
Project Summary:	N/A
Project Narrative:	N/A
Budget Narrative:	N/A

Summary of Application

As December 1, 2025, Mississippi has not posted their RHTP application materials. The following information was summarized based on other public information.

Key RHTP Initiatives

1. **Statewide Rural Health Assessment:** Mississippi will engage a third-party to conduct a comprehensive statewide assessment of rural healthcare needs, both today and looking forward ten years.
2. **The Coordinated Regional Integrated Systems Initiative:** This initiative is designed to transform rural healthcare delivery across the state by creating a connected, data-driven network of emergency, clinical and community-based services.
3. **The Workforce Expansion Initiative:** This initiative is designed to strengthen the healthcare workforce in rural areas, improving access, continuity, and quality of care. Through targeted programs, the initiative addresses recruitment, retention, training, and career pathway development for all healthcare professionals.
4. **The Health Technology Advancement and Modernization Initiative:** This initiative is designed to modernize rural healthcare systems by strengthening the digital backbone that supports high-quality, coordinated, and secure care.
5. **The Telehealth Adoption and Provider Support Initiative:** This initiative is designed to strengthen rural healthcare by increasing virtual care access, supporting providers in adopting telehealth, and exploring innovative payment models. Investments will enhance connectivity, technology, and diagnostic tools to enable real-time remote care.
6. **The Building Rural Infrastructure for Delivery, Growth and Efficiency Initiative:** This initiative is designed to strengthen rural healthcare infrastructure by improving access to specialized care, closing care gaps, and supporting innovative pilot programs that enhance healthcare delivery and improve outcomes. The initiative focuses on building physical, operational, and programmatic capacity to address unmet needs, improve care coordination and foster sustainable rural healthcare systems.

Legislative and Regulatory Commitments

- ▶ **Presidential Fitness Test:** Governor Reeves issued an executive order to re-establish the Presidential Fitness Test.
- ▶ **SNAP Waiver:** Governor Reeves requested a waiver from the US Department of Agriculture Food and Nutrition Service to ban the purchase of unhealthy processed foods and beverages using Supplemental Nutrition Assistance Program, or SNAP benefits.

Other Resources

- ▶ [MS RHTP Stakeholder Survey](#)
- ▶ [Office of the Governor - Governor Reeves Unveils Mississippi's Rural Health Transformation Program Plan](#)

- ▶ [USA Today - Mississippi Gov. Tate Reeves submits rural health plan for federal money. What to know](#)
- ▶ [USA Today - Gov. Reeves asks for unhealthy food to be banned from SNAP benefits. What will be excluded?](#)

MISSOURI

Lead Agency:	Missouri Department of Social Services (DSS) – MO HealthNet Division; in collaboration with DHSS and DMH
RHTP Website:	MO RHTP Website
Email:	N/A
Project Summary:	MO RHTP Project Summary
Project Narrative:	MO RHTP Project Narrative
Budget Narrative:	N/A

Summary of Application

The Missouri Department of Social Services (DSS) is the lead agency for the Rural Health Transformation Program (RHTP), which aims to fundamentally improve health outcomes, access, and provider sustainability for rural Missourians. The program's high-level goals are to expand access to care through a statewide network of Community Hubs and Regional Coordinating Networks, improve health outcomes by integrating behavioral, maternal, and chronic care services, and reinforce long-term provider sustainability via alternative payment models, digital infrastructure, and workforce development. RHTP initiatives include activating regional networks and hubs, modernizing payment systems, building a digital backbone for data interoperability, strengthening the rural health workforce, and transforming provider operations and facilities. These efforts are designed to address persistent rural health disparities, ensure seamless and high-quality care, and create a self-sustaining system that reinvests savings into local communities.

Key RHTP Initiatives

1. Regional Coordinating Networks and Hub Activation

- **Purpose:** Establish a statewide network of 30 Community Hubs linked through 7 Regional Coordinating Networks (RCNs) to improve access, coordination, and outcomes for rural residents.
- **Uses of Funds:** Staffing core teams, expanding access points (telehealth, mobile care, pharmacy services), launching localized programs (perinatal home visiting, school-based health, transportation), technology and data systems.
- **Outcomes:** 100% rural coverage, expanded behavioral/maternal/chronic care touchpoints, reduced hospitalizations and ED visits, improved chronic disease management, and sustainable partnerships.
- **Estimated Funding:** \$167 million.

2. Alternative Payment Models (APM)

- **Purpose:** Transition rural providers to value-based payment models that reward improved health outcomes and cost efficiency, moving away from volume-based reimbursement.
- **Uses of Funds:** Incentive model design, performance pools, technical assistance for providers, technology enablement (data analytics, reporting), payer engagement.
- **Outcomes:** ≥50% rural Missourians covered by APMs, ≥10% reduction in ED visits, ≥5% reduction in inpatient admissions, measurable improvements in quality metrics, financial sustainability for providers.
- **Estimated Funding:** \$72 million.

3. Digital Backbone

- **Purpose:** Build a unified, interoperable digital infrastructure connecting all rural providers for real-time data exchange, analytics, and care coordination.
- **Uses of Funds:** EHR modernization, deployment of shared platforms, interoperability and reporting tools, remote patient monitoring integration, social care referral platform, cybersecurity, AI governance, training and change management.

- Outcomes: ≥60% rural facilities with live HL7 FHIR endpoints by FY 2028, improved data completeness and exchange, reduced documentation burden, enhanced care coordination, and sustained technology adoption.
 - Estimated Funding: \$364 million.
- 4. Rural Health Workforce Programs**
- Purpose: Address workforce shortages by building a pipeline for recruitment, training, and retention of rural healthcare professionals.
 - Uses of Funds: Expanding healthcare career pathways in schools, maternal health workforce expansion (midwives, doulas, home visitors), medical clerkship programs, EMS system coordination, workforce retention supports (childcare, housing, awards).
 - Outcomes: ≥4,000 rural healthcare workers supported, ≥80% program completion rate, 100% regional coverage with training programs, improved retention and efficiency in EMS.
 - Estimated Funding: \$115 million.
- 5. Provider Transformation**
- Purpose: Strengthen rural provider capacity through operational innovation and facility modernization, ensuring access to essential services and supporting long-term sustainability.
 - Uses of Funds: Remote patient monitoring, ambient AI for workflow efficiency, technical assistance, strategic renovations (facility upgrades, service line modifications, innovation projects), matching grants.
 - Outcomes: ≥80% approved projects operational, ≥10% increase in providers offering RPM, ≥30 transformative projects, improved chronic care management, reduced provider burnout.
 - Estimated Funding: \$252 million.

Legislative and Regulatory Commitments

- ▶ **Presidential Fitness Test:** Commitment to align state regulations with new federal fitness standards by December 3, 2028.
- ▶ **SNAP Waiver:** Missouri Department of Social Services submitted a waiver to the United States Department of Agriculture Food and Nutrition Service on October 22nd to refocus Missouri's SNAP on the purchase of health food and supporting local agriculture, and it is pending approval. The waiver will prohibit the use of SNAP to purchase non-nutritious items. Implementation is expected to occur by October 1, 2026 but has a commitment to implement by December 31, 2027.
- ▶ **Nutrition & CME:** Missouri has begun the process of changing regulation to require at least one CME hour in nutrition for licenses physicians by October 31, 2026.
- ▶ **Licensure Compact:** Missouri commits to joining the Physician Assistant Licensure Compact through legislation filed in the 2026 state legislative session, with full enactment by December 31, 2027.
- ▶ **Telemedicine:** Missouri also commits to working with the Missouri General Assembly to file legislation during the 2026 state legislative session to solidify the process by which out-of-state physicians can practice telehealth medicine in Missouri, with enactment by December 31, 2027.
- ▶ **Scope of Practice:** Missouri commits to reassess current scope of practice laws and regulations for nurse practitioners, physician assistant, pharmacist and dental hygienist.

Other Resources

- ▶ [Rural Health Transformation Program \(RHTP\): A Guide for Stakeholders](#)
- ▶ [RHTP Project Summary Presentation](#)
- ▶ [Governor Kehoe's Endorsement for Missouri's Rural Health Transformation Plan](#)
- ▶ [Governor Kehoe Announces Submission of Missouri's Rural Health Transformation Plan](#)

- ▶ [St. Louis Public Radio - Missouri applies for piece of \\$50 billion program to help fund rural health](#)

MONTANA

Lead Agency:	Montana Department of Public Health and Human Services (DPHHS)
RHTP Website:	MT RHTP Website
Email:	N/A
Project Summary:	MT RHTP Project Summary
Project Narrative:	MT RHTP Project Narrative
Budget Narrative:	N/A

Summary of Application

Montana's RHTP application targets the state's 51 rural counties and rural tracts in 5 metro counties, covering nearly two-thirds of the population. Montana faces severe rural health workforce shortages (77 physicians per 100k rural vs. 233 urban), high chronic disease burden, and 89% of rural hospitals operating at a negative margin. The plan addresses root causes: workforce gaps, financial instability, underdeveloped care models, under-resourced community health, and technology gaps. Five integrated initiatives aim to transform rural health access, outcomes, and sustainability statewide. Total proposed budget: ~\$970 million over five years.

Key RHTP Initiatives

1. Develop Workforce through Recruitment, Training, and Retention

- **Purpose:** Expand and retain the rural health workforce via early exposure, apprenticeships, scholarships, expanded residencies, preceptor incentives, and upskilling.
- **Uses of Funds:** Scholarships and tuition for rural trainees (with 5-year service commitment), expansion of pre-apprenticeships, micro-credentials, rural residencies, preceptor/mentor incentives, relocation support, wellness and resilience programs, and advanced clinical/behavioral health training.
- **Outcomes:** 5% annual increase in rural provider density (NPs, MDs, RNs, PAs, dental hygienists, EMTs); improved provider retention and mental health; increased rural clinical training slots.
- **Estimated Funding:** ~\$117.9 million over 5 years.

2. Initiative 2: Ensure Rural Facility Sustainability and Access through Partnerships and Restructuring

- **Purpose:** Right-size rural hospital capacity, improve financial sustainability, and expand access via partnerships, shared services, and telehealth.
- **Uses of Funds:** Stand up a time-limited Montana Rural Health Center of Excellence (CoE) to analyze and recommend restructuring; incentive payments for hospitals implementing CoE recommendations; support for tele-specialty (tele-stroke, tele-ED, tele-cardiology) in 50+ rural hospitals; expand IDD and pediatric telehealth; establish statewide interfacility transport coordination; facilitate group purchasing/shared services.
- **Outcomes:** Rural hospital operating margins to breakeven (from -14%); 30 percentage point increase in staffed bed utilization; 15 percentage point increase in Medicaid telehealth visits; 10% reduction in ED length of stay; 80% Medicaid spend on outpatient care.
- **Estimated Funding:** ~\$473.7 million over 5 years.

3. Launch Innovative Care Delivery and Payment Models

- **Purpose:** Transform care delivery and payment, modernize EMS, expand pharmacist point-of-care, and increase outpatient services.
- **Uses of Funds:** Technical assistance for Medicaid value-based payment; pilot integrated care for dual-eligibles; modernize EMS (community paramedicine, dispatch upgrades,

vehicles, pre-hospital blood program); support pharmacist prescribing/POC testing; fund outpatient site improvements.

- **Outcomes:** 10% of EMS calls as “Treat no Transport”; 50% of rural pharmacists prescribing for Medicaid; 10% decrease in high ED utilizers; stable Medicaid PMPM for duals; 80% Medicaid spend on outpatient care.
 - **Estimated Funding:** ~\$120.0 million over 5 years.
4. **Invest in Community Health and Preventive Infrastructure**
- **Purpose:** Expand preventive care and healthy lifestyle infrastructure in rural and tribal communities.
 - **Uses of Funds:** Expand school-based health sites (to 200+), purchase/equip 10 mobile care vans, launch Community Health Aide Program (CHAP) for tribes, fund critical repairs/modernization for rural clinics/CCBHCs, establish crisis “safe spaces,” and invest in community nutrition/healthy lifestyle projects.
 - **Outcomes:** 210 new access points (school/mobile); 11 crisis safe spaces; 10% decrease in youth mental health risk; 10% decrease in suicide rate; 10% increase in diabetes/hypertension control; 2% increase in well-child visits.
 - **Estimated Funding:** ~\$150.0 million over 5 years.
5. **Deploy Modern Health Care Technologies to Guide Rural Health Interventions**
- **Purpose:** Advance technology and data-driven care, modernize EHRs, and expand interoperability.
 - **Uses of Funds:** Statewide data dashboards (bed registry, analytics), EHR modernization (opt-in “community connect” model), incentives for interoperability, support for consumer-facing modules and remote monitoring.
 - **Outcomes:** 95% of rural hospitals and 75% of providers in HIE; 95% of hospitals with HITECH EHRs; 10% increase in rural facility operating margin; reduced behavioral health bed wait times.
 - **Estimated Funding:** ~\$108.2 million over 5 years.

Legislative and Regulatory Commitments

- ▶ **Presidential Fitness Test:** DPHHS will coordinate with schools to enable independent implementation.
- ▶ **SNAP Waiver:** Commitment to implement a USDA-approved SNAP waiver by end of 2026.
- ▶ **Nutrition CME:** Will introduce/enforce nutrition CME for physicians by end of 2027.
- ▶ **Licensure Compacts:** Commits to joining EMS compact by end of 2027.
- ▶ **Scope of Practice:** Dental hygienist expansion to be codified by end of 2027.
- ▶ **Remote Care Services:** Will add store-and-forward and RPM reimbursement by end of 2027

Other Resources

- ▶ [Gov. Gianforte, DPHHS Submit Rural Health Transformation Plan](#)
- ▶ [MT RHTP Frequently Asked Questions](#)
- ▶ [MT RHTP Public Webinar Slides](#)

NEBRASKA

Lead Agency:	Nebraska Department of Health & Human Services (DHHS)
RHTP Website:	NE RHTP Website
Email:	DHHS.RHTP@nebraska.gov
Project Summary:	N/A
Project Narrative:	N/A
Budget Narrative:	N/A

Summary of Application

As of December 1, 2025, Nebraska has not posted their RHTP application materials.

Key RHTP Initiatives

No publicly available information.

Legislative and Regulatory Commitments

No publicly available information.

Other Resources

N/A

NEVADA

Lead Agency:	Nevada Health Authority (NHA)
RHTP Website:	Nevada RHTP Website
Email:	RHTP@nvha.nv.gov
Project Summary:	NV RHTP Project Summary
Project Narrative:	NV RHTP Project Narrative
Budget Narrative:	NV RHTP Budget Narrative

Summary of Application

Nevada's RHTP application targets 14 rural and frontier counties (about 294,000 residents, 10% of the state's population, 90% of land mass), including 24 of 28 Tribal nations. Rural Nevada faces severe provider shortages (only 60 primary care physicians per 100k rural vs. 101 urban), high uninsured rates (9%), and long travel distances (56 miles to nearest hospital, 109 miles to tertiary care). The plan addresses workforce, financial, infrastructure, and technology gaps through four major initiatives. Total proposed budget: ~\$180 million annually (\$900 million over five years)

Key RHTP Initiatives

1. **Rural Health Outcomes Accelerator Program (RHOAP)**
 - Purpose: Fund evidence-based projects to improve rural health in chronic disease, primary care, behavioral health, and maternal/infant health.
 - Uses of Funds: Technology (telehealth, remote monitoring, AI tools), value-based payment incentives (Rural Value Acceleration Network), integrated care models (including CHWs and peer support), and population health infrastructure.
 - Outcomes: Reduced heart disease deaths, increased prenatal/postpartum visits, improved mental health/substance use follow-up, reduced suicide rates.
 - Estimated Funding: \$30 million annually.
2. **Nevada Rural Health System Flex Fund**
 - Purpose: Modernize and enhance rural health facilities and infrastructure, including capital, equipment, EMS, and mobile care.
 - Uses of Funds: Capital/infrastructure for clinics, hospitals, EMS, transport, mobile units, equipment, lab/testing tech, revenue cycle management, technical assistance for REH transition, and regional purchasing/sharing arrangements.
 - Outcomes: More regional purchasing/sharing, increased transport access, modernized infrastructure, more mobile care units, no new CAH/FQHC closures.
 - Estimated Funding: \$40 million annually.
3. **Workforce Recruitment & Rural Access Program (WRRAP)**
 - Purpose: Attract and retain rural providers through pipeline, tuition/training, incentives, and rural residencies.
 - Uses of Funds: High school-to-career pathways, tuition/training with 5-year rural service commitment, incentives for new hires (housing, relocation, CME), rural residencies, CHW/peer support training, burnout/retention supports.
 - Outcomes: 25% increase in rural PCPs, APNs, PAs, RNs; 15% increase in behavioral health providers.
 - Estimated Funding: \$80 million annually.
4. **Rural Health Innovation & Technology (RHIT) Grant**
 - Purpose: Advance data connectivity, analytics, interoperability, and consumer-facing tech for rural health.
 - Uses of Funds: EHR/IT upgrades, telehealth/remote monitoring, cybersecurity, AI tools, consumer-facing apps, participation in CMS Health Technology Ecosystem.

