

JANUARY 2026

# Rural Health Transformation Program Awards

**State-by-State Summary of Year 1**



# Executive Summary

The Rural Health Transformation (RHT) Program is a landmark \$50 billion federal initiative designed to stabilize rural health systems, expand access to care, modernize infrastructure, and ensure long-term sustainability. **This document summarizes each state's planned RHT initiatives and is informed by [abstracts published by CMS](#).**

We have included 12 states whose RHT plans were not publicly available when we issued our summary of state applications in November (Delaware, Florida, Hawaii, Illinois, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, New Jersey, New York, and Oklahoma). Our November summary quantified planned investments in a set of key focus areas and summed 5-year total fund requests based on proposed initiative budgets; this summary highlights the initiatives described in states' applications.



## State Awards

On December 29, 2025, CMS [announced](#) FY2026 RHT Program awards to all 50 states that applied, launching the first year of this 5-year cooperative-agreement program. The table below lists the confirmed first-year award amounts by state, ordered from largest to smallest. These amounts may vary year over year throughout the program based on each state's achievements against its plan targets.

First-year state awards average \$200M and range from ~\$147 million (low) in New Jersey to ~\$281 million (high) in Texas. Funding is calculated in two parts each year: (1) 50% "baseline" funding split evenly across approved states, and (2) 50% "workload/merit" funding allocated based on a mix of state rurality and rural health system metrics, alignment of current or proposed state policy actions with administration-prioritized "Make America Healthy Again" objectives, and the expected scale and impact of the initiatives in the state's RHT plan. States were directed to include total budgeted amounts in their applications using an assumption of \$200M per year, but a few states specified unique budgets, such as Georgia, which sought over \$1.4 billion. Request amounts are included with each state summary.

States that received the highest levels of awards—including Texas, Alaska, California, Montana, and Oklahoma—share a common strategy: stabilize rural systems while building the infrastructure to modernize care—especially telehealth, interoperability/HIE, EHR upgrades, and cybersecurity—so providers can coordinate care and manage populations more effectively. Across those states with highest funding, plans heavily emphasize workforce pipeline and retention, technical assistance and shared-service networks (often hub-and-spoke or regional collaboratives) to help small rural providers participate in value-based models and reduce avoidable utilization through prevention and chronic disease strategies. In addition, these states have high-end estimated scores for rural health care infrastructure and rural population size, according to the University of North Carolina at Chapel Hill.<sup>1</sup>

State	Year-1 Award
Texas	\$281,319,361
Alaska	\$272,174,856
California	\$233,639,308
Montana	\$233,509,359
Oklahoma	\$223,476,949
Kansas	\$221,898,008
Georgia	\$218,862,170
Nebraska	\$218,529,075
Missouri	\$216,276,818
North Carolina	\$213,008,356
Kentucky	\$212,905,591
New York	\$212,058,208
New Mexico	\$211,484,741
Florida	\$209,938,195
Iowa	\$209,040,064
Arkansas	\$208,779,396
Louisiana	\$208,374,448
Indiana	\$206,927,897
Tennessee	\$206,888,882
Mississippi	\$205,907,220

<sup>1</sup> [Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Rural Health Transformation Program: Rural facility and population score estimates by state. October 24, 2025.](#)

State	Year-1 Award
Wyoming	\$205,004,743
New Hampshire	\$204,016,550
Wisconsin	\$203,670,005
Alabama	\$203,404,327
Ohio	\$202,030,262
Colorado	\$200,105,604
South Carolina	\$200,030,252
West Virginia	\$199,476,099
North Dakota	\$198,936,970
Oregon	\$197,271,578
Utah	\$195,743,566
Vermont	\$195,053,740
Illinois	\$193,418,216
Pennsylvania	\$193,294,054
Minnesota	\$193,090,618
Maine	\$190,008,051
Virginia	\$189,544,888
South Dakota	\$189,477,607
Hawaii	\$188,892,440
Idaho	\$185,974,368
Washington	\$181,257,515
Nevada	\$179,931,608
Michigan	\$173,128,201
Maryland	\$168,180,838
Arizona	\$166,988,956
Massachusetts	\$162,005,238
Delaware	\$157,394,964
Rhode Island	\$156,169,931
Connecticut	\$154,249,106
New Jersey	\$147,250,806

## Planned Investments

As directed by CMS through the [2025 application process](#) and previously discussed in our November summary, states addressed key goals by structuring their RHT plans with distinct initiatives. Most states envisioned four to seven initiatives, but some are outliers: Tennessee's RHT plan has 17 initiatives, and Delaware and Florida each have 15. Regardless of the number of initiatives, states generally organized their plans around a set of concepts:

**Technology and Data Modernization:** Nearly every state is prioritizing upgrades to electronic health records (EHRs), analytics platforms, health information exchange (HIE) connectivity, telehealth, remote monitoring, and cybersecurity. For example, Maine is planning a Rural AI Hub to drive analytics and innovation, Colorado plans to expand connectivity to better integrate rural providers, and California is proposing a Rural Technical Assistance Center to strengthen interoperability and shared services.

**Workforce Development:** Addressing workforce shortages is a universal priority. States plan to invest in training pipelines, residencies, apprenticeships, mobile simulation labs, and retention incentives. Alabama is launching a new School of Healthcare Sciences to anchor rural training, and Montana is expanding apprenticeship and micro-credential pathways tied to multi-year service commitments.

**Behavioral Health and SUD Treatment:** Expanding behavioral health and substance use disorder (SUD) capacity is central to many applications. Plans include expanding Certified Community Behavioral Health Clinic (CCBHC) networks, integrating behavioral health services with primary care, and scaling tele-behavioral health and crisis response services. Connecticut is planning an expansion of school-based behavioral health services, for example, and Minnesota is incorporating EMS into regional behavioral health pathways.