- Outcomes: 25% increase in rural telehealth claims, 25% increase in rural provider participation in CMS tech ecosystem, new cybersecurity and AI tool deployments.
- Estimated Funding: \$30 million annually

Legislative and Regulatory Commitments

- ▶ **Presidential Fitness Test**: Planning for reinstatement by Dec 2028.
- ▶ **SNAP Waiver**: USDA waiver to prohibit non-nutritious items, submitted by Oct 2025.
- ▶ **Nutrition CME**: Policy bill for CME requirement to be submitted for 2027 session, effective Oct 2027.

Other Resources

N/A

NEW HAMPSHIRE

Lead Agency:	Governor's Office of New Opportunities & Rural Transformational Health ("GO-NORTH"), under the authority of the Governor's Office
RHTP Website:	NH RHTP Website
Email:	rhtf@dhhs.nh.gov
Project Summary:	NH RHTP Project Summary
Project Narrative:	N/A
Budget Narrative:	N/A

Summary of Application

As of December 1, 2025, New Hampshire has not posted their RHTP narrative. However, the following is summarized based on publicly available information.

New Hampshire's RHTP plan, "Granite Strong. Future Ready," was developed with input from over 300 organizations and individuals. The state's vision is to make rural healthcare more connected, resilient, and responsive, with reliable access close to home. The plan focuses on improving quality of life, deepening partnerships, leveraging technology, strengthening the rural workforce, and promoting financial sustainability for rural providers. Key investments target small rural hospitals, community health centers, behavioral health care, new technology, and workforce development.

Key RHTP Initiatives

While the project summary does not include the key initiatives, it does outline the goals of the RHTP.

1. **Goal 1: Make rural NH healthier through evidence-based, outcomes-driven interventions.**
 - Advance prevention and population health (behavioral, perinatal, chronic disease, oral health).
 - Foster healthy lifestyles via access to care and investments in transportation, nutrition, physical activity, mental well-being, and technology.
 - Strengthen community-based prevention through coordination, workforce, and infrastructure.
 - Invest in workforce training and team-based care models.
 - Implement the Presidential Fitness Test in schools.
2. **Goal 2: Create sustainable long-term access to care through transformational models and partnerships.**
 - Expand primary care and prevention-first models (integrating behavioral health, SUD, CHWs).
 - Expand and strengthen CCBHCs for integrated behavioral health and crisis response.
 - Improve care coordination via community-based nursing.
 - Establish new EMS units in rural areas.
 - Improve specialty access to OB care via telehealth and workforce upskilling.
3. **Goal 3: Attract, train, and retain a highly-skilled rural healthcare workforce.**
 - Develop regional partnerships for rural healthcare career pathways.
 - Invest in the Governor's Health Scholars Award Program, simulation labs, mobile learning, and earn-to-learn programs.
 - Expand rural career pathways from high school to medical training, including a new rural residency at White Mountains Medical Education Consortium.
 - Provide supportive infrastructure (childcare, transportation, equipment) to improve workforce satisfaction and retention.
4. **Goal 4: Develop innovative care models and flexible payment arrangements.**
 - Shift payments and operations toward prevention-first, value-based care.

- Design and implement a rural hospital payment model rewarding primary care and reducing avoidable ED/inpatient use.
 - Bolster ACO readiness for FQHCs and safety-net providers.
 - Administer capital investments for technology, telehealth, and care-at-home.
 - Establish care management payment for children with complex behavioral health needs.
5. **Goal 5: Foster innovative technologies and modernize care delivery.**
- Improve digital health infrastructure and interoperability (EMR upgrades).
 - Adopt remote patient monitoring.
 - Explore and implement AI-powered tools (predictive analytics, clinical decision support, RCM, claims management).
 - Upgrade infrastructure in CMHCs/CCBHCs for interoperable EMR, RCM, AI, and patient engagement.
 - Implement cybersecurity initiatives.
 - Expand Mobile Integrated Health (MIH) and establish a 9-1-1 Rural Emergency Access to Care and Telehealth (REACT) system.
6. **Performance & Policy Highlights**
- Increased rural healthcare workforce and telehealth use.
 - Improved financial stability for rural hospitals and health centers.
 - Improved access to primary care, oral health, behavioral health, and EMS.
 - Policy adoption: Presidential Fitness Program in schools, increased pharmacist scope of practice, reduced regulatory barriers.

Legislative and Regulatory Commitments

No publicly available information.

Other Resources

- ▶ [Office of the Governor - New Hampshire Submits Innovative Plan to Transform Rural Health Care](#)
- ▶ [North Country Rural Health Transformation Summit Presentation](#)

NEW JERSEY

Lead Agency:	New Jersey Department of Health (NJDOH) and Department of Human Services (NJ DHS)
RHTP Website:	NJ RHTP Website
Email:	NJST.Ruralhealth@doh.nj.gov
Project Summary:	N/A
Project Narrative:	NJ RHTP Project Narrative
Budget Narrative:	N/A

Summary of Application

The lead agency for the NJ Rural Health Transformation initiative is the Division of Medical Assistance and Health Services (DMAHS), New Jersey's Medicaid Agency, which is applying for \$1 billion in federal funding to transform healthcare for over one million rural residents across eleven counties. DMAHS is working in close partnership with the State Office of Rural Health (SORH) within the Department of Health and other stakeholders. The high-level goals of the NJ RHT plan are to: (1) improve the availability of healthcare providers in rural areas, (2) make investments responsive to community input, and (3) foster a flexible healthcare system that can rapidly adapt to rural communities' needs. The plan proposes five key initiatives—workforce development, infrastructure investments, technology adoption, preventive health interventions, and chronic disease management—using a hybrid funding approach to strengthen the rural healthcare workforce, expand access to essential services, and promote innovation and sustainability in care delivery.

Key RHTP Initiatives

1. Workforce

- **Purpose:** To recruit, train, and retain both clinical and non-clinical healthcare providers serving rural New Jerseyans, addressing shortages and improving health literacy and employment in rural communities.
- **Uses of Funds:**
 - Support recruitment and training for clinical professionals (e.g., primary care, behavioral health, dental care).
 - Train and retain non-clinical professionals (e.g., community health workers, SUD peers, doulas).
 - Expand reflective supervision activities (in partnership with Montclair State University).
 - Retention strategies to reduce provider burnout.
- **Outcomes:**
 - Increased number of rural-serving providers.
 - Improved health literacy and employment opportunities.
 - Enhanced sustainability of rural healthcare workforce.
- **Estimated Funding:** The proposal does not specify a dollar amount for this initiative alone, but it is part of the overall \$1 billion federal funding request.

2. Infrastructure

- **Purpose:** To stabilize and build capacity in the rural healthcare ecosystem by investing in essential providers and facilities.
- **Uses of Funds:**
 - Strategic investments in Certified Community Behavioral Health Clinics (CCBHCs), Federally Qualified Health Centers (FQHCs), and hospitals.
 - Funding for University Hospital System to improve emergency and trauma care access.

- Support for providers transitioning to full Medicaid funding.
 - Outcomes:
 - Improved access to behavioral health, preventive care, and emergency services.
 - Increased provider capacity and sustainability.
 - Enhanced infrastructure for rural healthcare delivery.
 - Estimated Funding: No specific amount is listed for this initiative; funding will be allocated
- 3. Technology**
- Purpose: To invest in technologies that bring healthcare directly to rural residents, overcoming barriers of geography and digital access.
 - Uses of Funds:
 - Support for telehealth, remote patient monitoring, and mobile care solutions.
 - Pilots of digital health innovations through the state's Healthcare Innovation Engine.
 - Funding for technology-supported care delivery outside traditional offices.
 - Outcomes:
 - Expanded access to care via digital and mobile solutions.
 - Improved management of chronic disease and mental health.
 - Responsible deployment of health technologies in rural communities.
 - Estimated Funding: No specific dollar amount provided; funding will be adjusted based on the total federal award.
- 4. Prevention**
- Purpose: To strengthen rural health systems through evidence-based preventive health interventions.
 - Uses of Funds:
 - Support for community-based organizations, healthcare providers, and public health partners.
 - Expansion of outreach, education, and access to preventive care.
 - Data modernization for systems supporting preventive activities.
 - Operational capacity improvements for EMS.
 - Outcomes:
 - Increased rates of preventive care and screenings.
 - Improved community outreach and health education.
 - Enhanced EMS operational capacity.
 - Estimated Funding: No specific amount listed; part of the overall \$1 billion request.
- 5. Chronic Disease**
- Purpose: To improve chronic disease outcomes in rural communities through data integration, partnerships, and evidence-based interventions.
 - Uses of Funds:
 - Development of integrated data systems and public-facing dashboards.
 - Competitive grants for healthcare providers and community organizations.
 - Programs promoting wellness, physical activity, and nutrition.
 - Outcomes:
 - Improved chronic disease prevention and management.
 - Enhanced care coordination and patient outcomes.
 - More efficient data monitoring and targeted interventions.
 - Estimated Funding: No specific dollar amount provided; funding will be determined based on the total award.

Legislative and Regulatory Commitments

No publicly available information.

Resources

- ▶ [NJ DOH - New Jersey To Apply For Critical Rural Health Funding, Seeks Stakeholder Input by October 7](#)

NEW MEXICO

Lead Agency:	New Mexico Health Care Authority
RHTP Website:	NM RHTP Website
Email:	N/A
Project Summary:	NM RHTP Project Summary
Project Narrative:	NM RHTP Project Narrative
Budget Narrative:	NM RHTP Budget Narrative

Summary of Application

The State of New Mexico's Rural Health Transformation (RHT) Program is led by the New Mexico Health Care Authority (HCA), which serves as the primary agency for implementation. The program's overarching goal is to transform rural health care across New Mexico by expanding access, improving outcomes, and ensuring equity for rural, frontier, and tribal communities. Through five major initiatives, the RHT Plan aims to address chronic disease, workforce shortages, community-driven innovation, provider sustainability, and data-driven decision-making, all while fostering collaboration among state agencies, tribal leaders, and local stakeholders.

Key RHTP Initiatives

1. Healthy Horizons

- **Purpose:** Expand specialty care access and chronic disease management for high-risk rural populations.
- **Uses of Funds:** Regional specialty and maternal care networks, provider training, remote care technologies, incentive payment models, behavioral health integration, and technology upgrades (EHR, telehealth, RPM).
- **Outcomes:** Increase specialty consults by 15%, decrease chronic disease risk factors by 10%, reduce hospital readmissions by 5%.
- **Estimated Funding:** \$393,290,280 over five years.

2. Rooted in New Mexico

- **Purpose:** Build and sustain a rural and tribal health workforce.
- **Uses of Funds:** K-12 health career pathways, rural clinical rotations, scholarships, paid training, mentorship, housing stipends, licensure reciprocity, and burnout mitigation.
- **Outcomes:** Increase rural trainees by 10%, expand tele-mentoring, reduce Health Professional Shortage Area (HPSA) designations by 5%.
- **Estimated Funding:** \$243,166,440 over five years.

3. Rural Health Innovation Fund

- **Purpose:** Empower communities to design and lead local health initiatives.
- **Uses of Funds:** Competitive grants for community-driven projects addressing preventive care, behavioral health, non-medical drivers of health, and facility upgrades.
- **Outcomes:** Increase volume of community-specific health programs by 30%, fund projects meeting at least 80% of proposed goals.
- **Estimated Funding:** \$187,508,220 over five years.

4. Bridge to Resilience

- **Purpose:** Establish the Rural Health Sustainability & Innovation Center (RHSIC) to support provider sustainability.
- **Uses of Funds:** Technical assistance, provider education, operational support, partnership facilitation, financial management, and IT/cybersecurity upgrades.
- **Outcomes:** Improve rural hospital operating margins by 3%, reduce facilities in financial distress by 10%.
- **Estimated Funding:** \$122,644,440 over five years.

5. Rural Health Data Hub

- Purpose: Create a statewide health analytics platform for data-driven planning and transparency.
- Uses of Funds: Data integration, analytics, public-facing dashboards, provider incentives for data sharing, and training.
- Outcomes: Increase provider participation in Health Information Exchange (HIE) and Closed Loop Referral System (CLRS) by 30%.
- Estimated Funding: \$53,390,620 over five years

Legislative and Regulatory Commitments

- ▶ **Legislative and Regulatory Changes**: Pursuing expanded licensure compacts for physicians, physician assistants, EMS, and psychologists; implementing the Presidential Fitness Test in schools; requiring nutrition continuing medical education (CME) for physicians; and increasing utilization of remote patient monitoring (RPM) codes.
- ▶ **Scope of Practice**: Maintaining broad scope of practice for nurse practitioners, pharmacists, and physician associates.
- ▶ **Insurance and Telehealth**: Limiting short-term, limited duration insurance (STLDI) plans and maintaining telehealth payment parity.
- ▶ **Reporting and Compliance**: Ensuring compliance with federal requirements and transparent use of funds. These commitments are detailed in Table 11 of the application and are designed to align with federal and state goals for rural health transformation.

Resources

- ▶ [NM RHTP Public Forum Presentation Slides](#)

NEW YORK

Lead Agency:	New York State Department of Health
RHTP Website:	NY RHTP Website
Email:	RHTP@health.ny.gov
Project Summary:	NY RHTP Project Summary
Project Narrative:	N/A
Budget Narrative:	N/A

Summary of Application

As of December 1, 2025, New York has not posted their RHTP application materials. The information below is based on other publicly available information.

Key RHTP Initiatives

1. **Rural Community Health Integration:** Establish coordinated rural health partnerships that facilitate/finance communities to develop comprehensive care coordination enhancing patient access to a wide range of providers across the care continuum, effectively addressing health and social needs.
2. **Strengthening Rural Communities with Technology - Enhanced Primary Care:** Improve rural patient access and utilization of high-quality primary care through the Patient- Centered Medical Home model with the incorporation of Artificial Intelligence. A primary care practice designated a Patient-Centered Medical Home by the National Committee for Quality Assurance focuses on team-based care, patient-centered access and continuity of care, care management support when needed, care coordination, and quality improvement processes.
3. **Rural Roots: Building a Sustainable Rural Healthcare Workforce:** Create a self-sustaining cycle of workforce development and pipeline that addresses both immediate staffing needs and long-term capacity-building, ensuring New York's rural communities have continuous access to high-quality health care services tailored to their regional circumstances.
4. **Investments in Technology Innovation and Cybersecurity Enhancements for Rural New York:** Expand access to care through telehealth, improving patient outcomes through eConsult partnerships, increasing usable alerts in rural counties, and strengthening cybersecurity of rural facilities

Legislative and Regulatory Commitments

No publicly available information.

Other Resources

- ▶ [NY DOH - New York State Department of Health Submits Application for \\$1 Billion Under the Federal Rural Health Transformation Program](#)

NORTH CAROLINA

Lead Agency:	North Carolina Department Health and Human Services Department
RHTP Website:	NC RHTP Website
Email:	N/A
Project Summary:	NC RHTP Project Summary
Project Narrative:	NC RHTP Project Narrative
Budget Narrative:	N/A

Summary of Application

The lead agency is the North Carolina Department of Health & Human Services (NCDHHS), with implementation led through the Office of Rural Health and guided by a statewide steering committee spanning Medicaid, Public Health, and Behavioral Health; key subrecipients include the Duke-Margolis Health Policy Center and UNC The Cecil G. Sheps Center for Health Services Research (p.1, p.49). The proposal North Carolina Rural Health Transformation Program (NCRHTP) pursues three high-level goals for nearly 3 million rural residents across 85 of 100 counties: (1) catalyze innovative care models, (2) transform the rural care experience, and (3) create a sustainable rural delivery system, with targeted outcomes by FY2031 such as improved provider-to-population ratios, reduced preventable utilization, lower chronic disease risk, and expanded integrated behavioral health/SUD services.