**EMS and Mobile Care Innovation:** Many states are reimagining emergency medical services (EMS) as a mobile care platform. For example, Georgia is piloting a Treat-vs-Transport telehealth model for non-emergent 911 calls, and Montana's plan includes a treat-in-place/no transfer policy when clinically appropriate. Kansas seeks to introduce Mobile Integrated Health pilots to support access to chronic disease and behavioral health services.

**Primary Care Access and FQHC Networks:** Hub-and-spoke networks, mobile units, chronic disease programs, and maternal health services anchored in FQHCs and rural clinics are included in many proposals. For example, California plans to build regional care collaboratives linking rural hospitals and FQHCs, while Colorado is looking to expand chronic disease and food-as-medicine networks.

**Facility Modernization and System Stabilization:** States are proposing facility upgrades, financial stabilization supports, and service realignment to meet evolving rural needs. Some states intend to offer facility restructuring incentive payments. Massachusetts intends to launch a Facility Modernization and Re-Use initiative for hospitals, clinics, and long-term care sites.

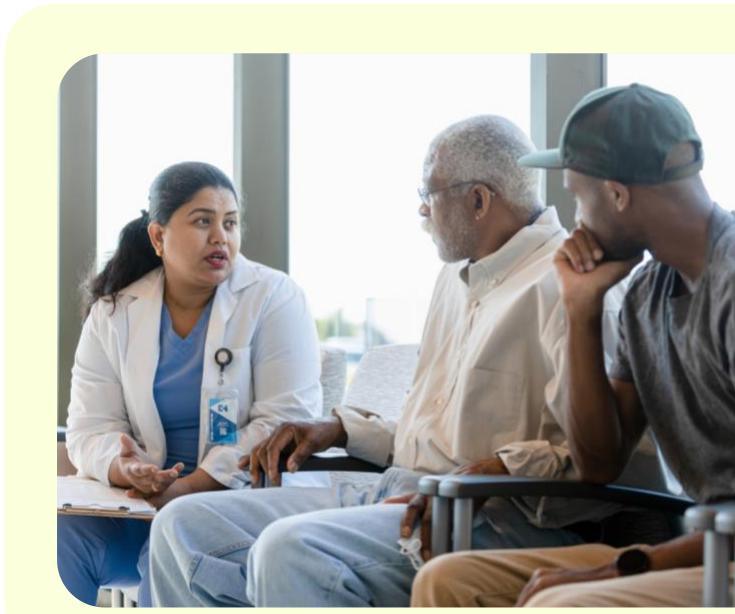
**Governance, Sub-Awarding, and Sustainability:** States envision multi-agency governance structures, regional collaboratives, and advisory bodies with strong rural representation. For example, Georgia's GREAT Health Advisory Council and Idaho's regional transformation networks are leading these efforts. Implementation will involve substantial RFPs, RFAs, grants, and vendor procurements, with sub-awards often directed to rural hospitals, FQHCs, EMS agencies, behavioral health providers, Tribal partners, and technology vendors.

**Sustainability Plans:** States are focused on integrating new models into Medicaid reimbursement and value-based care (including AHEAD-aligned approaches in Connecticut, Georgia, and Hawaii), building shared-service platforms for IT, analytics, and workforce, making targeted capital investments to reduce long-term operating costs, and establishing robust data and reporting infrastructure for ongoing monitoring and performance management.

### Critical Considerations about Reporting Requirements

It will be critical to establish reporting and monitoring processes now to meet program requirements and maintain funding year to year (Program Years 2-5) as these funds are dependent on states' progress against its goals and targets. CMS is operating the RHT Program as a cooperative agreement, using required reporting to monitor compliance, track progress against workplans, and inform future-year funding levels based on performance. States must submit quarterly and annual progress reporting, and an annual non-competing continuation (NCC) package that updates budgets and documents performance against goals.

CMS will assign project officers and expect states to refine/align metrics and milestones with CMS during implementation as needed. States will be able to adjust timelines and budgets, but they are not expected to add or remove initiatives. Funds are intended to be spent within a two-year period —FY award year plus the following FY)—with unused amounts subject to redistribution. CMS will deliver support through technical assistance, regular communications, webinars/materials, and ongoing guidance.

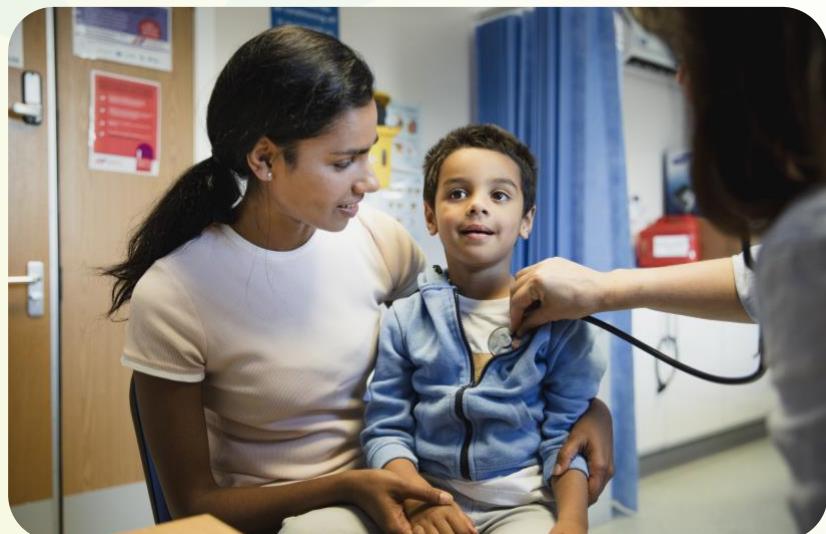


# Turn RHT Funding into Lasting Impact: How Sellers Dorsey Can Help

Sellers Dorsey understands that building sustainable rural health systems depends on readiness, compliance, and the ability to demonstrate measurable results. We partner with states and providers to deliver expert consulting and technology-driven solutions that support operational readiness and long-term sustainability, including:

- Refining partner strategies and building out program design
- Building value KPIs that help operationalize and prioritize targeted investments
- Demonstrating ROI through ongoing reporting and value analysis
- Iterating on programs as results are being monitored

Ready to make an impact? [Connect with our team today.](#)



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# Alabama

## Alabama Rural Health Transformation Program (ARHTP)

### **Program Year 1 Award: \$203,404,327**

**Exceeded** average annual requested amount by \$3,404,327

*Total Request: \$1 billion*

### **Program Structure**

ARHTP is housed in Alabama Department of Economic and Community Affairs (ADECA), Federal Initiatives and Recreation (FIR) Division. Led by the FIR Division Chief as Project Director. Entities selected through a Request for Proposal (RFP) under procurement rules; applicants must demonstrate compliance, sustainability, and milestones.

## **Program Initiatives**

### **Collaborative EHR, IT, and Cybersecurity Initiative**

Establishes regional IT and cybersecurity hubs to support rural providers with EHR integration, interoperability, and shared services. Focuses on modernizing aging systems, reducing costs, and strengthening security while allowing providers to remain independent.

### **Rural Health Initiative**

Expands access to specialty and emergent care through a network of telehealth hubs linking EMS, hospitals, and other facilities to regional referral centers. Emphasizes services such as tele-stroke, tele-behavioral health, and remote patient monitoring to reduce unnecessary transfers.

### **Maternal and Fetal Health Initiative – Obstetric Digital Regionalization Initiative**

Connects rural facilities to regional maternal-fetal hubs using digital maternity platforms and telerobotic ultrasound to improve access for high-risk pregnancies. Expands emergency L&D carts for stabilization where L&D units are not available.

### **Rural Workforce Initiative**

Develops and expands rural training, recruitment, and retention pipelines for multiple disciplines (e.g., physicians, nurses, EMS, midwives, dental). Includes rural GME expansion and incentives to practice in rural communities.

### **Cancer Digital Regionalization Initiative – Prevention, Screening, and Treatment**

Builds regional hubs and mobile screening capacity to expand prevention and early detection in rural areas. Aims to improve access to screening and follow-up pathways through coordinated regional networks.

### **Simulation Training Initiative**

Expands specialty-focused simulation training programs to strengthen rural clinical competency and readiness. Supports treating more patients locally and reducing transfers by improving provider skills and confidence.

### **Statewide EMS Trauma and Stroke Initiative**

Enhances statewide diversion/routing systems so EMS can direct trauma, stroke, and other critical patients to appropriate facilities. Strengthens emergency response coordination and regional capacity.

### **EMS Treat-In-Place Initiative**

Enables EMS to treat certain low-acuity patients on-site with telehealth/teleconsult support rather than transporting to emergency departments. Seeks to reduce ED burden, improve EMS availability, and create a sustainable model for non-transport care.

### **Mental Health Initiative**

Expands behavioral health access through school-based tele-mental health and conversion of Community Mental Health Centers (CMHCs) to Certified Community Behavioral Health Clinics (CCBHCs). Emphasizes integrated, comprehensive mental health and SUD services.

### **Community Medicine Initiative**

Provides mobile, community-based preventive services such as health screenings, navigation to appropriate care, food access support (e.g., mobile groceries/pantries), and health education. Focuses on improving health literacy, healthy lifestyle behaviors, and upstream prevention.

### **Rural Health Practice Initiative**

Establishes or expands networked rural health clinics that integrate physical and behavioral health, emphasize preventive care and chronic disease management, and support telehealth/RPM. Also supports school-based dental and health clinics through partnerships with K-12 institutions.

## **STATE RHT PLAN INFORMATION**

<https://www.alabamapublichealth.gov/ruralhealth/>

# Alaska

## Alaska's Rural Health Transformation Program

### **Program Year 1 Award: \$272,174,856**

**Exceeded** average annual requested amount by \$72,174,856

*Total Request: \$1 billion*

### **Program Structure**

Program is managed within the State of Alaska Department of Health. Subaward recipients will be selected via competitive grant/procurement processes, with technical assistance to help eligible applicants.

## **Program Initiatives**

### **Healthy Beginnings**

Strengthens maternal and child health in rural/frontier Alaska with telehealth-enabled care, remote fetal monitoring, and regional referrals. Modernizes maternity spaces and staffing; expands home visiting and youth wellness supports.

### **Health Care Access**

Expands integrated primary, behavioral, oral, specialty, urgent, and emergency services close to home via telehealth, mobile teams, and facility upgrades. Builds supports for seniors and people with IDD; strengthens Traditional Healing and EMS.

### **Healthy Communities**

Invests in preventive and primary care for early chronic disease management with consumer digital tools and population health infrastructure. Funds mobile units, wellness centers, regional planning, and essential home modifications.

### **Pay for Value: Fiscal Sustainability**

Transitions rural providers from volume-based reimbursement to value-driven models with shared services, analytics, and team-based care. Designs alternative payment methods; offers TA and transitional planning grants.