Key RHTP Initiatives

1. **Establish NC ROOTS Hubs (regional orchestration)**
 - Purpose: Create up to six locally governed regional “NC Rural Organizations Orchestrating Transformation for Sustainability (NC ROOTS)” Hubs that coordinate medical, behavioral, and social care strategies tailored to community need.
 - Uses of funds (illustrative): Procure hub leads; enhance IT for payments/progress monitoring/reporting; deploy hub-anchored programs spanning Initiatives 2–6; provide TA/partnerships/outcome monitoring.
 - Outcomes (examples): Six hubs established by PY2; representative safety-net participation; deployment of community projects; successful referral tracking by PY5.
 - Estimated funding: \$349M
2. **Expand primary care, prevention, chronic disease & perinatal health, and Food is Medicine**
 - Purpose: Close rural access gaps in primary/perinatal care; scale evidence-based chronic disease prevention/management; strengthen nutrition supports.
 - Uses of funds (illustrative): Perinatal LOCATe analyses; consultation/transfer systems; AI-enabled ultrasound and obstetric simulation; DSMES/DPP/SMBP; tobacco treatment/QuitlineNC referrals; CHW/pharmacist roles; electronic referrals; healthy food boxes/medically tailored meals; bolster regional food hubs and digital referral tracking.
 - Outcomes (examples): ↑ first-trimester prenatal care; ↓ chronic multimorbidity; ↑ SMBP offers/uptake; ↑ QuitlineNC referrals; ↑ access to healthy-food prescriptions by PY5.
 - Estimated funding: \$120M
3. **Behavioral health & SUD expansion and integration**
 - Purpose: Ensure a foundational array of BH/SUD services statewide, integrated with crisis response, schools, mobile services, and care coordination.
 - Uses of funds (illustrative): Expand CCBHCs and QI; establish community crisis centers; scale MORES youth crisis response; expand school-based health centers; extend NC MATTERS; expand EMS-initiated MAT; deploy mobile/collocated OTP medication units.
 - Outcomes (examples): Five new rural CCBHCs by PY2; ↑ Medicaid members initiating MH treatment; ↓ ED use for MH and opioid overdose; ↓ youth ED boarding >24h.
 - Estimated funding: \$155M
4. **Workforce: rural training hubs, residencies, upskilling, innovative care teams**

- Purpose: Modernize and stabilize the rural workforce via regional training hubs, expanded GME, certification pipelines (behavioral health, CHWs/doulas), and interprofessional training.
 - Uses of funds (illustrative): Launch rural residencies/fellowships; simulation labs; expand training sites/faculty; school-to-healthcare pipelines; tuition-free certification/paid internships with 5-year rural service commitment.
 - Outcomes (examples): +8–12 new rural GME programs; 150 new EMTs/year PY2–PY5; ↓ clinician vacancy rates; improved rural primary-care clinician ratios by PY5.
 - Estimated funding: \$136M
- 5. Financial sustainability via value-based payment (VBP)**
- Purpose: Build capacity for rural providers to succeed in VBP and test a Medicaid rural primary-care capitation pilot.
 - Uses of funds (illustrative): Hospital/primary-care VBP readiness (tech, population-health tools, financial expertise, staffing); practice-transition supports (upfront infrastructure) for the capitation pilot; quality measurement/reporting. *No patient-care payments from RHTP funds.*
 - Outcomes (examples): ↑ adult preventive/ambulatory visits; ↑ well-child visits 0–30 months; ↑ rural practices in capitation; ↓ transfers from rural to urban hospitals (p.37–38).
 - Estimated funding: \$82M
- 6. Digital-forward care (HIE, AI, RPM/CCM, literacy, innovation fund)**
- Purpose: Modernize rural care with interoperable data exchange, safe/effective AI, virtual care, and digital-health literacy.
 - Uses of funds (illustrative): Establish Rural Health Innovation Fund (RHIF); support provider AI/CDS adoption; expand/upgrade connections to NC HealthConnex; digital-health literacy via Digital Navigators; state-selected vendor for RPM/CCM; rural tech TA/community of practice.
 - Outcomes (examples): +100 new/repaired rural HIE connections by PY3; ↑ provider AI/CDS use and TAC participation; thousands of residents trained in digital-health skills by PY5.
 - Estimated funding: \$156M

Legislative and Regulatory Commitments

- ▶ **Presidential Fitness Test**: Reinstate Presidential Fitness Test statewide and expand school-based prevention programs by Dec. 2028.
- ▶ **Nutrition CME**: Nutrition CME requirement for physicians by Dec. 2028.
- ▶ **Licensure Compacts**: Join the EMS Compact with implementing legislation by Dec. 2026.
- ▶ **Certificate of Need (CON)**: Recent reforms proceed in Nov. 2025 and Nov. 2026; no additional changes proposed in this application (C.3).

Other Resources

- ▶ [NC's Application Frequently Asked Questions](#)
- ▶ [NCRHTP Overview \(Presentation\)](#)
- ▶ [Watch: NC's Rural Health Transformation Program Virtual Town Hall \(recording from Oct. 3, 2025\)](#)

NORTH DAKOTA

Lead Agency:	North Dakota Health and Human Services
RHTP Website:	ND RHTP Website
Email:	rhtp@nd.gov
Project Summary:	ND RHTP Project Summary
Project Narrative:	ND RHTP Project Narrative
Budget Narrative:	ND RHTP Budget Narrative

Summary of Application

The North Dakota Rural Health Transformation Plan (RHTP), led by the North Dakota Department of Health and Human Services (NDHHS), is a comprehensive, statewide initiative designed to transform rural health care delivery and outcomes. The plan's high-level goals are to strengthen and stabilize the rural health workforce, improve health outcomes through preventive care and healthy living, bring high-quality health care closer to home, and connect technology, data, and providers to build a more resilient and sustainable rural health system. The RHTP emphasizes strategic investments, innovative care models, and robust partnerships to ensure accessible, high-quality, and financially viable health care for North Dakota's rural and frontier communities.

Key RHTP Initiatives

- 1. Strengthen and Stabilize Rural Health Workforce**
 - Purpose: Expand training pipelines, improve recruitment and retention, leverage technology to extend workforce capacity, and provide technical assistance and training.
 - Uses of Funds: Creating new residency slots, rural rotations, hands-on public health experience, on-site childcare, remote monitoring technology, AI, and cross-training.
 - Outcomes: Increased provider retention and recruitment, reduced workforce shortages, expanded use of remote monitoring and AI-assisted care.
 - Estimated Funding: \$162,392,742.
- 2. Make North Dakota Healthy Again (Preventive Care, Healthy Eating)**
 - Purpose: Improve health outcomes through nutrition, physical activity, behavioral health, and value-based care.
 - Uses of Funds: Nutrition education, farm-to-table programs, lactation support, physical activity campaigns, behavioral health programming, and value-based payment models.
 - Outcomes: Increased activity, reduced obesity, improved preventive screening rates, reduced chronic disease burden, and suicide prevention.
 - Estimated Funding: \$85,868,031.
- 3. Bring High-Quality Health Care Closer to Home**
 - Purpose: Modernize rural health care delivery, ensure financial sustainability, expand telehealth, mobile clinics, and improve care coordination.
 - Uses of Funds: Facility remodeling, telehealth infrastructure, mobile clinics, remote monitoring devices, EMS upgrades, transportation solutions, and care coordination technology.
 - Outcomes: Increased telehealth use, reduced avoidable emergency department visits, improved care coordination and access.
 - Estimated Funding: \$583,755,433.
- 4. Connect Tech, Data, and Providers for a Stronger North Dakota**
 - Purpose: Modernize data infrastructure, promote interoperability, leverage AI, and support cooperative purchasing.
 - Uses of Funds: Unified EHR platforms, data hubs, all-payer claims databases, AI for early detection, drones for medical transport, and consumer-facing health technology.

- Outcomes: Improved data transparency, cost savings, expanded use of technology, and enhanced provider efficiency.
- Estimated Funding: \$167,983,794.

Legislative and Regulatory Commitments

- ▶ **Presidential Fitness Test**: The [North Dakota Rural Health Transformation Interim Committee](#) created [a bill draft](#) requiring participation in the presidential physical fitness test. The North Dakota Legislature intends to vote on this legislation during a special session in 2026.
- ▶ **SNAP Food Restriction Waiver**: North Dakota submitted a SNAP waiver restricting soda, energy drinks and candy on October 24, 2025. North Dakota has been working closely with the USDA Food and Nutrition Service (FNS) to provide all necessary additional information. FNS indicated no concerns with North Dakota's materials and anticipates formal approval of North Dakota's waiver in the first week of November.
- ▶ **Nutrition Continuing Medical Education**: [The North Dakota Rural Health Transformation Interim Committee](#) created [a bill draft](#) requiring the North Dakota Board of Medicine to require CME on nutrition and metabolic health each renewal cycle. The North Dakota Legislature intends to vote on this legislation during a special session in 2026. The North Dakota Rural Health Transformation Interim Committee created a bill draft joining the physician assistant licensure compact. The North Dakota Legislature intends to vote on this legislation during a special session in 2026.
- ▶ **Licensure Compacts**: The [North Dakota Rural Health Transformation Interim Committee](#) created a bill draft joining the physician assistant licensure compact. The North Dakota Legislature intends to vote on this legislation during a special session in 2026.
- ▶ **Scope of Practice**: The [North Dakota Rural Health Transformation Interim Committee](#) created a bill draft expanding the scope of practice for pharmacists. The North Dakota Legislature intends to vote on this legislation during a special session in 2026.

Other Resources

- ▶ [ND RHTP Gov. Armstrong's Letter of Support](#)
- ▶ [ND RHTP Appendices](#)
- ▶ [ND Rural Health Transformation Program Listening Session](#)

OHIO

Lead Agency:	Ohio Department of Health
RHTP Website:	OH RHTP Website
Email:	RuralHealthTransformation@odh.ohio.gov
Project Summary:	OH RHTP Project Summary
Project Narrative:	OH RHTP Project Narrative
Budget Narrative:	N/A

Summary of Application

Ohio's submission addresses rural health disparities through a comprehensive transformation plan led by the Ohio Department of Health (ODH) in partnership with other state agencies and stakeholders. The program's high-level goals are to transform rural healthcare delivery across Ohio's 73 non-urban counties by improving access, outcomes, workforce development, technology integration, and financial sustainability. The plan aligns with federal strategic goals: Make Rural America Healthy Again, Sustainable Access, Workforce Development, Innovative Care, and Tech Innovation. It proposes a suite of interoperable initiatives designed to address healthcare gaps, chronic disease, maternal and infant health, and workforce shortages, with a strong emphasis on partnerships and sustainability.

Key RHTP Initiatives

1. **Ohio Rural School-Based Health Centers (SBHCs)**
 - Purpose: Improve healthcare access for children and communities via clinics on school grounds.
 - Uses of Funds: Prevention, chronic disease management, behavioral health, collaboration.
 - Outcomes: Increased student seat time, improved chronic disease metrics, expanded primary care.
 - Estimated Funding: \$20M–\$25M annually.
2. **OH SEE (Vision, Hearing, Dental Services for Rural Students)**
 - Purpose: Expand mobile optometric, hearing, and dental services statewide.
 - Uses of Funds: Prevention, innovative care, collaboration.
 - Outcomes: Improved follow-up care after screenings, better learning and health.
 - Estimated Funding: \$25M–\$30M annually.
3. **Ohio Rural Health Innovation Hubs**
 - Purpose: Establish integrated networks (CINs/RHRCEs) for coordinated, efficient care.
 - Uses of Funds: Infrastructure, training, IT, behavioral health, collaboration.
 - Outcomes: Enhanced provider collaboration, improved chronic disease outcomes, cost control.
 - Estimated Funding: \$90M–\$125M annually.
4. **Rural Ohio Emergency Care Transformation**
 - Purpose: Scale alternate destination transport (ADT) and treat-in-place (TIP) EMS models.
 - Uses of Funds: Workforce, IT, behavioral health, collaboration.
 - Outcomes: Reduced unnecessary ER visits, improved emergency response.
 - Estimated Funding: \$12M–\$18M annually.
5. **Rural Health Workforce Pipeline & Development**
 - Purpose: Build healthcare workforce pipelines, upskill CHWs, pharmacists, and incentivize rural service.
 - Uses of Funds: Training, technical assistance, collaboration.
 - Outcomes: Increased rural healthcare workforce, improved retention.

- Estimated Funding: \$10M–\$15M annually.
- 6. **Maternal & Infant Wellness Home Visiting**
 - Purpose: Expand nurse-led home visiting for maternal and infant health.
 - Uses of Funds: Training, workforce, prevention.
 - Outcomes: Reduced infant mortality, improved maternal health.
 - Estimated Funding: \$6M–\$8M.
- 7. **Rural Hospital Training & Technical Assistance Center (RHTAC)**
 - Purpose: Provide technical assistance and sustainability planning for rural hospitals.
 - Uses of Funds: Training, technical assistance.
 - Outcomes: Improved hospital solvency, sustainability.
 - Estimated Funding: \$800K–\$1.5M.
- 8. **EMR Access for Pharmacies**
 - Purpose: Equip rural pharmacists for expanded scope of practice and integrated care.
 - Uses of Funds: Infrastructure, training, IT.
 - Outcomes: Improved medication management, overdose prevention.
 - Estimated Funding: \$3M–\$4.5M annually.
- 9. **Healthier Ohio Initiatives**
 - Purpose: Promote lifestyle medicine and chronic disease prevention across clinical, school, and community settings.
 - Uses of Funds: Prevention, tech, collaboration.
 - Outcomes: Improved health behaviors, chronic disease metrics.
 - Estimated Funding: \$15M–\$25M annually.

Legislative and Regulatory Commitments

- ▶ **Presidential Fitness Test**: Ohio commits to requiring schools to reestablish the PFT associated with federal Executive Order 14327 by 12/31/2028.
- ▶ **SNAP Waivers**: Ohio submitted a waiver to the USDA to exclude sugar-sweetened beverages from SNAP eligible foods, as recognized by the attached waiver and acknowledgement by USDA DUS Patrick Penn on 10/28/2025
- ▶ **Nutrition CME**: Ohio commits to requiring nutrition CME for physicians via regulation by 12/31/2028.
- ▶ **Licensure Compacts**: Ohio will pursue enactment of the Recognition of EMS Personnel Licensure Interstate Compact.
- ▶ **Scope of Practice**: Ohio commits to pursuing legislative change to permit point-of-care test-based prescribing to provide expanded, independent scope of practice for pharmacists by 12/31/2027.

Other Resources

- ▶ [Governor Mike DeWine's Endorsement of Ohio's Rural Health Transformation Program Application](#)

OKLAHOMA

Lead Agency:	Oklahoma State Department of Health
RHTP Website:	OK RHTP Website
Email:	OklahomaRHTP@health.ok.gov
Project Summary:	OK RHTP Project Summary
Project Narrative:	N/A
Budget Narrative:	N/A

Summary of Application

As of December 1, 2025, Oklahoma has not posted their RHTP application materials. The information below is based on other publicly available information.

Key RHTP Initiatives

1. **Innovating the Care Model:** Bringing care to communities and communities to care through remote care modalities, transportation support, expanded care teams and funding for health infrastructure.
2. **Moving Upstream:** Investing in community led health and wellness support, including connections to care and innovative chronic disease prevention and management programs.
3. **Growing Next-Gen Rural Talent:** Building a pipeline for health care talent in rural communities, from “grow your own” programs to recruiting talent to rural communities.
4. **Facilitating Regional Collaboration:** Strengthening partnership between rural providers to leverage scale for administrative support, advanced technology and governance support.
5. **Shifting to Value:** Supporting a pathway to risk-sharing through technical assistance, infrastructure build and quality incentive programs.
6. **Building Health Data Utility:** Expanding access to, use of, and uses for health data through investment in base technology (e.g., EHR), interoperability, and data and analytics functionality

Legislative and Regulatory Commitments

No publicly available information.

Other Resources

N/A

OREGON

Lead Agency:	Oregon Health Authority
RHTP Website:	OR RHTP Website
Email:	RHTP@oha.oregon.gov
Project Summary:	OR RHTP Project Summary
Project Narrative:	OR RHTP Project Narrative
Budget Narrative:	OR RHTP Budget Narrative

Summary of Application

The Oregon Rural Health Transformation (RHT) Program, led by the Oregon Health Authority (OHA), aims to strengthen rural healthcare systems, improve access, and support local communities and economies across Oregon. With 33% of the state's population living in rural and frontier areas, the program's high-level goals are to improve health access and outcomes, foster workforce innovation, support technological and data-driven solutions, build strategic partnerships, and ensure financial sustainability. OHA proposes a \$200 million annual budget over five years, distributing funds through five key initiatives, all designed to be community-directed and responsive to local and regional needs.

Key RHTP Initiatives

1. Regional Partnerships & System Transformation

- **Purpose:** Build rural regional hubs for sustainable strategies, shared infrastructure, and cross-sector collaboration.
- **Uses of Funds:** Start-up funding for shared resources, technical assistance, support for hub-and-spoke models, strategic investments in critical services (e.g., maternity, EMS), and learning collaboratives.
- **Outcomes:** Reduced operating costs, increased access to at-risk service lines, more regional planning, and greater participation in value-based care.
- **Estimated Funding:** \$40–55 million/year.

2. Healthy Communities & Prevention

- **Purpose:** Expand access to integrated primary care and social health services, focusing on prevention and healthy communities across the lifespan.
- **Uses of Funds:** Nurse home visiting programs, school nursing access, behavioral health services, telehealth, mobile health units, nutrition/lifestyle programs, and oral health services.
- **Outcomes:** Universal home visiting, increased mental health/SUD treatment, greater patient engagement in prevention, expanded access points, and increased telehealth use.
- **Estimated Funding:** \$50–75 million/year.

3. Workforce Capacity & Resilience

- **Purpose:** Address workforce shortages through recruitment, training, retention, and career pathway development.
- **Uses of Funds:** Rural residencies/fellowships, workforce training, tele-mentoring, provider consultation lines, K–12 pathway programs, housing support, and allied health professional development.
- **Outcomes:** More rural providers trained and recruited, expanded career pathways, and increased use of non-physician professionals.
- **Estimated Funding:** \$30–45 million/year.

4. Technology & Data Modernization

- **Purpose:** Expand and connect rural healthcare to technology, improving digital access, interoperability, and administrative efficiency.

- Uses of Funds: IT systems, remote care infrastructure, AI-enabled tools, cybersecurity, data analytics, and technical assistance.
- Outcomes: Increased IT adoption, reduced administrative burden, improved cybersecurity, and greater use of remote care.
- Estimated Funding: \$7.4–35 million/year.

5. Tribal Initiative

- Purpose: Support the Nine Federally Recognized Tribes in implementing projects aligned with RHT goals and Tribal priorities.
- Uses of Funds: Chronic disease management, workforce recruitment, IT upgrades, mobile health, facility improvements, and partnerships.
- Outcomes: Increased providers and programs, improved health outcomes, and expanded access for Tribal communities.
- Estimated Funding: \$20 million/year (10% set-aside).

Legislative and Regulatory Commitments

- ▶ **Nutrition Continuing Medical Education (CME):** Plans to develop and pursue policy for nutrition-focused CME and CE for providers, with legislative action targeted for 2027–2028.
- ▶ **Licensure Compacts:** Plans to pursue joining the Emergency Medical Services (EMS) Compact, with legislative action targeted for 2027.
- ▶ **Scope of Practice:** Exploring expansion for pharmacists, focusing on prescribing and lab testing authority, with legislative action targeted for 2027.

Other Resources

- ▶ [OR RHTP Letter to Our Partners](#)
- ▶ [OR RHTP Governor's Endorsement Letter](#)

PENNSYLVANIA

Lead Agency:	Pennsylvania Department of Human Services
RHTP Website:	PA RHTP Website
Email:	N/A
Project Summary:	N/A
Project Narrative:	PA RHTP Project Narrative
Budget Narrative:	N/A

Summary of Application

The Pennsylvania Rural Health Transformation Plan (RHTP) is led by the Department of Human Services (DHS), with collaboration from the Departments of Health, Aging, Insurance, and Drug and Alcohol Programs. The plan's vision is to create strong, resilient rural communities with access to high-quality care close to home, leveraging local infrastructure, technology, innovation, and collaboration. The RHTP is informed by extensive stakeholder input and aims to address urgent rural health challenges through statewide coordination and regional leadership.

Key RHTP Initiatives

1. Technology & Infrastructure

- Purpose: Capital investments in digital technology to improve care, enable innovative models, and foster prevention.
- Uses of Funds: Software, telehealth equipment, regional hub staffing, statewide technical assistance, innovation fund.
- Outcomes: Improved care coordination, increased telehealth adoption, reduced access barriers.
- Estimated Funding: \$243.3M

2. Maternal Health

- Purpose: Address maternal health crisis by creating regional Maternal Health Hubs for coordinated maternity care.
- Uses of Funds: PMPM payments for hubs, app development, remote monitoring, reopening L&D units, workforce development.
- Outcomes: Improved access to prenatal/postpartum care, reduced maternal mortality, increased hub engagement.
- Estimated Funding: \$187.4M

3. Behavioral Health

- Purpose: Expand crisis services, remote consultation, workforce, and training.
- Uses of Funds: Salaries, training, technology, technical assistance, scholarships, bridge clinics.
- Outcomes: Expanded service capacity, reduced ED reliance, improved clinical outcomes.
- Estimated Funding: \$61M

4. Aging and Access

- Purpose: Address workforce shortages, improve care transitions, expand integrated care.
- Uses of Funds: Paramedicine, QIP, nurse aide training, PACE/LIFE expansion, ADRC redesign.
- Outcomes: Reduced readmissions, improved long-term care, increased integration.
- Estimated Funding: \$77.6M

5. EMS and Transportation

- Purpose: Modernize EMS, stabilize workforce, expand paramedicine and transportation.
- Uses of Funds: Fleet modernization, training, MATP/NEMT flexibility.
- Outcomes: Improved readiness, reduced missed appointments, increased access.

- Estimated Funding: \$86.5M
- 6. **Workforce**
 - Purpose: Strengthen and modernize the rural health workforce.
 - Uses of Funds: Recruitment, training, scholarships, residencies, apprenticeships, new workforce models.
 - Outcomes: Increased recruitment/retention, reduced vacancy rates, expanded training programs.
 - Estimated Funding: \$239.2M

Legislative and Regulatory Commitments

- ▶ **Licensure Compacts**: Pennsylvania commits to policy change for Physician Assistants (expected 2026).

Other Resources

- ▶ [PA RHTP Summary](#)

RHODE ISLAND

Lead Agency:	State of Rhode Island Executive office of Health and Human Services (EOHHS)
RHTP Website:	RI RHTP Website
Email:	RIDOH.OPCRH@health.ri.gov
Project Summary:	RI RHTP Project Summary
Project Narrative:	RI RHTP Project Narrative
Budget Narrative:	N/A

Summary of Application

Rhode Island proposes a statewide Rural Health Transformation Program led by the Rhode Island Executive Office of Health and Human Services (EOHHS) to build “a connected, community-driven system that ensures every rural resident has timely, coordinated, high quality care where they live,” organized around five goals: (1) improve rural residents’ health (“Make Rural America Healthy Again”), (2) expand sustainable access to comprehensive, low-cost care, (3) strengthen the rural workforce, (4) accelerate value-based and affordable care models, and (5) integrate technology into rural practice; program governance is centered at EOHHS, which “will oversee all aspects of the Cooperative Agreement,” including reporting and evaluation.

Key RHTP Initiatives

1. Integrated Rural Population Health Infrastructure

- **Purpose:** Establish Community Clinical Care Hubs and community-led Rural Community Health Networks to integrate clinical and community services and deliver team-based care.
- **Uses of Funds:** “A, G, I, H, and K (non-exhaustive).”
- **Outcomes:** Increase adult/child well-care visits; increase breast and cervical cancer screening.
- **Estimated Funding:** \$80,007,241.

2. Rural Community-Integrated & Mobile Health Services

- **Purpose:** Equip eight Community Learning Centers and schools as telehealth access points and deploy coordinated mobile health/dental/nutrition services.
- **Uses of Funds:** “A, C, D, E, F, G, H, J, and K (non-exhaustive).”
- **Outcomes:** Growth in population served by mobile units; higher school telehealth use; increased preventive dental services and pediatric well-care in Westerly & New Shoreham.
- **Estimated Funding:** \$40,612,561

3. Expanding Access to Rural Community Resources

- **Purpose:** Make clinics/community spaces physically accessible (equipment + disability-competent training).
- **Uses of Funds:** “D and J (non-exhaustive).”
- **Outcomes:** More sites with accessible equipment; more providers trained; improved access reported by elderly/people with disabilities.
- **Estimated Funding:** \$11,341,370

4. Rural EMS Health Access & Integration

- **Purpose:** Scale Mobile Integrated Health–Community Paramedicine statewide; create a State EMS Academy; modernize EMS tech and island transport.
- **Uses of Funds:** “A, D, E, F, G, H, and J (non-exhaustive).”
- **Outcomes:** Faster EMS response; more preventive well-care visits resulting from EMS; EMS Academy graduates; fewer potentially avoidable ED visits.

- Estimated Funding: \$47,342,420
5. **Rural Hospital-at-Home Program**
 - Purpose: Provide acute-level care at home for select conditions; integrate with EMS and Hubs; pursue Medicaid/commercial reimbursement.
 - Uses of Funds: “B and G (non-exhaustive).”
 - Outcomes: Lower inpatient admissions for COPD/pneumonia/cellulitis; higher patient satisfaction; more hospital-at-home episodes; launch of new reimbursement model.
 - Estimated Funding: \$74,979,026
 6. **Expanding Behavioral Health Services Availability in Rural Regions**
 - Purpose: Stand up two 24/7 crisis stabilization centers, up to four recovery community centers, an SUD bridge clinic, and peer navigators in rural EDs with addiction consult services.
 - Uses of Funds: “G, H, J, and K (non-exhaustive).”
 - Outcomes: Fewer behavioral-health ED visits; more outpatient BH visits; centers launched and scaled; growing patients served.
 - Estimated Funding: \$55,334,170
 7. **Strengthening Rural Oral Health Delivery (Innovation & Integration)**
 - Purpose: Launch virtual dental triage/teledentistry and transform ESH-Zambarano into an accessible outpatient dental center and consultation hub.
 - Uses of Funds: “A, E, F, G, and J (non-exhaustive).”
 - Outcomes: Fewer dental-related ED visits; fewer Medicaid transfers; more ESH dental visits; higher dental visit rates for Medicaid members with disabilities.
 - Estimated Funding: \$8,918,286
 8. **Building Capacity for Block Island Health & Human Services**
 - Purpose: Expand Community Medicine (home-based care), launch PACE on Block Island, add a CHW and aging-in-place supports; upgrade EMS/facilities; start a Rural Medicine Education Program.
 - Uses of Funds: “A, D, E, and F (non-exhaustive).”
 - Outcomes: PACE launch; more seniors getting well-care; more rural residents/trainees on Block Island; increased home-based services.
 - Estimated Funding: \$7,270,520
 9. **Modernizing Health Care Delivery for the Narragansett Indian Tribe**
 - Purpose: Modernize NIHC infrastructure (diagnostics, telehealth, EHR-integrated equipment), facility upgrades (e.g., UV-C air filtration, transport van, Hyperbaric unit), and workforce incentives/training.
 - Uses of Funds: “C, E, F, H, and J (non-exhaustive).”
 - Outcomes: Increased NIHC telehealth, CHW/BH-aide services, equipment installations, and behavioral-health volume.
 - Estimated Funding: \$3,835,300
 10. **Rural Workforce Program**
 - Purpose: Incentives, rotations/placements, centralized placement system, rural residencies (e.g., Thundermist Family Medicine; new dental residency), and paraprofessional pipelines.
 - Uses of Funds: “E (non-exhaustive).”
 - Outcomes: More rural PCPs; lower vacancies; more rural clinical placements; more people trained/credentialed for rural jobs.
 - Estimated Funding: \$250,761,602
 11. **Supporting Hospitals & Primary Care in Value-Based Payment Transition**
 - Purpose: Incentive payments for APM reporting/performance, targeted technical assistance, and Transformation Funds; align with federal AHEAD.
 - Uses of Funds: “D, I, and J (non-exhaustive).”

- Outcomes: Increased adoption of State-approved APMs by hospitals/primary care and increased incentives earned.
- Estimated Funding: \$180,000,000

12. Rural Health IT Modernization Program

- Purpose: Implement a state-sponsored EHR for rural providers and a rural HIT infrastructure grant fund for interoperable tools, telehealth, RPM, workflow/AI, interfaces to HIE.
- Uses of Funds: “C, D, and F (non-exhaustive).”
- Outcomes: More practices adopt state-sponsored/certified EHRs; more digital tool installations; more interfaces to HIE/RIDOH.
- Estimated Funding: \$140,000,000

13. Rural Health Data & Workforce Tracking System

- Purpose: Build a rural data hub (CHNA repository, Z-code capture, community profiles), provider tracking, and geographically stratified dashboards for evaluation/targeting.
- Uses of Funds: “E, F, and G (non-exhaustive).”
- Outcomes: Expanded workforce data hub functionality; workforce priority assessment; 18 community profiles; enhanced dashboards.
- Estimated Funding: \$8,500,000

Legislative and Regulatory Commitments

- ▶ **Certification of Need:** By December 2027, Rhode Island will enact legislation reducing the restrictiveness of our CON laws.
- ▶ **Licensure Compacts:** By December 2027, Rhode Island will join the PA Compact.
- ▶ **Scope of Practice:** By December 2027, Rhode Island will expand the scope of practice for Pharmacists and Dental Hygienists.
- ▶ **Nutrition Continuing Medical Education:** By December 2028, Rhode Island will enact legislation requiring nutrition in physician CME.

Other Resources

- ▶ [RI RHTP Letter of Endorsement from Governor McKee](#)
- ▶ [RI RHTP Letters of Support](#)
- ▶ [RI Healthcare System Planning Report](#)
- ▶ [RI Community Listening Session – September 2025](#)
- ▶ [Governor McKee Leads Effort to Transform Rural Health Care with Federal Funding Application](#)

SOUTH CAROLINA

Lead Agency:	South Carolina Department of Health and Human Services
RHTP Website:	SC RHTP Website
Email:	grants@scdhhs.gov
Project Summary:	SC RHTP Project Summary
Project Narrative:	SC RHTP Project Narrative
Budget Narrative:	SC RHTP Budget Narrative

Summary of Application

The lead agency for South Carolina's RHT proposal is the South Carolina Department of Health and Human Services (SCDHHS), which administers the state's Medicaid program and is uniquely positioned to lead this initiative. The proposal aims to transform rural healthcare by addressing disparities in access, outcomes, and resources, focusing on five strategic goals: improving chronic disease management and health outcomes ("Make Rural America Healthy Again"), ensuring sustainable access through expanded care delivery and digital infrastructure, advancing workforce development, fostering innovative care models, and accelerating technology innovation. The plan is data-driven, community-centered, and designed to build a resilient rural health ecosystem where every resident can thrive, regardless of geography.

Key RHTP Initiatives

1. Connections to Care

- **Purpose:** Expand digital infrastructure (EHRs, telehealth, remote monitoring, statewide resource database) to improve care coordination and access.
- **Uses of Funds:** IT upgrades, provider technology systems, remote patient monitoring equipment, telehealth expansion, digital literacy training, statewide resource database.
- **Outcomes:** Increased EHR and telehealth adoption, more patients in RPM programs, operational statewide resource database, improved care coordination.
- **Estimated Funding:** \$300 million.

2. Leveling Up

- **Purpose:** Scale successful pilot programs statewide, focusing on chronic disease management, pediatric care quality, and workforce development.
- **Uses of Funds:** Graduate Medical Education (GME) program expansion, scaling proven pilots (e.g., school-based behavioral health, pediatric quality programs), needs assessments, chronic disease program expansion.
- **Outcomes:** More providers in pediatric quality programs, increased chronic care locations, comprehensive needs assessment, expanded GME programs.
- **Estimated Funding:** \$175 million.

3. Wellness Within Reach

- **Purpose:** Deploy mobile health units, crisis response teams, and pop-up clinics to bring care directly to underserved populations.
- **Uses of Funds:** Mobile crisis vehicles, equipment for pop-up clinics, mobile health units, EMS upgrades, health kiosks.
- **Outcomes:** Increased healthcare access points, expanded mobile unit coverage, more crisis response teams, feasibility study for community paramedicine.
- **Estimated Funding:** \$250 million.

4. Shoring Up to Sustainability

- **Purpose:** Strengthen rural healthcare systems via workforce recruitment/retention, facility upgrades, and provider training.

- Uses of Funds: Workforce grants, signing bonuses, facility enhancements, masterclass training, upskilling programs, partnerships for strategic planning.
- Outcomes: Improved clinician retention, enhanced workforce incentive programs, new training programs, masterclass sessions.
- Estimated Funding: \$150 million.

5. Tech Catalyst Fund

- Purpose: Support rural health technology startups and community-based innovations for long-term health and economic improvements.
- Uses of Funds: Non-dilutive grants, technical assistance, program administration, seed funding for startups.
- Outcomes: More rural health tech startups funded, increased high-wage jobs, improved clinical health indicators, more rural patients using telehealth/remote monitoring.
- Estimated Funding: \$25 million.

Legislative and Regulatory Commitments

- ▶ **SNAP Waiver:** Executive Order 2025-30 directed SCDSS to apply for a SNAP waiver restricting unhealthy food purchases, supported by Senate Bill 589 and House Bill 4061. Submitted September 23, 2025.
- ▶ **Certificate of Need (CON):** Act 20 (2023) repealed CON requirements for healthcare facilities, with full implementation by 2027.