### **Strengthen Workforce**

Builds resilient rural pipelines—high school-to-career, certifications, reskill/upskill, rotations, residencies. Implements recruitment/retention with structured incentives and wraparound housing and child care; expands scope where appropriate.

### **Spark Technology & Infrastructure**

Harnesses digital health, wearables, telehealth, appropriate AI and cybersecurity; upgrades EHR/HIE interoperability and remote monitoring. Pilots emerging modalities (drones, kiosks); launches technology and infrastructure catalyst funds.

## **STATE RHT PLAN INFORMATION**

<https://health.alaska.gov/en/education/obba-ak-impacts/>

# Arizona

## Arizona's Rural Health Transformation Program

### **Program Year 1 Award: \$166,988,956**

**Below** average annual requested amount by \$33,011,044

*Total Request: \$1 billion*

### **Program Structure**

Program is housed in the Office of Economic Opportunity (OEO) and led by an OEO program lead. Grants are administered by Arizona Health Care Cost Containment System (AHCCCS) and Arizona Department of Health Services (ADHS). Entities are selected for sub-awards via Requests for Grant Applications (RFGA), Requests for Proposals (RFP), Intergovernmental Agreements (IGA), and cooperative agreements.

## **Program Initiatives**

### **Rural Health Workforce Development and Training Program**

Recruits, trains, and retains rural clinicians and allied professionals via rotations, residencies, educator expansion, micro-grants, incentives, and rural service commitments. Coordinates statewide planning strengthens pipelines and retention.

### **Priority Health Initiatives Grants Portfolio**

Funds targeted grants for behavioral health/SUD, chronic disease prevention/management, and maternal-fetal health; expands crisis services, naloxone, screenings, AIM bundles, OB simulation, and perinatal mental-health and clinical help lines.

### **Making Rural Healthcare Accessible**

Builds telehealth hubs, remote monitoring, digital infrastructure, and care coordination; pilots mobile/satellite service expansion and innovative/value-based models to reduce geographic barriers and improve timely access to specialty care.

### **Making Rural Healthcare Resilient**

Strengthens shared-service networks and co-located hubs; upgrades EHR/HIE, cybersecurity, and back-office efficiency; deploys provider liaisons to streamline admin and credentialing; preserves essential services at financially vulnerable facilities.

## **STATE RHT PLAN INFORMATION**

<https://azgovernor.gov/office-arizona-governor/news/2025/11/governor-katie-hobbs-submits-state-application-federal-rural>

# Arkansas

## Arkansas Rural Health Transformation Program

### **Program Year 1 Award: \$208,779,396**

**Exceeded** average annual requested amount by \$8,779,396

*Total Request: \$1 billion*

### **Program Structure**

Based in the Department of Finance and Administration (DFA). Sub-award recipients are selected via competitive subgrants, expert review by the Department of Finance and Administration (DFA), Department of Human Services (DHS), and Arkansas Department of Health (ADH), and a Secretaries' selection panel.

## **Program Initiatives**

### **Healthy Eating, Active Recreation, & Transformation (HEART)**

Coordinates school, community, faith, and provider efforts to improve nutrition, activity, and prevention. Includes GROW Kids, FARM, MOVE, FAITH, HEAL, and IMPACT to expand screenings, food-as-medicine, fitness access and chronic disease management.

### **Promoting Access, Coordination, and Transformation (PACT)**

Expands specialty, preventive, and telehealth services; builds locally driven clinically integrated networks; aligns transport and workforce; elevates scope of practice; and supports strategic facility partnerships to deliver timely, coordinated rural care.

### **Recruitment, Innovation, Skills, and Education for Arkansas (RISE AR)**

Builds a durable rural workforce via leadership academy, expanded rotations/residencies, recruitment/retention incentives, and continuing education pathways so providers can practice at top of license and stay in rural communities.

### **Telehealth, Health-monitoring, and Response Innovation for Vital Expansion (THRIVE)**

Modernizes EMS and trauma systems, launches remote patient monitoring, expands telehealth hubs and specialty consults, and funds connectivity, cybersecurity and interoperable health IT to bring high-quality care closer to home.

## **STATE RHT PLAN INFORMATION**

<https://governor.arkansas.gov/arkansas-rural-health-transformation-program-application/>

# California

## California Rural Health Transformation Program

### **Program Year 1 Award: \$233,639,308**

**Exceeded** average annual requested amount by \$33,639,308

*Total Request: \$1 billion*

### **Program Structure**

Housed at the California Department of Health Care Access & Information (HCAI). The Rural Health Policy Council (RHPC) will advise and review progress. Regional hub-and-spoke care collaboratives anchored by hospital hubs, with shared levels of care, transfer protocols, telehealth, e-Consults, workforce expansion, and technology modernization to deliver timely care close to home.

## **Program Initiatives**

### **Transformative Care Model**

Establishes hub-and-spoke networks anchored by rural hospitals to expand specialty access and care coordination. Deploys telehealth, e-Consults, OB Nest, and targeted transformation payments plus gap assessments to incubate workforce, technology, and payment solutions.

### **Workforce Development**

Builds a statewide workforce mapping and planning tool; strengthens training pathways and clinical placements; grows CHWs, nurses, doulas, and midwives; funds pipeline programs and retention/relocation incentives to keep providers practicing in rural communities.

### **Technology & Tools**

Modernizes infrastructure with EHR/HIE enhancements and cybersecurity; funds provider grants for telehealth, e-Consults, screening, and population health systems; operates a Rural Technical Assistance Center; expands shared purchasing and remote patient self-monitoring.

### **STATE RHT PLAN INFORMATION**

<https://hcai.ca.gov/workforce/health-workforce/california-state-office-of-rural-health/>

# Colorado

## Colorado Rural Health Transformation Program

### **Program Year 1 Award: \$200,105,604**

**Exceeded** average annual requested amount by \$105,604

*Total Request: \$1 billion*

### **Program Structure**

Program is managed within the Colorado Department of Health Care Policy and Financing (HCPF) Special Financing Division and led by the Program Director. A Rural Health Transformation Advisory Committee guides policy and RFPs; a Grant Financial Vendor manages competitive solicitations and agreements. Funds are awarded via competitive procurement/RFPs overseen by the Advisory Committee; the Grant Financial Vendor solicits applicants, sets up agreements, pays invoices, and tracks compliance.

## **Program Initiatives**

### **Transforming Rural Care: Hospitals and Chronic Disease Prevention**

Seeds prevention (diabetes, hypertension, obesity) and care coordination; equips hospitals, Rural Health Clinics (RHCs), and Local Public Health Agencies (LPHAs) with training, consumer tech, and referral links to community programs.

### **Build Data and Evaluation Infrastructure for Chronic Disease Programs**

Creates integrated dashboards linking Medicaid, Health Information Exchange (HIE), and Colorado Social Health Information Exchange (COSHIE); standardizes reporting and evaluation to track reach, outcomes, and return on investment.

### **Build and Connect Colorado's Rural Health Networks**

Funds regional health networks and shared data tools to connect hospitals, clinics, Tribal partners, and community organizations, enabling coordinated services, joint staffing, and resilient rural systems.

### **Strengthen Rural Care Delivery Systems**

Expands Emergency Medical Services (EMS) coverage and coordination; supports clinically integrated networks, shared dispatch, care transition protocols, and integration of behavioral health to deliver timely, sustainable care.

### **Sustain Rural Hospital Operations and Regulatory Readiness**

Provides targeted technical assistance and small-scale operational upgrades so rural hospitals can maintain essential services, modernize operations, and prepare for value-based care participation.

### **Strengthen and Expand the Rural Health Workforce**

Supports credentialing, cross-training and continuing education for local Health Workers, pharmacists, clinicians and others serving Health Professional Shortage Areas (HPSAs) to improve prevention and chronic care.

### **Expand Clinical Capacity to Perform Preventive Care**

Trains rural clinicians in advanced preventive procedures (e.g., screenings), develops curricula with academic partners, and offers scholarships to increase local capacity to deliver preventive care.

### **Strengthen State and Local Health Coordination**

Establishes interagency leadership teams linking HCPF and Colorado Department of Public Health and Environment (CDPHE) with rural partners to align workforce, prevention, and reporting.

### **Design and Pilot Rural Value-Based Care Model(s)**

Designs, pilots and scales Alternative Payment Models (APMs) such as shared savings/bundles; aligns with Accountable Care Collaborative (ACC) and Clinically Integrated Networks (CIN) to reward prevention and coordination.

### **Expand Rural Telehealth and Technology Integration**

Provides telehealth equipment, remote patient monitoring (RPM), cybersecurity training, and Community Analytics Platform (CAP) dashboards to expand technology-enabled prevention and care delivery.

## **STATE RHT PLAN INFORMATION**

<https://hcpf.colorado.gov/rural-health-transformation-program>

# CONNECTICUT

# Connecticut

## Connecticut Rural Health Transformation Program

### **Program Year 1 Award: \$154,249,106**

**Below** average annual requested amount by \$45,750,894

*Total Request: \$1 billion*

### **Program Structure**

Housed in the Connecticut Department of Social Services (DSS). Led by a Durational Project Manager (Project Director) heading the Division of Rural Health Transformation, with an Assistant Project Director. Anchored in the CMS AHEAD model, advancing value-based care and system sustainability. Entities selected via competitive Request for Proposal (RFP) or sub-grant per state/federal rules.

## **Program Initiatives**

### **Population Health Outcomes**

Expands prevention, primary, dental, and behavioral care; launches Mobile Clinic Pilot; extends Family Bridge nurse home visiting; and adapts ACCESS Mental Health for adults and Autism Spectrum Disorder (ASD). Focus on chronic disease management and ED diversion.

### **Workforce**

Builds rural pipelines and retention: Rural Provider Incentives; salary supplements for non-licensed staff; Rural Residency grants; formalized Certified Nurse Aide (CNA) and Medication Administration training; support for interstate licensure compacts.

### **Data and Technology**

Modernizes systems: Health Information Exchange (HIE, Connie) expansion; Integrated Care Network (ICN); predictive analytics platform; shared telehealth infrastructure; statewide bed capacity tracking; AI-enabled Remote Patient Monitoring (RPM) and consumer tools.

### **Care Transformation and Stability**

Strengthens rural provider sustainability: hospital transformation/right-sizing; 23-hour Crisis Stabilization Units; Mobile Integrated Health (MIH) pilot; Program of All-Inclusive Care for the Elderly (PACE) hub; care coordination and Value-Based Payment (VBP) models.

### **STATE RHT PLAN INFORMATION**

<https://www.ruralhealthct.org/>

# Delaware

## Delaware Rural Health Transformation Program

### **Program Year 1 Award: \$157,394,964**

**Below** average annual requested amount by \$42,605,036

*Total Request: \$1 billion*

#### **Program Structure:**

Program is led by the Delaware Department of Health and Social Services (DHSS), Division of Public Health (DPH); the Director of DPH is the primary contact, supporting the DHSS Secretary and Governor's office. Leverages relationships with Delaware Health Information Network (DHIN; Health Information Exchange, HIE), and partnerships with Federally Qualified Health Centers (FQHCs), health systems, schools, and libraries. DHSS will competitively procure a program administration/evaluation vendor, and initiatives select awardees via competitive procurement.