Other Resources

- ▶ [SC RHTP Application for Federal Assistance](#)
- ▶ [SC RHTP Budget Information for Non-Construction Programs](#)
- ▶ [SC RHTP Disclosure of Lobbying Activities](#)
- ▶ [SC RHTP Other Attachments](#)
- ▶ [SC RHTP Project/Performance Site Locations](#)
- ▶ [SC RHTP September Webinar Recording](#)
- ▶ [SC RHTP September Webinar Slides](#)
- ▶ [SC RHTP November Webinar Slides](#)

SOUTH DAKOTA

Lead Agency:	South Dakota Department of Health
RHTP Website:	SD RHTP Website
Email:	DOH.Info@state.sd.us
Project Summary:	SD RHTP Project Summary
Project Narrative:	SD RHTP Project Narrative
Budget Narrative:	N/A

Summary of Application

South Dakota's Rural Health Transformation Plan is a five-year, \$1 billion initiative led by the Office of the Governor and the South Dakota Department of Health, designed to address persistent rural health access challenges, workforce shortages, and health disparities, particularly in rural and Tribal communities. The plan is structured around ten interconnected initiatives, each with targeted initiatives and measurable outcomes – focusing on modernizing health infrastructure, building a sustainable workforce, improving access to care, and integrating behavioral health.

Key RHTP Initiatives

1. Tech & Data Connection for a Healthier South Dakota

- **Purpose:** Modernize healthcare delivery across SD through a comprehensive approach to digital health infrastructure and health information exchange
- **Uses of Funds:** Deploy certified Electronic Health Record (EHR) systems statewide, integrate health information exchange (SD Health Link), fund telehealth equipment, enhance cybersecurity, and create a Rural Data Atlas for evidence-based planning, tiered support for small practices, mid-size facilities, and regional innovation hubs.
- **Outcomes:** 80% EHR adoption in targeted facilities, increased preventive screenings, reduced hospital-acquired infections, and a unified data platform for rural health metrics.
- **Estimated Funding:** \$500 million over 5 years

2. Building a Sustainable Rural Healthcare Workforce

- **Purpose:** Strengthen SD's rural healthcare workforce through a comprehensive, incentive-based program that attracts, develops, and retains professionals across critical roles and care settings
- **Uses of Funds:** Recruitment incentives (sign-on bonuses, relocation assistance, rural service stipends), retention supports (tuition assistance, paid clinical release, leadership training), and partnerships with educational institutions.
- **Outcomes:** 500 new rural professionals recruited by 2030, 90% five-year retention, 200 healthcare professionals by 2030, increase availability of care closer to home by 15%
- **Estimated Fundings:** \$62.5 million over 5 years

3. Expand and Strengthen Rural Community Health Worker Workforce

- **Purpose:** Expand community health (CHW) and community health representatives (CHR) through training, technical assistance, and capacity building, while strengthening the workforce through sustainable reimbursement, stakeholder collaboration, and professional development
- **Uses of Funds:** Expansion of Community Health Worker (CHW) and Community Health Representative (CHR) programs, including training, certification, and Medicaid billing support.
- **Outcomes:** 500 CHWs trained by 2030, Certify 300 CHWs and CHRs by 2030, Assist 25 new CHW/CHR programs in enrolling and serving Medicaid patients by 2029, Increase CHW/CHR services to 1,750 unique Medicaid recipients by October 2029
- **Estimated Funding:** \$3.5 million over 5 years

4. Rural Health Forward: Training and Resource Hub

- Purpose: Establish Rural Health Forward, a resource and training hub designed to close gaps in education, training, and professional development between urban and rural healthcare providers
- Uses of Funds: Design and Establishment of a statewide Rural Health Forward Training and Resource Hub for continuing education.
- Outcomes: 1,000 providers trained via the hub by Year 3, Providers from at least 80% of rural/Tribal counties access resources by Year 3, Demonstrate at least 20% improvement in post-training assessment scores by Year 3, $\geq 80\%$ of trained providers remain in the workforce after one year; $\geq 60\%$ of trained providers continue to practice in rural or frontier areas
- Estimated Funding: \$4.7 million over 5 years

5. Medicaid Primary Accountable Care Transformation

- Purpose: Implement an alternative payment model that provides flexible, capitated payments to rural primary care practices, incentivizing both providers and patients for quality outcomes while promoting shared accountability for cost and utilization
- Uses of Funds:
 - Develop payment methodology with phased options bridging FFS to partial capitation, define quality measures, and establish practice transformation requirements and align payment methodologies across payor type
 - Deploy a vendor-supported platform for real-time performance dashboards, HEDIS tracking, and year-end bonus calculations
 - Implement population health tools to identify high-risk patients, track care gaps, and enable reporting and data exchange
 - Offer transformation grants for care coordination, care managers, population health tools, and technology enhancements
- Outcomes: Improved HEDIS quality measures, Decrease unnecessary ED utilization by 2028 and 2030, Reduce clinician burnout and administrative stress to at least one standard deviation below the national average by December 2028, Engage with 4 stakeholder payers by December 2030
- Estimated Funding: \$62.6 million over 5 years

6. Medicaid Rural Health Access and Quality Grants

- Purpose: Establish Rural Health Access and Quality Grants to help rural hospitals and clinics assess and transition their service delivery models to ensure long-term access to essential healthcare
- Uses of Funds: Planning and developing regional partnerships or affiliations to expand specialty and maternal health access, Facility grants support operational improvements, service line expansion, and strategic partnerships.
- Outcomes: 100% of pre-existing essential services maintained; $>10\%$ of facilities expand service offerings, At least one meaningful partnership per funded proposal for strategic partnerships, 15% improvement in operating margin OR achieve positive operating margin, 15% improvement in child and adolescent annual prevention visits; 10% improvement in chronic disease control measures
- Estimated Funding: \$125,000,000 over 5 years

7. Strengthening Chronic Disease Management

- Purpose: Strengthen statewide chronic disease management through four key strategies: targeted rural funding, expanded self-management programs, enhanced caregiver support, and provider training
- Uses of Funds: Implement evidence-based interventions tailored to local needs in rural hospitals, clinics, pharmacies, and schools, Expand evidence-based programs help individuals manage symptoms, improve daily functioning, and reduce healthcare costs, Increase support for caregivers

- **Outcomes:** Annual reduction in readmission rates, as reported by funded entities, with specific targets set once baseline data is collected, 1,000 participants with controlled blood pressure by 2030, Increase participation in certified chronic disease self-management workshops 750 participants annually by 2030, Improvement in at least 3 of 7 Medicaid Health Home Quality Incentive Payment metrics by 2030
- **Estimated Funding:** \$45,000,000 over 5 years

8. Regional Maternal and Infant Health Hubs

- **Purpose:** Reduce maternal and infant health disparities and improve access to high-quality care in rural and Tribal areas in SD by establishing regional hubs
- **Uses of Funds:** Conduct a gap/landscape analysis to identify service shortages, payment barriers, and workforce needs for maternal health, Healthcare entities (hubs and spokes) to design and launch regional maternal health hubs, Establish patient navigation and care coordination models with hubs and spokes, Develop and sustain Tribal organization doula programs
- **Outcomes:** Increase to 80.5% of pregnant women of receiving prenatal care in the first trimester, Increase number of pregnant and postpartum women served through the hybrid hub and spoke model, 80% of women who had a positive social determinant of health screening receive at least one referral, Increase number of doulas by 25% each year
- **Estimated Fundings:** \$24,000,000 over 5 years

9. Integrated Behavioral Health through CCBHC & Collaborative Care

- **Purpose:** Implement the Certified Community Behavioral Health Clinic (CCBHC) model statewide, ensuring comprehensive, coordinated care with same-day access, 24/7 crisis response, integrated physical and behavioral health services, and evidence-based care for special populations including veterans and perinatal populations
- **Uses of Funds:** Statewide implementation of Certified Community Behavioral Health Clinics (CCBHCs), expansion of the Collaborative Care Model, and telehealth infrastructure for behavioral health.
- **Outcomes:** Establish at least one CCBHC per region by 2030, 60% of same-day access standards met and 75% of 7-day follow-ups completed and documented across all certified CCBHCs, Promote symptom reduction and improved medication adherence, Increase timely intervention for patients with newly identified mental health concerns
- **Estimated Funding:** \$56.4 million over 5 years

10. Enhancing Sustainable Emergency Medical Services

- **Purpose:** Create a modern, connected, and sustainable Emergency Medical Services (EMS) system across South Dakota, ensuring timely, high-quality emergency care for all residents, including those in rural, Tribal, and frontier communities
- **Uses of Funds:** Regional Emergency Medical Services (EMS) hubs, workforce capacity building, data infrastructure, and telehealth infrastructure for EMS
- **Outcomes:** Establish at least 1 EMS hub per region by 2027, 100% integration of EMS electronic patient care records with State health information exchange in 12 months, Reduce delays in emergency response, Expand EMS recruitment, certification, and training by 15% statewide within 24 months
- **Estimated Funding:** \$64 million over 5 years

Legislative and Regulatory Commitments

- **Nutrition CME:** Plans to offer optional supplemental CME in nutrition for healthcare professionals.

Other Resources

N/A

TENNESSEE

Lead Agency:	Tennessee Department of Health
RHTP Website:	TN RHTP Website
Email:	Rural.Health@tn.gov
Project Summary:	N/A
Project Narrative:	TN RHTP Project Narrative
Budget Narrative:	N/A

Summary of Application

The Tennessee Department of Health (TDH) is the lead agency for the state's Rural Health Transformation Fund (RHTF) application. The overarching goal is to transform rural health in Tennessee by leveraging \$125 million in TennCare Shared Savings and additional funds to strengthen rural hospitals, primary care, and extend innovative models statewide. The plan aims to address persistent rural health challenges—such as hospital closures, workforce shortages, and high rates of chronic disease—by investing in modern infrastructure, workforce development, technology, and community partnerships. The vision is to create a locally-led, sustainable model for rural health that delivers “Better Care, Closer to Home,” improves access and outcomes, and builds resilient, self-sustaining rural communities. The State's application outlines five key priority areas and 17 distinct initiatives.

Key RHTP Initiatives

1. **HRP: Service Line Expansion & Co-Location - Activating Sustainable Service Lines in Rural Hospital and Healthcare Facilities**
 - Purpose: Expand integrated primary, specialty, behavioral, and social health services in rural hospitals and clinics.
 - Uses of Funds: Facility renovations, equipment, staffing, training, telemedicine integration.
 - Outcomes:
 - 10 clinics with integrated behavioral health and specialty care
 - 50% increase in organizations connected to TN Community Compass
 - 10 new or upgraded exam/treatment rooms
 - Estimated Funding: \$95M (scalable to \$250M)
2. **Last Mile Teams - Unifying multiple high-impact efforts to expand Tennessee's rural emergency care infrastructure and bring integrated health services directly to residents in hard-to-reach areas**
 - Purpose: Expand rural emergency care infrastructure and bring integrated health services to hard-to-reach areas.
 - Uses of Funds: Ambulances, EMS training, mobile health clinics, maternal care coordination.
 - Outcomes:
 - 89 new ambulances
 - 20 counties with Community Paramedic Programs
 - 8,000 EMS staff trained in neonatal resuscitation
 - 50 coalition-led training or exercise events annually to support rural healthcare, EMS, and non-healthcare personnel education and coordination
 - Establish 8 Medical Operations Coordination Centers (MOCCs) statewide
 - 100% of hospitals conducting annual facility readiness assessments
 - Increase percentage of women who attend a postpartum checkup with 12 weeks of giving birth and screening rates for depression and anxiety following a recent birth
 - Establish coalition-led/PPE/MCM rotational programs

- Reduce the percentage of clients that report ED use related to MH or SUD over the course of treatment
 - Estimated Funding: \$66.6M
- 3. **Optimizing Rural Health Care - Direct Access to public health, primary care, and dental services for the uninsured**
 - Purpose: Expand Safety Net for uninsured adults, align public/private resources, and embed care navigation teams.
 - Uses of Funds: Direct services, e-consults, medication assistance, transportation, dental capacity.
 - Outcomes:
 - 21 new provider placements
 - 325 primary care sites
 - 10% increase in program participants
 - Increase the percentage of participants who self-report quitting tobacco and nicotine-based products
 - Increase the percentage of new primary care patients who are referred for SDOH services.
 - Estimated Funding: \$96M
- 4. **Memory Care Assessment Network - Expanded rural access to ADRD Care through a hub-and-spoke model**
 - Purpose: Expand dementia diagnosis and care through a hub-and-spoke model using telehealth and navigators.
 - Uses of Funds: IT infrastructure, navigator training, telehealth platform.
 - Outcomes:
 - 100 rural residents served per hubs for MACN+DN diagnostic appointments.
 - 30 dementia navigators
 - Increase # of rural residents with suspected dementia receiving a specialized, confirmed diagnosis (via MACN+DN /telehealth).
 - Increase # of newly diagnosed patients (& caregivers) who receive in-person, post-diagnostic consultation/resource-linking.
 - Establish shared IT infrastructure to facilitate program evaluation, patient-level data capture, ROI, and data sharing
 - Estimated Funding: \$32M
- 5. **Rural Capacity Building - Targeting Efficiency to Improve Access to Leadership Skills and Specialty Services**
 - Purpose: Develop rural health leadership, expand behavioral health workforce, and accelerate Community Health Worker (CHW) programs.
 - Uses of Funds: Leadership training, co-location of behavioral health, CHW program support.
 - Outcomes:
 - 63.4 FTE mental health providers co-located in rural primary care clinics, specialty clinics, and Eds.
 - 30 executive certifications
 - 20 CHW-accredited organizations.
 - Reduce the median boarding hours by 40%
 - Estimated Funding: \$39M
- 6. **Dental Pilot - Enhancing investments in the rural dental workforce to improve oral health access**
 - Purpose: Expand rural dental workforce and access points.
 - Uses of Funds: Recruitment, new dental suites, preventive services.
 - Outcomes:
 - 25 clinicians placed in rural/distressed counties

- 15 new/renovated dental suites established
 - 100,000 Tennesseans receiving preventive/restorative dental services through projects funded through this opportunity
 - Reduce the % of Emergency Department visits for dental conditions among uninsured populations to 10%
 - Establish full HRTS integration of dental metrics
- Estimated Funding: \$20M (scalable to \$75M)
- 7. **HRP: Maternal and Child Health - Building a safer start for every mother and child in rural Tennessee**
 - Purpose: Strengthen rural maternity care, perinatal education, and data systems.
 - Uses of Funds: Facility upgrades, training, tech-enabled consultation, mobile app.
 - Outcomes:
 - 100% of maternity care desert counties served
 - 91% postpartum depression screening
 - Decrease the fatal overdose rate among women aged 15–44 years to 42 per 100,000
 - Increase the percentage of birthing hospitals serving rural patients that are actively participating in Tennessee Initiative for Perinatal Quality Care (TIPQC) quality improvement projects to 73%
 - Estimated Funding: \$144M
- 8. **Value-Based Payment: Maternal, Hospitals, Dental - Catalyzing Rural Health Value Based Payment Models**
 - Purpose: Expand value-based payment models for rural hospitals, obstetric, and dental providers.
 - Uses of Funds: Infrastructure, quality improvement, incentive payments.
 - Outcomes:
 - 10 obstetric practices in VBP
 - 70% ADT quality measure, reduced readmissions
 - Decrease Plan All-Cause Readmissions (PCR) to <1.0
 - Decrease Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults (EDV-AD) to 170
 - Estimated Funding: \$100M (scalable to \$125M)
- 9. **HRP: Make Rural TN Healthy Again (MaRTHA) - Expansion of Competitive “Rural Health Resiliency Program” Grants for Community Driven Prevention Efforts**
 - Purpose: Fund community-driven prevention and health services.
 - Uses of Funds: Grants for prevention, telehealth, mobile clinical capacity, school nurses.
 - Outcomes:
 - 10% increase in rural residents with a primary care provider
 - 5 mobile strategies in all three grand divisions of Tennessee, while connecting patients to a dedicated medical home
 - 10 increase of rural resident encounters using telehealth for primary or specialty visits with participating organizations
 - Increase the % of TN public schools employing a full-time nurse
 - Estimated Funding: \$56M (scalable to \$150M)
- 10. **Rural Health Improvement Grants - Competitive grants for locally led-upstream prevention, nutrition, and active living**
 - Purpose: Support locally-led prevention, nutrition, and active living projects.
 - Uses of Funds: CARE, HBE, and PSE grants for health-promoting environments.
 - Outcomes:
 - 89 counties funded for new health-promoting environments that increase access to healthy foods and opportunities for physical activity
 - 25% of rural residents within 1 mile of health-promoting environments