### **Program Initiatives**

#### **Rural 'Hope Center' Initiative**

Establishes two county-based centers providing non-congregate housing plus onsite primary care, behavioral health, social services, and closed-loop referrals for rural unhoused residents.

#### **Rural Community Health Hubs**

Deploys mobile units in high-need rural areas to deliver preventive care, chronic disease management, behavioral health and specialty services; connect to Electronic Medical Record (EMR) and DHIN HIE.

#### **School-Based Health Centers Expansion Initiative**

Adds four School-Based Health Centers (SBHCs) in rural elementary/middle schools with interdisciplinary teams providing screenings, chronic care, mental health counseling, and referrals coordinated with a medical home.

#### **Food is Medicine Infrastructure Initiative**

Builds payment pathways, tech tools, and workforce; certifies Culinary Medicine teachers; runs a 375-participant pilot to integrate medically tailored nutrition, tele-nutrition, and remote monitoring into rural care.

#### **Rural Libraries Health Access Initiative**

Expands services and hours at nine rural libraries to support telehealth visits, benefits enrollment, navigation, health literacy, and wellness programming via trained specialists.

#### **Rural Provider & FQHC Value-Based Care Readiness Initiative**

Funds technology upgrades, care-team expansion, and payer collaboration so rural providers and Federally Qualified Health Centers (FQHCs) adopt Value-Based Payment (VBP) models and deliver integrated, tech-enabled care.

### **Catalyst Fund for Telehealth & Remote Monitoring**

Competitive fund for vendors to develop and deploy consumer-facing remote monitoring and digital health tools for rural residents, integrated with hub-and-spoke telehealth models.

### **Rural Delaware Diabetes Wellness Pilot Program**

Three-year pilot: Continuous Glucose Monitoring (CGM) plus intensive care management for 500 rural patients, with analytics, alerts, and virtual engagement to improve HbA1c.

### **Delaware Medical School (Primary Care – Rural Health Track)**

Establishes Delaware's first medical school track focused on rural primary care; renovates facilities, procures partner institution, recruits faculty, and links to rural Graduate Medical Education (GME).

### **Medical School Rural Workforce Development Program**

Educational awards for medical students who train in Delaware and commit to five years of rural practice; enforceable contracts and selection via the Delaware Health Care Commission (DHCC).

### **Rural Medical Residency Recruitment Program**

Housing (up to six months) and relocation awards for residents who train and commit to rural Delaware; streamlined application and binding five-year service agreements.

### **Training Programs for Clinical Support Roles in Rural Areas**

Competitive grants to expand training for physician assistants, nurses, midwives, paramedics, dental professionals, community health workers (CHWs), and other clinical support roles.

### **Rural Health Workforce Education Program**

Education awards to students in accredited programs across critical roles, tied to five-year rural service commitments; coordinated with residency and housing supports.

### **Healthcare Workforce Data Center Initiative**

Established a data center to track supply, demand, distribution, and gaps; create dashboards and a provider registry to guide policy and rural workforce planning.

### **Statewide Health IT Infrastructure for Prior Authorizations**

Build statewide, standards-based infrastructure via DHIN/SMART Health Network (SHN) to speed insurance verification and prior authorizations, reduce denials, and support telehealth.

## **STATE RHT PLAN INFORMATION**

<https://news.delaware.gov/2025/11/12/governor-meyer-announces-generational-plan-to-overhaul-rural-healthcare-in-delaware/>

# Florida

## Florida Rural Health Transformation Program

**Program Year 1 Award: \$209,938,195**

**Exceeded** average annual requested amount by \$9,938,195

*Total Request: \$1 billion*

### Program Structure

Led by a Project Director within the Agency for Health Care Administration's (AHCA) Rural Health Program Office. A Governance Committee (Secretary, Chief of Staff, Deputies) oversees the office. Funds awarded via competitive RFA to regional collaboratives and subrecipients.

## Program Initiatives

### Rural and Satellite Clinics

Start-up support for new rural or satellite sites offering primary, dental, OB/GYN, behavioral health, and chronic care. Integrates Electronic Health Records (EHR) and Encounter Notification Service (ENS) for continuity and follow-up.

### Mobile Health

Deploys scheduled mobile units for prevention, screening, prenatal, and rehab services. Links with hospitals, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and County Health Departments (CHDs) using secure EHR connections.

### Community Paramedicine

Community paramedics and licensed clinicians provide in-home post-discharge support and minor illness care within scope. Uses telehealth and Event Notification System (ENS) to coordinate with hospitals and primary care teams.

### Behavioral Health Telehealth & Telehub Psychiatry

Regional hubs offer same day telepsychiatry, therapy, and Collaborative Care Model support. Uses standardized tools (PHQ9, GAD7, EPDS) and EHR integration for measurement-based care and timely interventions.

### Tele-Specialties & Imaging (Virtual Specialty Clinics)

Hosts virtual specialty clinics (cardiology, pulmonology, endocrinology, oncology, neurology). Cloud imaging and Picture Archiving and Communication System (PACS) accelerate diagnostics and feedback for local teams.

### Tele-Intensive Care Unit (eICU)

Connects rural hospitals to 24/7 remote critical care teams for monitoring, early intervention, and reduced transfers. Integrates alerts and order sets within hospital EHRs; supports virtual nursing and medication management.

### **Hub and Spoke Telestroke**

Links EDs to on-call stroke neurologists via real-time video. Transmits computed tomography (CT) images; standard protocols guide thrombolysis decisions and transfer vs. observation to deliver evidence-based stroke care locally.

### **Workforce Development (Clinical Training Investment Opportunity, CTIO)**

Funds supervised rotations, preceptorships, housing assistance and allied-health pathways. Participants commit to five-year rural service; tracks placement, retention and practice duration with statewide dashboards.

### **Health and Lifestyle**

Screens for food insecurity; provides brief nutrition counseling and referrals to local programs. Supports continuing medical education (CME) for clinicians and school partnerships to promote fitness and nutrition education.

### **Remote Patient Telemonitoring (RPTM)**

Provides cellular-enabled devices (BP cuffs, glucometers, scales, oximeters) and Artificial Intelligence (AI) triage. Teams act on alerts to improve chronic-disease control and prevent emergency visits and hospitalizations.

### **Value Based Purchasing (VBP) & Patient Centered Medical Home (PCMH)**

Transitions rural providers to performance-based payment models (education, shared savings, shared risk) and supports Patient-Centered Medical Home accreditation to enhance coordination and sustainability.

### **Retail Clinic Services**

Supports rural pharmacies to offer protocol-based nonemergency visits and telehealth kiosks. Connects pharmacy systems to local EHRs; aims to expand same-day access and reduce nonurgent ED utilization.

### **Florida Health Information Exchange / Encounter Notification Service (HIE/ENS) Onboarding**

Funds onboarding, interfaces and training for real-time admit, discharge and transfer alerts. Uses HL7 and Fast Healthcare Interoperability Resources (FHIR) standards to improve coordination and reduce readmissions.

### **Diagnostics Technology Support**

Equips rural providers with cloud-based PACS and secure data exchange to speed labs and imaging. Integrates with Electronic Health Records (EHRs); supports cybersecurity, training, and interoperability testing.

### **Integrated Medicare-Medicaid Plans Education & Outreach:**

Funds outreach, counseling, and stakeholder training to increase enrollment of dual-eligible residents in integrated plans that simplify access, reduce duplication, and improve coordination in rural areas.

## **STATE RHT PLAN INFORMATION**

<https://ahca.myflorida.com/rural-health-transformation-program>

# Georgia

Georgia Rural Enhancement And Transformation of Health (GREAT Health)

**Program Year 1 Award: \$218,862,170**

**Below** average annual requested amount by \$66,693,566

*Total Request: \$1.4 billion*

## Program Structure

The Georgia Department of Community Health (DCH) houses GREAT Health. Anchored in the CMS AHEAD model, advancing value-based care and system sustainability. The Medicaid Director serves as principal investigator and program lead; a Rural Health Manager (RHM) oversees policy/implementation. Entities are selected via competitive grants and Requests for Grant Applications (RFGA).

## Program Initiatives

### Transforming for a Sustainable Health System in Rural Georgia

Prepares hospitals, Rural Health Clinics (RHCs), and Federally Qualified Health Centers (FQHCs) for Achieving Healthcare Efficiency through Accountable Design (AHEAD) with readiness assessments, technical assistance, and quality/payment reforms to move to value-based care.

### Strengthening the Continuum of Care in Rural Georgia

Wraparound strategies across life stages and settings: expand behavioral health; enhance emergency response and inter-hospital transport; strengthen newborn screening; support acquired brain injury; add nutrition eligibility; Autism Spectrum Disorder (ASD) provider training.

### Connecting to Care to Improve Healthcare Access in Rural Georgia

Expands access via mobile clinics, telehealth point-of-care pods, specialty teleconsults, provider-to-provider psychiatry (pediatric, perinatal), obstetric emergency carts and safety bundles, plus a Rural Stabilization Grant track aligned to access and value-based goals.

### Growing a Highly Skilled Healthcare Workforce in Rural Georgia

Builds rural pipelines: Graduate Medical Education (GME) expansion/incentives, Emergency Medical Services (EMS) scholarships, Area Health Education Centers (AHEC) engagement, tele-mentoring via Extension for Community Healthcare Outcomes (ECHO), and nursing faculty/training support.

### Leveraging Technology for Healthcare Innovations in Rural Georgia

Invests in cybersecurity, Electronic Medical Record (EMR) upgrades, consumer engagement tech, eligibility system streamlining, EMS Treat-versus-Transport telehealth, robotic surgery for retention, and ARCHER (Advancing Access to Robust Care and Health in Rural Georgia) Tech Catalyst Fund.

## **STATE RHT PLAN INFORMATION**

<https://dch.georgia.gov/great-health-program-georgias-rural-health-transformation-program>

# Hawaii

## Hawaii Rural Health Transformation Plan

**Total Award: \$188,892,440**

**Below** average annual requested amount by \$11,107,560

*Total Request: \$1 billion*

### Program Structure

Led by an RHTP Oversight Team and housed within the State of Hawaii (CMS cooperative agreement). Initiative leads will be sub-awarded to State agencies and the University of Hawaii. Funds awarded via competitive subawards/cooperative agreements to initiative leads and partners.

## Program Initiatives

### Rural Health Information Network (RHIN)

A statewide digital backbone linking rural hospitals, clinics, and health centers via interoperable Electronic Health Records (EHRs), wireless networks, and integrated data hubs to enable secure data sharing and coordinated care.

### Pili Ola Telehealth Network

A statewide telehealth network connecting rural communities to providers and integrating digital health access, virtual care, and telehealth training to expand timely specialty and primary care.

### Rural Infrastructure for Care Access (RICA)

Expands Emergency Medical Services (EMS), implements evidence-based community care (healthcare team expansion, community paramedicine, mobile healthcare), and strengthens behavioral health infrastructure across rural areas.

### Hawaii Outreach for Medical Education in Rural Under-resourced Neighborhoods (HOME RUN)

Builds workforce pipelines through certificates, residencies, scholarships, and mentoring to recruit, train, and retain healthcare workers serving rural communities statewide.