- Increase the number of partnerships, including county health councils, school systems, local governments, NGOs, CBOs, or non-profits that implement End-Zone inspired PSE strategies
 - Increase the number of tailored resources and trainings administered to County Health Councils
- Estimated Funding: \$51M
- 11. **HRP: Rural Non-Emergency Transportation - Develop and scale solutions to reduce transportation barriers in rural Tennessee**
 - Purpose: Reduce transportation barriers to care.
 - Uses of Funds: Coordination platform, grants for transportation programs.
 - Outcomes:
 - 25% reduction in missed appointments due to transportation barriers.
 - 65% of rural counties with transport options
 - 15% improvement in chronic disease management (A1C and BP control) among transported patients
 - Achieve 90% or higher satisfaction and scheduling reliability among program users
 - Estimated Funding: \$9M
- 12. **HRP: Health-Tech - Competitive Grants for Rural Health Technology Infrastructure**
 - Purpose: Modernize digital infrastructure in rural healthcare.
 - Uses of Funds: Grants for EHR, telehealth, analytics, cybersecurity.
 - Outcomes:
 - 10 subgrants to rural providers for technology infrastructure and innovation projects
 - 80% of sites with interoperable tech
 - 25% reduction in admin burden related to documentation or reporting, as measured by pre/post surveys in RedCAP
 - Confirm, achieve and/or sustain role-based cybersecurity training completion among 100% of participating health systems
 - Estimated Funding: \$76M
- 13. **Statewide Health Information Exchange (HIE) - Developing a statewide Health Information Exchange**
 - Purpose: Develop a unified, interoperable HIE.
 - Uses of Funds: IT development, training, stakeholder engagement.
 - Outcomes:
 - 10 stakeholder engagement sessions
 - 5 educational/training events for HIE users
 - 500 providers enrolled in HIE
 - 90% EHR compatibility among health care networks
 - Estimated Funding: \$31M
- 14. **TN Community Compass - Expansion of Tennessee's successful Closed Loop Referral System (CLRS)**
 - Purpose: Expand closed-loop referral platform for social needs.
 - Uses of Funds: Platform integration, navigator training.
 - Outcomes:
 - Increase total number of referrals made at by TDH navigators to 50,000
 - Increase the total number of navigators utilizing FindHelp to 650
 - 200,000 annual referrals
 - Increase number and new state agencies onboarded to TNCC to 4
 - Estimated Funding: \$31M

15. Rural Health Innovation Catalyst - Connecting Innovation Offices to Rural Providers to Advance Health-Tech

- Purpose: Advance health-tech innovation and technical assistance.
- Uses of Funds: Planning/implementation grants, academic partnerships.
- Outcomes:
 - 8 counties receiving CoE planning or implementation support
 - 50 students participating in the planning and implementation processes.
 - 35 rural health organizations receive TA
 - 4 innovative pilots that are adopted by at least one other county.
- Estimated Funding: \$15M

16. Statewide eConsult Platform - Establish Statewide eConsult Platform to Improve Specialty Access for Safety Net

- Purpose: Improve specialty access for uninsured via digital consults.
- Uses of Funds: Platform development, provider training.
- Outcomes:
 - 10,000 e-consults that were not converted to face-to-face appointments for the patient
 - 3-day average wait time for access to specialty care
 - 15% increase of HRTS system users by facility type: Long Term Care (LTC) Skilled and LTC Assisted Living
 - 50 HRTS training events per year
- Estimated Funding: \$15M

17. Comprehensive Health Workforce Pipeline - Building a Comprehensive Rural Health Workforce Pipeline

- Purpose: Expand and align rural health workforce development.
- Uses of Funds: Residencies, scholarships, early exposure, training.
- Outcomes:
 - 10 psychiatry residencies established
 - 100 scholarships for graduate studies in a behavioral health field
 - 1,000 students in early exposure or paid internships
 - 38 Mental Health First Aid instructors certified in at least one community-specific module
 - 529 trainings based on the Tennessee TRAIN Learning Management System
- Estimated Funding: \$52M

Legislative and Regulatory Commitments

- ▶ **Presidential Fitness Test:** Commitment to reinstate in schools by 2028, aligned with federal guidance, to promote youth fitness.
- ▶ **SNAP Waiver:** Tennessee requested a waiver to restrict SNAP purchases of high-sugar foods, with plans to pursue approval post-federal shutdown.
- ▶ **Nutrition CME:** Legislation to require nutrition as part of continuing medical education for physicians by 2028.
- ▶ **Certificate of Need (CON):** Legislation passed in 2024 to reform CON, with plans to eliminate CONs across facility categories by 2027.
- ▶ **Scope of Practice:** Legislation planned for 2026 to expand scope for physician assistants, nurse practitioners, pharmacists, and dental hygienists, with implementation by 2027.
- ▶ **Remote Care Services:** Commitment to document and expand Medicaid coverage for remote patient monitoring and telehealth, with policy adoption by 2026 if needed.

Other Resources

- ▶ [Governor Lee Announces Submission of Tennessee's Rural Health Transformation Proposal](#)

- ▶ [Tennessee Rural Health Care Task Force Summary – June 2023](#)

TEXAS

Lead Agency:	Texas Health and Human Services (HHS)
RHTP Website:	TX RHTP Website
Email:	N/A
Project Summary:	TX RHTP Project Summary
Project Narrative:	TX RHTP Project Narrative
Budget Narrative:	N/A

Summary of Application

The Texas “Rural Texas Strong: Supporting Health and Wellness” submission, led by the Texas Health and Human Services Commission (HHSC), presents a comprehensive, statewide strategy to address rural health challenges across all 202 rural counties in Texas. The proposal aims to improve health outcomes, expand access, modernize infrastructure, and ensure long-term sustainability for rural Texans. The plan leverages emerging technologies, workforce solutions, and capital investments through six distinctly Texas initiatives, and is designed to maximize the impact of federal funds while avoiding duplication of existing efforts.

Key RHTP Initiatives

1. Make Rural Texans Healthy Again

- **Purpose:** Community-based prevention, wellness, and nutrition programs to address chronic diseases (diabetes, cardiovascular, respiratory, obesity).
- **Uses of Funds:** Grants to rural hospital districts for wellness centers, after-hours clinics, pop-up grocery markets, Chronic disease screenings, transportation support, remote monitoring, and technology for health coverage navigation
- **Outcomes:** Reduce diabetes-related ED visits by 2.5%, increase rural dietitians by 20, decrease obesity prevalence by 1%, increase diabetes self-management education by 2.5%.
- **Estimated Funding:** \$217.9M (22% of federal funding) over five years

2. Rural Texas Patients in the Driver’s Seat

- **Purpose:** Establish consumer-facing health portals integrated with EMRs and HIEs, enable remote patient monitoring, and provide digital literacy training.
- **Uses of Funds:** Establish patient portals integrated with EMRs and HIEs, enable remote monitoring, and provide digital literacy training.
- **Outcomes:** 40 hospitals and 50 clinics upgrading or adding portals, 5% increase in appointments initiated via portal, 5% increase in hospital RPM participation, 5% increase in HITRUST/NCQA certifications.
- **Estimated Funding:** \$150M (15% of federal funding) over five years.

3. Lone Star Advanced AI and Telehealth

- **Purpose:** Statewide AI and telehealth network to improve access and efficiency; use care delivery innovations to bridge service gaps across rural Texas and address critical barriers to care in rural communities, including limited access to specialty providers, high rates of chronic disease, and health workforce shortages
- **Uses of Funds:** Deploy AI for analytics and documentation, expand telehealth hubs, digital literacy training, and integrate specialty care access.
- **Outcomes:** 15% decrease in human fax processing, 15% increase in specialty care (Behavioral Health, Radiology, and Maternal Care) access, 15% increase in digital literacy training, 15% increase in telehealth offerings.
- **Estimated Funding:** \$150M (15% of federal funding) over five years

4. The Next Generation of the Small Town Doctor and Team

- Purpose: Workforce recruitment, retention, and pipeline development for rural health professionals
 - Uses of Funds: Career pathways for students, scholarships, relocation/signing bonuses, new residency/fellowship programs, retention plans, IT upgrades for licensing.
 - Outcomes: Improve rural CHW and EMT/paramedic ratios by 5%, add 40 rural primary care physicians, increase rural mentoring by 5%.
 - Estimated Funding: \$200M (20% of federal funding) over five years
- 5. Unified Care Infrastructure and Rural Cyber Protection**
- Purpose: Establish a unified IT infrastructure and bolster cybersecurity for rural providers
 - Uses of Funds: Deploy managed security solutions (EDR, SOC), user training, cloud-based systems, and shared platforms for hospitals, clinics, behavioral health providers, and veteran nursing homes
 - Outcomes: 10% increase in automated quality reporting, 10% decrease in system outages, 10% increase in MDR and SOC participation
 - Estimated Funding: \$100M (5% of federal funding for UCI, 5% of federal funding for cyber protection)
- 6. Infrastructure and Capital Improvement for Rural Texas**
- Purpose: Equipment and facility upgrades for rural health providers
 - Uses of Funds: Replace/upgrade medical equipment, minor renovations, establish savings accounts for reinvestment
 - Outcomes: 5% improvement in reinvestment, cash on hand, and liquidity; 5% of providers with local equipment and construction savings accounts.
 - Estimated Funding: \$150M (15% of federal funding)

Legislative and Regulatory Commitments

- ▶ **Presidential Fitness Test:** Texas will reinstate and implement the Presidential Fitness Test in all public schools by September 1, 2028.
- ▶ **Nutrition CME:** Texas established continuing education requirements in nutrition and metabolic health for licensed physicians, PAs, and nurses. The Texas Medical Board will adopt rules by Dec. 31, 2026.

Other Resources

- ▶ [TX RHTP Other Supporting Materials](#)

UTAH

Lead Agency:	Utah Department of Health and Human Services (HHS)
RHTP Website:	UT RHTP Website
Email:	ruralht@utah.gov
Project Summary:	UT RHTP Project Summary
Project Narrative:	UT RHTP Project Narrative
Budget Narrative:	N/A

Summary of Application

The submission, led by the Utah Department of Health and Human Services (DHHS), outlines Utah's vision for transforming rural health through sustainable, generational investments. The application details seven initiatives designed to improve health outcomes, access, quality, and workforce stability in rural Utah.

Through extensive planning for this funding opportunity, Utah's rural health stakeholders identified four strategic goals, aligned with the CMS RHT Program's strategic goals, that now guide this plan. (1) Make rural Utahns healthy, (2) workforce development, (3) innovation and access, and (4) technology innovation. Collectively, these goals will drive progress for rural communities and result in tangible results for Utah through four overarching outcomes. (A) Improving outcomes; (B) improving access; (C) improving quality; and (D) strengthening workforce. Utah plans to drive progress on these outcomes through seven broad initiatives in partnership with state, local, tribal, and community stakeholders across rural Utah.

Key RHTP Initiatives

1. Preventive Action and Transformation for Health (PATH)

- Purpose: Advance rural health via nutrition, physical activity, and built environments to improve maternal and behavioral health and increase chronic disease prevention
- Uses of Funds: Strengthen food infrastructure, school nutrition and physical activity, built environment (to improve the walkability, physical safety, and recreation of rural communities in support of regular physical activity and active transportation), coordinated care (community care hubs), integrated behavioral health
- Outcomes:
 - Increase % of Utah adults living in rural counties and students at each rural LEA implementing Gold Medal Schools that meet fruit and vegetable consumption recommendations
 - 25% of rural counties with increased access to fresh whole foods
 - 5% of Utahns living in rural counties that report using active transportation
 - 10% less of Utahns living in rural counties that report no leisure physical activity
 - % of referrals for follow-up clinical and social services completed through CCH
 - % of patients in rural counties screened for depression, anxiety, and SUD in primary care
 - % of BHI/CoCM patients with an improved score on validated tools
- Estimated Funding: \$155M

2. Rural Incentive and Skill Expansion (RISE)

- Purpose: Build a sustainable rural healthcare workforce by investing in career pathways beginning in grade school, expanding training, connecting education to local needs, and supporting recruitment and retention

- Uses of Funds: Graduate medical education (GME) training in rural facilities, rural clinical preceptor incentives, “grow our own” career pathways and high school programs, public-private partnerships to expand workforce training, recruitment/retention incentives
 - Outcomes:
 - # of primary care providers (MD, DO, APRN, PA) in rural counties
 - 1 new provider trained in each rural county each year
 - 50% of providers retained in each rural county after 1, 2, and 3 years
 - # and type of improvements to workforce shortages
 - Estimated Funding: \$187M
- 3. Sustaining Health Infrastructure for Transformation (SHIFT)**
- Purpose: Transform preventive care through enhancements to local service delivery that improves health outcomes to build a resilient, interconnected system centered on proactive wellness and early intervention
 - Uses of Funds: Capital infrastructure improvements, provider networks, EMS strengthening (community paramedicine), innovative care models (mobile services, transportation, chronic disease management), expand services and resources through rural health provider networks
 - Outcomes:
 - # and type of improvements to rural health facilities that increase capacity to deliver quality healthcare
 - # of EMS preventive and post-discharge visits in rural areas
 - Decreased % of non-emergent EMS transports in each rural Utah county
 - Decreased # of repeat EMS/911 calls by patients with chronic conditions in rural counties
 - Estimated Funding: \$247M
- 4. Financial Approaches for Sustainable Transformation (FAST)**
- Purpose: Address financial/care delivery challenges for rural provider viability
 - Uses of Funds: Transition to value-based care, revenue cycle optimization, pilot alternative payment models for specialty access
 - Outcomes:
 - Increased % of rural health facilities in each rural county with data infrastructure in place for value-based payment
 - # and type of improvements to revenue cycle
 - % of rural health facilities with improved revenue cycle (denial rate, clean claim rate, etc.)
 - Estimated Funding: \$65M
- 5. Leveraging Innovation for Facilitated Telehealth (LIFT)**
- Purpose: Improve sustainable rural healthcare access and outcomes via telehealth
 - Uses of Funds: Scalable telehealth projects (primary/preventive care, chronic disease, behavioral health, maternal/infant health, medication adherence, oral care), training and technical assistance
 - Outcomes:
 - # and type of improvements to increase capacity to deliver quality healthcare via telehealth
 - 50% of patients in each rural county using telehealth services
 - Increased # and type of specialties provided via telehealth in rural counties
 - Estimated Funding: \$125M
- 6. Shared Utilities for Partnered Provider Operational Resources and Technology (SUPPORT)**
- Purpose: Build digital, technological, and administrative infrastructure for rural facilities

- Uses of Funds: EHR upgrades and improved patient access, increase and improve cybersecurity, shared tech resources (include cybersecurity), consumer-facing tech/AI, clinical technology/AI deployment
 - Outcomes:
 - Increased % of participating facilities in each rural county with MFA and EDR fully implemented and deployed
 - Increased % of physicians at participating facilities in each rural county reporting decreased documentation and charting time
 - Estimated Funding: \$80M
- 7. Leveraging Interoperability Networks to Connect Services (LINCS)**
- Purpose: Create a connected health ecosystem through data interoperability and secure exchange of health data among clinics, hospitals, public health, behavioral health entities, and community-based organizations
 - Uses of Funds: Modernize provider interoperability, expand patient access to health information, build statewide cloud-based data platform, support semantic data model applications
 - Outcomes:
 - Increased % of rural facilities in each rural county that report complete and timely data to public health
 - # of manual prior authorization submissions and corresponding electronic approvals
 - % improvement in each category of an annual interoperability assessment across participating facilities (e.g., technical readiness, data completeness, data usability, and clinician experience, etc.
 - Estimated Funding: \$110M

Legislative and Regulatory Commitments

- ▶ **Presidential Fitness Test:** The state requires schools to reestablish the Presidential Fitness Test by 12/31/2028.

Other Resources

- ▶ [UT RHTP Project Summary – Long Version](#)

VERMONT

Lead Agency:	Vermont Agency of Human Services
RHTP Website:	VT RHTP Website
Email:	AHS.HealthCareReform@vermont.gov
Project Summary:	VT RHTP Project Summary
Project Narrative:	VT RHTP Project Narrative
Budget Narrative:	N/A

Summary of Application

Led by the Vermont Agency of Human Services (AHS), with support from the Secretary's Office to provide governance and coordination across departments (VDH, DVHA, DMH, DAIL, etc.), Vermont's RHTP Application outlines a vision to ensure rural residents receive the right care, at the right time, in the right place, at an affordable cost.

The plan includes five initiatives, centered around four main goals. These goals include: 1) Building Stronger Rural Health Networks; 2) Sharing Technology and Services to Lower Costs; 3) Strengthening Vermont's Rural Health Workforce; and 4) Making Health Care More Affordable and Transparent.

Key RHTP Initiatives

1. Regionalization and Innovative Care Strategies

- Purpose: Coordinate services statewide/regionally to right-size care and expand community-based options
- Uses of Funds:
 - Transformation/innovation grants to shift services to lower-cost settings and enable interoperability
 - Transformation analytics & support for modeling and project management
 - Facility upgrades (HVAC, reconfiguration) to support service realignment
 - Statewide Health Care Delivery Strategic Plan
 - Community paramedicine / Mobile Integrated Health rollout and EMS triage-and-treat enablement
 - Behavioral health & SUD urgent care expansion
 - Mobile clinics (medical, dental, MH/SUD)
 - Dialysis & ventilator capacity for nursing facilities (equipment and infrastructure upgrades)
- Outcomes:
 - Follow-Up After ED Visits for Mental Illness, ages 6 and older: 30-Day Rate (HEDIS FUM) – greater than or equal to 78% by end of budget period 5
 - Follow-Up After ED Visits for Substance Use, ages 13 and older: 30-Day Rate (HEDIS FUA) – greater than or equal to 69% by end of budget period 5
 - Plan All-Cause Readmissions, ages 18 and older (HEDIS PCR)
 - All hospitals to complete a transformation plan by budget period 5
 - Improve CAH operating margins
 - Community Paramedicine Visits and/or Patients – 600 patients/3400 visits by end of budget period 5
- Estimated Funding: \$300–\$400M total across five budget periods

2. Establishing a Clinically Integrated Network of Shared Services

- Purpose: Create shared infrastructure for independent rural providers to achieve scale and efficiency
- Uses of Funds:
 - Shared EMR adoption; cybersecurity enhancement.

- Establishing a shared HRIS for benefits/payroll/licensure tracking
 - Statewide e-Consult platform and pediatric/perinatal psychiatric consultation capacity
 - Closed-loop referral platform across health/MH/SUD/social services
 - Develop a shared subscription to a real-time digital tool that tracks bed capacity and service availability
 - Grants for providers to adopt RPM, telehealth technologies, and AI scribe tools
 - Outcomes:
 - Statewide deployment and provider uptake of e-consult, transfer & referral systems
 - Increased adoption of telehealth/RPM/AI
 - Lower PQI Chronic Conditions Composite – 550 per 100,000 population average by the end of budget period 5
 - Improved access/continuity
 - Estimated Funding: \$100–\$200M total across the five budget periods
- 3. Strengthening Primary Care**
- Purpose: Modernize Blueprint for Health to deliver team-based, integrated, data-driven primary care
 - Uses of Funds:
 - Prospective PMPM payments for community health team capacity and access performance
 - Shared performance payments to primary/specialty care for chronic conditions (i.e. diabetes, MH/SUD, COPD, CHF and hypertension)
 - MH/community support specialists embedded into primary care practices
 - Transformation TA/training, statewide learning network, and evidence-based guidelines
 - Workforce support and system integration development
 - Improve data and analytics infrastructure (eCQM tools, risk stratification, referral tracking)
 - FQHC site expansion (minor renovations/equipment/IT; onboarding/training)
 - Recovery housing refurbishments with individuals with SUD needs to expand capacity aligned to primary-care coordination
 - Outcomes:
 - CBP hypertension control $\geq 78\%$ by end of budget period 5; GSD poor glycemic control $\leq 21\%$ by end of budget period 5
 - Depression screening & follow-up $\geq 66\%$ by end of budget period 5
 - Increase patients engaged with community health teams ($\geq 27,000$ /quarter by budget period 5).
 - Increase WCV well-care visits - $\geq 66\%$ HEDIS by end of budget period 5
 - Increase adult AAP access
 - Estimated Funding: \$200–\$300M total across the five budget periods
- 4. Health Care Workforce Development**
- Purpose: Build and retain a rural workforce through training pathways, financial supports, housing, and scope-of-practice pilots
 - Uses of Funds:
 - Expand LNA training programs and expand health care professions residency programs
 - Launch Maple Mountain Consortium family medicine rural residency
 - Financial assistance & housing: tuition/CE/licensure supports; conditional scholarships for health care workforce; workforce housing grants.
 - Scope-of-practice pilot: expand pharmacist test-to-treat (training, infrastructure, pilot reimbursement)

- Outcomes:
 - Stabilize/increase FTEs in at-risk disciplines
 - Increase number of pharmacists engaging in expanded test-to-treat
 - ≥300 individuals supported through training/financial-aid programs
 - Reduce DA/SSA vacancy rate to ≤12.5% by budget period 5
 - Estimated Funding: \$100–\$200M total across the five budget periods
- 5. Price Transparency and Insurance Competition**
- Purpose: Improve affordability and plan choice by modernizing data transparency and assessing marketplace reforms
 - Uses of Funds:
 - Statewide data platform modernization for cost/quality/access dashboards
 - Marketplace affordability assessment (reinsurance, Basic Health Program, plan design innovation; RFI to issuers)
 - Outcomes:
 - Slower growth in hospital operating expenses and total cost of care
 - Maintain ≥2 marketplace issuers and introduce at least one new plan design
 - Produce Marketplace sustainability and affordability options report
 - Increase unique users of new health care cost, quality, and access tools
 - Estimated Funding: \$10–\$50M total across the five budget periods

Legislative and Regulatory Commitments

- ▶ **Scope of practice:** Plans to pursue statute/regulation to expand pharmacists' test-to-treat beyond COVID-19/flu/strep pilot authorities and policy to opt-out of Medicare supervision requirement for CRNAs.
- ▶ **SNAP Waiver:** Governor directs AHS to pursue USDA SNAP food-restriction waiver; timeline through CY 2027.

Other Resources

- ▶ [Health Care Transformation | Health Care Reform](#)

VIRGINIA

Lead Agency:	Virginia Health and Human Resources
RHTP Website:	VA RHTP Website
Email:	ruraltransformation@governor.virginia.gov
Project Summary:	VA RHTP Project Summary
Project Narrative:	VA RHTP Project Narrative
Budget Narrative:	N/A

Summary of Application

The lead agency for Virginia's RHTP application is the Virginia Department of Medical Assistance Services (DMAS), with strong support from Governor Youngkin and the Secretary of Health & Human Resources. The "VA Rural Vitality" initiative aims to transform healthcare access, quality, and outcomes for over 1.5 million rural Virginians. The proposal leverages existing partnerships and programs to address persistent rural health challenges—such as chronic disease, workforce shortages, and limited access to care—through a series of innovative, scalable initiatives. The overarching goals are to improve health outcomes across the lifespan, modernize rural healthcare infrastructure, expand the rural health workforce, and foster sustainable, community-driven solutions.

Key RHTP Initiatives

1. CareIQ – Tech Innovation

- Purpose: Advance innovative technologies to improve care delivery, provider satisfaction, and patient outcomes in rural areas.
- Uses of Funds:
 - Tech Innovation Fund: Grants to Virginia-based health tech startups for rural care solutions.
 - Provider Productivity Fund: Support for AI-driven decision-support and workflow tools to reduce administrative burden and provider burnout.
 - Provider Interoperability Fund: Modernize EHR systems, strengthen cybersecurity, and improve data exchange.
 - Remote Patient Monitoring Fund: Expand continuous monitoring technologies in facilities and homes.
- Outcomes:
 - Modernize provider operations and increase adoption of technology in rural communities
 - Decrease rates of chronic disease in rural adults and children
- Estimated Funding: \$282.6M

2. Homegrown Health Heroes – Workforce Development

- Purpose: Build and sustain a robust rural health workforce through education, training, and retention
- Uses of Funds:
 - Expand rural residency slots in high-need specialties
 - Fund allied health degree programs at community colleges
 - Launch paid apprenticeships with education and employer partnerships
 - Establish high school health academies for allied health career pipelines
- Outcomes:
 - Increase access to primary care for rural residents including number of preventative visits and screenings
 - Build a lasting pipeline of rural residents into healthcare careers
- Estimated Funding: \$132M

3. Connected Care, Closer to Home – Sustainable Access

- Purpose: Improve access to care in rural communities
 - Uses of Funds:
 - Expand mobile and hybrid care units for primary and preventive services
 - Pilot community paramedicine for EMS-led treat-in-place care and telehealth
 - Enhance maternal care through community hubs, mobile units, and telehealth, with a focus on mothers with substance use disorders.
 - Outcomes:
 - Increase access to primary care for rural residents including number of preventative visits and screenings
 - Decrease rates of substance use disorders
 - Improve maternal and infant health outcomes by reducing maternal and infant mortality, as well as neonatal abstinence syndrome in rural communities
 - Estimated Funding: \$412M
- 4. Live Well, Together – Make Rural America Healthy Again**
- Purpose: Promote prevention and healthy lifestyles
 - Uses of Funds:
 - Food as Medicine: Support food pharmacies for nutrition education, tailored meals, and produce prescriptions.
 - Consumer Tech: Pilot digital health tools for lifestyle and behavioral change.
 - Active Kids: Repurpose community spaces for physical activity.
 - Integrated Care for Duals: Outreach and education for dual-eligible seniors to enroll in integrated care plans.
 - Outcomes:
 - Decrease rates of chronic disease in rural adults and children
 - Increase access to primary care for rural residents including number of preventative visits and screenings
 - Estimated Funding: \$124.2M

Legislative and Regulatory Commitments

- ▶ **Presidential Fitness Test:** Executive Order 55 mandates the adoption of the Presidential Fitness Test in public schools by July 1, 2027, to promote youth physical activity.
- ▶ **SNAP Waiver:** Submission of a waiver to USDA to prohibit SNAP purchases of sweetened beverages, aiming to improve nutrition in rural communities.
- ▶ **Nutrition CME:** Board of Medicine adopted a requirement for one hour of nutrition education in CME for physicians, effective for the 2028–2029 renewal cycle.

Other Resources

- ▶ [Governor Glenn Youngkin's Executive Directive Twelve](#)
- ▶ [Governor Glenn Youngkin Submits Virginia's Application for \\$1 Billion in Federal Funding to Transform Rural Health Care](#)
- ▶ [Governor Glenn Youngkin Announces Launch of Virginia's Rural Health Transformation Program Stakeholder Engagement](#)
- ▶ [August 27, 2025 Stakeholder Kick-Off Presentation](#)

WASHINGTON

Lead Agency:	Washington State Health Care Authority
RHTP Website:	WA RHTP Website
Email:	payingforvalue@hca.wa.gov
Project Summary:	WA RHTP Project Summary
Project Narrative:	WA RHTP Project Narrative
Budget Narrative:	N/A

Summary of Application

The Washington Rural Health Transformation Program (RHTP) submission is led by the Washington State Health Care Authority (HCA), in partnership with the Department of Health, Department of Social and Health Services, The Rural Collaborative, Rural Health Redesign Center, Washington State Hospital Association, University of Washington, Washington State University, Project ECHO, and Area Agencies on Aging.

The high-level goals are to build a healthier, more resilient, and financially sustainable rural health system by investing \$1 billion over five years. The plan focuses on innovation in rural hospitals, prevention and care management in communities, Tribal health, technology adoption, workforce development, and behavioral health system expansion through six major initiatives.

Key RHTP Initiatives

1. Ignite Innovation in Washington's Rural Hospitals

- **Purpose:** Support rural facility financial health and improve access through new technology, new forms of cooperation, and payment models that align incentives to health and wellbeing
- **Uses of Funds:**
 - Expand a rural health network (The Rural Collaborative) for shared staffing, peer learning, group purchasing, and quality improvement
 - Co-design value-based payment models for long-term sustainability of essential services, improvements to health outcomes, quality, and efficiency of care, with support from the Rural Health Redesign Center.
 - Invest in critical technology infrastructure (AI, cybersecurity, telehealth, revenue cycle management) via an infrastructure fund administered by the Washington State Hospital Association
 - Sustain and strengthen maternal, emergency, and specialty services at risk in rural areas.
- **Outcomes:** Increase hospital efficiency, availability of maternity services, participation in value-based payment models, and regional provider collaboratives
- **Estimated Funding:** \$53–61 million/year.

2. Prevent Disease and Manage Care in Community Settings

- **Purpose:** Build and expand programs and workforce in settings outside the walls of clinical systems for rural residents to access the right level of care at the right time, delivered by the right provider in cost-effective ways that take pressure off clinical systems
- **Uses of Funds:**
 - Expand the community-based workforce (community health workers, digital navigators, long-term care workers).
 - Build dementia-capable communities and expand dementia through Area Agencies on Aging.
 - Modernize EMS and inter-facility transport.

- Expand mobile health services and create community engagement hubs.
 - Increase access to WA 211 (i.e. a free, confidential helpline that connects individuals and families to local community services and operates in concert with 988 (for behavioral health services), 911 (for emergency services) and Community Care Hubs in Accountable Communities of Health for care coordination) for care triage and resource navigation)
 - Outcomes: More trained community-based providers, reduced LTCW testing wait times, improved dementia support and better health outcomes for people with dementia, increased mobile health and WA 211 utilization, reduced EMS wait times
 - Estimated Funding: \$25–26 million/year.
- 3. Invest in the Health of Native Families**
- Purpose: Funds for sovereign Tribal Governments to make critical investments to improve the health and wellbeing of Native families
 - Uses of Funds: Support Tribal workforce (Community Health Representatives, doulas, care coordinators, behavioral health aides), Establish care coordination agreements between Tribes and hospitals Invest in health information exchange for Tribes
 - Outcomes: Increase Tribes with appropriate care staff to access care off the reservation, Increased participation in Tribal Community Health Provider Program, Increase care coordination agreements, Expanded HIE use
 - Estimated Funding: \$20 million/year.
- 4. 4: Adopt Technology and Data Solutions to Enable Health Improvements**
- Purpose: Provide start-up funding and technical assistance for new, emerging, and proven technologies that can increase efficiency, access, and quality in Washington's rural health care system
 - Uses of Funds:
 - Expand existing remote care service and provider mentorship/education offered through Project ECHO (i.e. University of Washington (UW) School of Medicine's Project ECHO program offers a multidisciplinary tele-monitoring and education platform for Washington clinicians)
 - Create a provider technology fund for AI, telehealth, remote monitoring, and analytics.
 - Outcomes: Improved specialty care access, increased AI and analytics adoption to support operations, reduce administrative burden, and expand close-looped referrals, expanded use of telehealth, expanded use of wearables and other consumer-facing technologies
 - Estimated Funding: \$19–22 million/year.
- 5. Develop Washington's Rural Workforce to Support Rural Communities**
- Purpose: Strengthen the rural health workforce, focusing on key health roles such as nurses, primary care providers, maternity care providers (including midwives and doulas), dental hygienists, long-term care workers, and community-based care professionals
 - Uses of Funds:
 - Support Washington, Wyoming, Alaska, Montana, and Idaho regional collaborative (WWAMI) Rural Family Residency Network
 - Support WSU rural practitioner training programs and expand the rural nursing pathway program (i.e. medical assistants and other professionals can continue their clinical roles while remotely studying for a bachelor's in nursing)
 - Expand Rural Nursing Education Program (RNEP)
 - Fund grow-your-own training programs to expand rural programs (including hybrid dental hygiene, pharmacy, Advanced Practice Nurse, community paramedicine, and midwifery), rural workforce incentive programs, and health career exploration programs for middle and high school students
 - Outcomes:

- More rural residencies training physicians,
 - Expand nursing education
 - Increase health career exposure for middle and high school students
 - increase provider incentives
 - Increase LTCW availability with skills and competencies to serve individuals with special long-term care needs
 - Increase ability of older adults and individuals with disabilities to receive care in their communities by reducing service wait times, staff turnover and increasing worker competence in serving those with complex needs
 - Estimated Funding: \$33–35 million/year
- 6. Expand and Sustain Washington’s Rural Behavioral Health System**
- Purpose: Invest in workforce development, payment reform (including the Certified Community Behavioral Health Clinic (CCBHC) model), expansion of mobile crisis and non-emergency transportation, and investment in telehealth
 - Uses of Funds:
 - Expand mobile crisis supports and EMS opioid response
 - Support transition of behavioral health clinics to the Certified Community Behavioral Health Clinic (CCBHC) model
 - Improve school-based behavioral health services
 - Fund rural opioid treatment provider recruitment and retention through a workforce incentive program
 - Outcomes: Increase access to mobile crisis units and stabilization units, Improve behavioral health follow-up after ED visits for mental health of SUD treatment, Transition at least two BH clinics to the CCBHC payment model, Expand school-based behavioral health care services
 - Estimated Funding: \$24 million/year.

Legislative and Regulatory Commitments

- ▶ **Nutrition in CME:** The state has no current requirements that CME include nutrition as a component but is exploring regulatory steps to incorporate nutrition into CME requirements in future years.
- ▶ **Licensure Compacts:** While Washington does not currently participate in the EMS Compact, the state recognizes that compacts improve provider mobility and patient access to critical services. The state will continue to explore participation in additional compacts in future years.

Other Resources

- ▶ [WA RHTP Governor’s Endorsement](#)
- ▶ [WA RHTP Letter of Intent](#)
- ▶ [Webinar Slide Deck – October 27, 2025](#)
- ▶ [Webinar Slide Deck – September 25, 2025](#)
- ▶ [Public Engagement One-Pager – September 24, 2025](#)
- ▶ [WA RHTP Slide Deck – August 29, 2025](#)
- ▶ [WA RHTP Overview – August 8, 2025](#)

WEST VIRGINIA

Lead Agency:	West Virginia Department of Health and Human Services
RHTP Website:	N/A
Email:	N/A
Project Summary:	N/A
Project Narrative:	N/A
Budget Narrative:	N/A

Summary of Application

As of December 1, 2025, West Virginia has not posted their RHTP application materials. The following information was summarized based on other public information.

The West Virginia Rural Health Transformation (WV RHT) Program is led by the West Virginia Department of Health and Human Services under the direction of Governor Morrissey. The program's high-level goal is to make health the foundation of economic strength in rural West Virginia, building a healthy workforce and a self-reliant economy through innovation, prevention, and partnership. The plan aims to address foundational health barriers, modernize care delivery and payment systems, and position West Virginia as a national hub for rural health innovation through seven flagship initiatives.

Key RHTP Initiatives

1. Connected Care Grid

- Purpose: Build infrastructure for on-demand virtual and in-person care access
- Uses of Funds:
 - Expand telehealth, remote monitoring, and mobile care access points across numerous healthcare provider types
 - Equip hospitals, clinics, and community hubs ("hubs and spokes") with technology and broadband
 - Launch a scheduling and referral platform.
 - Build an integrated data system for real-time analytics and care coordination
 - Support EMS community paramedicine and treatment-in-place programs
- Outcomes: Improved access to care, reduced unnecessary emergency visits, better care coordination.
- Estimated Funding: None listed in publicly available materials currently.

2. Rural Health Link

- Purpose: Provide transportation solutions to connect West Virginians to care
- Uses of Funds: Develop a unified health-mobility platform integrating NEMT, public transit, and community ride programs, Fund vehicle and driver grants to expand transit capacity, Coordinate with EMS and hospitals for efficient, data-driven transportation.
- Outcomes: Reduced missed appointments, improved health outcomes through reliable transportation.
- Estimated Funding: None listed in publicly available materials currently.

3. Mountain State Care Force

- Purpose: Recruit, train, and retain the rural healthcare workforce
- Uses of Funds:
 - Early outreach and educational programs for healthcare careers
 - Expand rural residencies, fellowships, and training sites
 - Offer incentives and "return-to-home" scholarships for rural clinicians
 - Support preceptor and faculty positions at colleges
 - Launch apprenticeships and entry-level healthcare jobs through the Learn and Earn model and community colleges

- Coordinate workforce recruitment with providers, universities, and workforce programs
 - Outcomes: Increased rural healthcare workforce, improved recruitment and retention, expanded training capacity.
 - Estimated Funding: None listed in publicly available materials currently.
- 4. Smart Care Catalyst – Pillar 1 & Pillar 2**
- Purpose:
 - *Pillar 1:* Modernize rural healthcare through technology and administrative efficiency
 - *Pillar 2:* Transition to value-based payment models
 - Uses of Funds:
 - *Pillar 1:* Provide technology and productivity grants to small hospitals and clinics, Create shared-service collaboratives for group purchasing and efficiency, Partner to reduce administrative burden and improve stability
 - *Pillar 2:* Co-create and incentivize standard value-based payment models, Support rural providers in adopting value-based care.
 - Outcomes:
 - *Pillar 1:* Modernized facilities, reduced costs, improved provider stability.
 - *Pillar 2:* Aligned incentives for quality and sustainability, improved financial viability for rural providers.
 - Estimated Funding: None listed in publicly available materials currently.
- 5. Health to Prosperity Pipeline**
- Purpose: Help West Virginians rebuild health, rejoin the workforce, and thrive in their communities
 - Uses of Funds:
 - Expand health-to-work and recovery-to-work programs
 - Partner with employers and workforce boards for on-site wellness and prevention
 - Offer incentives for transitioning people off Medicaid or into commercial coverage
 - Track employment, retention, and health outcomes
 - Outcomes: Increased workforce participation, improved health and economic outcomes
 - Estimated Funding: None listed in publicly available materials currently.
- 6. Personal Health Accelerator**
- Purpose: Empower healthy living through food, movement, and partnerships
 - Uses of Funds:
 - Scale food-as-medicine, physical activity, and caregiver-support programs
 - Integrate nutrition, lifestyle, and prevention data into care workflows
 - Expand maternal, youth, eldercare, and chronic disease prevention programs
 - Partner with schools, employers, and local organizations for community health
 - Outcomes: Improved population health, reduced chronic disease, enhanced prevention
 - Estimated Funding: None listed in publicly available materials currently.
- 7. HealthTech Appalachia**
- Purpose: Incubate and scale innovative health technologies to improve healthcare delivery and increase economic growth
 - Uses of Funds:
 - Establish innovation funds for breakthrough health technologies
 - Operate a statewide accelerator for AI, digital health, and consumer tools
 - Focus on technologies addressing chronic disease, SUD, maternal health, and rural needs
 - Partner with universities, venture firms, payors, and providers

- Outcomes: New health technology solutions, economic growth, and a sustainable rural innovation ecosystem.
- Estimated Funding: None listed in publicly available materials currently.

Legislative and Regulatory Commitments

No publicly available information.

Other Resources

- ▶ [Governor Morrisey Announces Transformational Opportunity to Improve Rural Healthcare Outcomes and Increase Standard of Living | WV Office of the Governor Patrick Morrisey](#)
- ▶ [WA RHTP Initiative Summaries](#)
- ▶ [WA RHTP Summary](#)

WISCONSIN

Lead Agency:	Wisconsin Department of Health Services – Office of Grants Management
RHTP Website:	WI RHTP Website
Email:	N/A
Project Summary:	WI RHTP Project Summary
Project Narrative:	WI RHTP Project Narrative
Budget Narrative:	N/A

Summary of Application

The Wisconsin RHTP submission is led by the Wisconsin Department of Health Services (DHS), as directed by Governor Tony Evers. The high-level goal is to ensure that all rural Wisconsinites have access to high-quality, timely health care, regardless of geography. The proposal seeks to transform rural health care by investing \$1 billion over five years in rural capacity, sustainability, and innovation. The plan is structured around three major initiatives: strengthening the rural health care workforce, driving rural technology and innovation, and transforming rural care through partnerships.

Key RHTP Initiatives

1. Rural Talent Recruitment and Retention

- Purpose: Address provider shortages by training, recruiting, and retaining health care workers in rural areas, and integrating community health workers (CHWs) into care teams
- Uses of Funds:
 - *Rural Workforce Grants:*
 - Competitive grants for regions/communities to develop solutions to workforce challenges, including integrating CHWs, care coordinators, peer support
 - Strengthening partnerships between health care and other sectors,
 - Addressing recruitment/retention barriers (e.g., childcare, housing, transportation)
 - *Community Health Worker Integration:*
 - Expand CHW workforce through a pilot program for services (such as patient outreach and enrollment, patient navigation, chronic disease management, etc.)
 - Partner with training programs to ensure adherence to core competency requirements
 - Commission a study to measure the effectiveness and efficiency of CHW integration
 - Medicaid coverage for CHW services
 - *Workforce Readiness:*
 - Investments in education (Area Health Education Centers (AHEC), Department of Public Instruction (DPI), University of Wisconsin System (UW), Wisconsin Technical College System (WTCS), Marquette University School of Dentistry, Medical College of Wisconsin (MCW)) to build career pathways from middle school to medical school
 - Investments in clinical training and simulation labs as part of higher education
 - Rural residencies in high-demand fields
- Outcomes:
 - Expand the rural health workforce through long-lasting training programs
 - Sustain CHW integration and support workforce retention

- Strengthen behavioral health capacity and provider support
- Measurable targets (for a more detailed list, see page 55 in the full narrative): new programs (residencies, clinical rotations, CTE programs, etc.), students trained, CHWs deployed, and improved provider retention
- Estimated Funding: \$337 million total
 - Rural Workforce Grants - \$150M
 - Community Health Worker Integration - \$60M
 - Workforce Readiness - \$127M

2. Interoperability Infrastructure and Modernization

- Purpose: Connect rural communities and providers through technology, improve digital infrastructure, and enhance service navigation
- Uses of Funds:
 - *Facility Technology Transformation:*
 - Formula-based allocations to rural facilities for IT upgrades, telehealth, interoperability, cybersecurity, and group purchasing. At least 15% allocated to hospitals
 - Competitive grants for dental clinics to adopt efficient cleaning technologies and expand services for Medicaid beneficiaries.
 - Rural Health Care Collaborative: Digital collaborative to transform how providers interact with each other and with patients
 - *Public Navigation Transformation:*
 - Investments in community and health information exchanges (CIE/HIE)
 - Create a unified state platform for service and resource navigation
 - Digital upgrades for the Farm Center and veterans' telehealth
 - Strengthen mental health resources in the Farmer Wellness Program
 - Offer technical assistance and technology training to Veterans
- Outcomes:
 - Improve digital infrastructure and provider efficiency
 - Expand participation in rural health and wellness programs
 - Enhance service access and navigation for rural residents
 - Enhance provider efficiency and wellbeing
 - Measurable targets (for a more detailed list, see page 56 in the full narrative): providers enrolled in the Rural Health Care Collaborative, facilities adopting new tech, and improved chronic disease management
- Estimated Funding: \$329 million total
 - Facility Technology Transformation - \$300M
 - Public Navigation Transformation - \$29M

3. Population Health Infrastructure

- Purpose: Transform care delivery through partnerships, care coordination, and innovative models
- Uses of Funds:
 - *Care Coordination Grants*
 - Competitive grants for regional partnerships to improve access to preventive, primary, dental, and behavioral health services through team-based models
 - *Behavioral Health Innovations:*
 - Study and develop strategies for rural behavioral health
 - Transition toward CCBHC model
 - Modernize reporting processes for behavioral health to create reimbursement efficiencies

- Modernize the program participation system, an online system for Tribal Nations and Wisconsin counties to submit data on behavioral health services
 - Support youth mental health through the expansion of Sources of Strength, a best practice youth mental health promotion and suicide prevention program
- *Medicaid Reforms and Other Investments:*
 - Expand FIDE SNPs,
 - Modernize Medicaid payment for rural clinics – shifting from cost-based reimbursements to a prospective payment system
 - Upgrade eligibility systems
 - Fund public intervenor services
 - Allocate \$27.5M to Tribal Nations to implement three RHTP initiatives
- Outcomes:
 - Establish regional coordinated care networks
 - Improve health outcomes related to primary and behavioral health through better care coordination
 - Modernize behavioral health data and reporting
 - Achieve payment reform and financial stability for rural providers
 - Measurable targets (for a more detailed list, see page 57 in the full narrative): new or expanded care sites, improved health outcomes, expanded integrated care options, improved technology/HIE/data reporting
- Estimated Funding: \$278.5 million; Care Coordination Grants - \$230M
 - Behavioral Health Innovations - \$5M
 - Medicaid Reforms and Other Investments - \$43.5M

Legislative and Regulatory Commitments

- ▶ **FIDE SNPs:** Wisconsin will commit to expanding Fully Integrated Dual Eligible Special Needs (FIDE SNPs) to additional Wisconsin counties. In each program year, Wisconsin will increase the number of counties where FIDE SNPs are an option. By 2030, Wisconsin will double the number of counties with a FIDE SNP.

Other Resources

- ▶ [WI RHTP Governor's Endorsement](#)

WYOMING

Lead Agency:	Wyoming Department of Health
RHTP Website:	WY RHTP Website
Email:	N/A
Project Summary:	N/A
Project Narrative:	WY RHTP Project Narrative
Budget Narrative:	N/A

Summary of Application

The Wyoming Rural Health Transformation Program (RHTP) application is led by the Wyoming Department of Health, in partnership with the Governor's Office. The proposal is designed to address the health care priorities of Wyoming's rural communities, as identified through extensive public engagement (11 town hall meetings and a survey of over 1,300 residents). The high-level goals are: (1) increase sustainable access to right-sized and coordinated rural medical care, (2) build a durable workforce pipeline, (3) improve metabolic, cardiovascular, and behavioral health outcomes, and (4) use technology and payment models to improve chronic disease management and bring care closer to home.

Key RHTP Initiatives

1. Access to Emergency Medical Care

- **Purpose:** Ensure rural Wyomingites have reliable access to basic medical infrastructure including ambulances, emergency departments, and labor/delivery services
- **Uses of Funds:**
 - Incentives for Critical Access Hospitals to focus on essential services
 - Regionalization grants for EMS providers (i.e. small ambulance providers) to transform their operations to be more efficient and effective
 - Creation of the "BearCare," a public major medical plan for affordable emergency coverage
- **Outcomes:**
 - Increase CAH-B conversions by 4 within 2 years
 - Improve % of EMS response times under 9 minutes to 60% within 2 years
 - Consolidate 5 smaller EMS agencies within 2 years
 - Lower BearCare premiums to less than \$200 within 2 years
- **Estimated Funding:** \$96M per year (48% of total)

2. Rural Workforce Supply

- **Purpose:** Grow the supply of nurses, physicians, behavioral health clinicians, and EMS personnel
- **Uses of Funds:**
 - Individual education support awards (with 5-year service commitments) for four clinical pipelines
 - Grants for educational institutions to expand training capacity
 - New post-graduate medical education slots
 - Policy actions to expand scope of practice and licensure compacts
- **Outcomes:**
 - Increase annual graduates with service obligations
 - Increase of new annual Family Medicine physicians by 3 within 3 years
 - Increase of new annual RNs graduating with to 50 within 2 years
 - Increase of new annual behavioral health clinicians to 25 within 2 years
 - Improve primary care provider-to-population ratio to 340 within 3 years
- **Estimated Funding:** \$50.3M (25.1%)

3. Health Technology Transformation

- Purpose: Leverage technology to improve care delivery, chronic disease management, and operational efficiency
 - Uses of Funds:
 - Counties offering home dialysis to improve care delivery closer to home, build interoperability across providers, and cut wasteful administrative activity
 - Procure a centralized tele-specialty hub that could schedule and deliver consults to various provider types around the State
 - Create an integrated non-emergency coordination platform
 - Centralized billing capacity for EMS
 - Outcomes:
 - Increase number of counties offering home dialysis (through a hospital or other provider) to 4 within 3 years
 - Increase county jails and law enforcement agencies participating in telepsych and crisis stabilization services to 7 within 1 year
 - Increase number of hospitals adopting common technology platforms for backend functions to 5 within 2 years
 - Increase number of EMS agencies using centralized billing to 10 within 2 years
 - Estimated Funding: \$20.5M (10.3%)
- 4. Make Wyoming Healthy Again**
- Purpose: Improve metabolic, behavioral, and cardiovascular health through integrated care and lifestyle interventions
 - Uses of Funds:
 - Expansion of Federally Qualified Health Centers (FQHCs)
 - Improve clinically-integrated care coordination for chronic disease for dual Medicare/Medicaid eligibles
 - Exercise and healthy diet promotion (including partnerships with nonprofits and state agencies)
 - Outcomes:
 - Reduce obesity rates by county to 30% within 4 years
 - Increase FQHCs with integrated behavioral health on-site
 - Improve chronic disease management metrics (average difference in ED visits per 100,000 MM and average difference in Medicare allowable PMPM costs) for duals eligibles
 - Estimated Funding: \$31.6M (15.8%)

Legislative and Regulatory Commitments

- ▶ **Presidential Fitness Test:** The Wyoming State Superintendent of Public Instruction has committed to implementing this in its primary and secondary schools. If successful, this should help increase fitness levels and thus metabolic and cardiovascular health in children
- ▶ **SNAP Waiver:** Wyoming has committed to submitting a SNAP Healthy Choice Waiver. If successfully implemented, the federal government will cease subsidizing unhealthy food choices for lower-income Wyoming residents, which should decrease the incidence of metabolic disease.
- ▶ **Nutrition CME:** The Department of Health will commit to raising this issue with the Board of Medicine, and possibly with the Legislature during the interim, after the 2026 Budget Session.⁵⁴ Successful implementation of this initiative should help providers and patients discuss healthier diet options.

Other Resources

- ▶ [Rural Health Transformation Fund Overview Webinar Slides](#)