### Rural Respite Network (RRN)

Expands the medical respite model in rural areas to reduce preventable hospital use among unhoused or post-acute patients with low medical acuity through short-term, supported care settings.

### Rural Value-Based Innovation (RVBI) & Achieving Healthcare Efficiency through Accountable Design (AHEAD) Readiness Fund

Competitive fund enabling rural providers to adopt innovative care models and succeed under CMS's AHEAD model by financing local value-based innovations and readiness activities.

## **STATE RHT PLAN INFORMATION**

<https://www.cms.gov/files/document/rht-program-state-provided-abstracts.pdf>

# Idaho

## Idaho Rural Health Transformation Program

### **Program Year 1 Award: \$185,974,368**

**Below** average annual requested amount by \$14,025,632

*Total Request: \$1 billion*

### **Program Structure**

Housed at Idaho Department of Health and Welfare (IDHW). A time-limited RHTP team reports through the IDHW Director's Office; statewide oversight by the Governor's RHTP Task Force. Entities selected via Idaho procurement and subaward criteria.

## **Program Initiatives**

### **Improving rural access to care through technology**

Builds the technology backbone: telehealth expansion, interoperability and Electronic Health Record (EHR) upgrades, consumer digital health, cybersecurity, Health Alert Network (HAN), Next Generation 911, data analytics, and Artificial Intelligence (AI) tools.

### **Ensuring accessible quality care through innovative models**

Deploys diagnostic kiosks, telehealth pods, pharmacy access, remote monitoring, and Health Extenders (community health workers, Community Health Emergency Medical Services (CHEMS), pharmacy allied professionals) plus Emergency Medical Services (EMS) stabilization.

### **Sustaining rural workforce with training, recruitment, and retention**

Implements ladder payments, recruitment/retention bonuses, scholarships (with 5-year rural service), "learn-in-place/grow-your-own" pathways, work-based learning, and Graduate Medical Education (GME) fellowships/residencies targeted to rural specialties.

### **Implement population-specific, evidence-based projects to Make America Healthy Again**

Expands chronic disease prevention/treatment (Diabetes Prevention Program (DPP), Diabetes Self-Management Education and Support (DSMES)), behavioral health (Pediatric Psychiatry Access Line (PPAL), mobile crisis/MAT), and maternal/perinatal quality initiatives.

### **Investing in rural health infrastructure and partnerships**

Funds facility renovations, pharmacy solutions and lockers, clinical equipment, mobile units and transport vehicles, safety-code compliance, and a 3.5% Tribal set-aside; formalizes Regional Rural Health Transformation Networks for shared services.

## **STATE RHT PLAN INFORMATION**

<https://healthandwelfare.idaho.gov/providers/rural-health-transformation-program-grant/about-rural-health-transformation-program-grant>

# Illinois

## Illinois Rural Health Transformation Program

### Program Year 1 Award: \$193,418,216

**Below** average annual requested amount by \$6,581,784

*Total Request: \$1 billion*

### Program Structure

The Illinois RHTP is managed within the state's Department of Healthcare and Family Services (HFS). The program has three pillars — Transforming Rural Healthcare Delivery, Overcoming Geographic Barriers to Care, and Building a Resilient Rural Workforce — each with targeted initiatives. *Note: Illinois released a summary slide presentation, not its full RHTP application.*

## Program Initiatives

### Regional Care Transformation

Funds regional partnerships of rural providers to right-size service lines, coordinate care, and test value-based payment models. Includes planning, staffing, Health Information Technology (HIT), and renovations, plus technical assistance and interoperability platform support.

### Community Care Infrastructure

Supports integrated models among primary care and Behavioral Health (BH), embedding roles such as Community Health Workers (CHWs), peers, and doulas. Provides technical assistance and learning collaboratives for transformation and quality management.

### Disease Prevention

Public-health improvement via collaboration with hospitals and local health departments (e.g., diabetes prevention, mental-health first aid, physical-activity programs) to strengthen prevention and community capacity.

### Expansion of Transportation

Invests in Emergency Medical Services (EMS) and mobile healthcare: vehicles, equipment, IT systems, and staffing for resource hospitals; deploys mobile clinics and mobile crisis care; supports innovative community-paramedicine models to remove access barriers.

### Technological Innovation for Virtual Care

Builds statewide telehealth platforms for specialty and emergency care; enables virtual consultation, training, and mentoring (e.g., ECHO); develops Health Information Technology (HIT) systems and telehealth hubs to coordinate care and reach home-bound patients.

### **Incentives for Clinicians and Non-Clinicians**

Offers targeted bonuses to attract and retain providers committing to rural service for 5+ years, prioritizing high-need roles (behavioral health, maternal care, critical specialties) and aligning with university and local provider partnerships.

### **Training & Recruitment for Non-Traditional Healthcare Workers**

Establishes local training for Community Health Workers (CHWs), doulas, and peer support professionals through partnerships with colleges, health systems, and community groups; includes retention supports to keep trainees in rural communities.

### **Rural Health Education Pipeline**

Expands pathways for rural high-school students into healthcare careers with shadowing, mentorship, and workshops via University of Illinois Chicago (UIC) Area Health Education Center (AHEC) Rockford; aligns with hospitals and schools for sustainability.

### **STATE RHT PLAN INFORMATION**

<https://hfs.illinois.gov/info/fedresctr/ruralhealthtp.html>

# Indiana

Growing Rural Opportunities for Well-being in Health (GROW)

**Program Year 1 Award: \$206,927,897**

**Exceeded** average annual requested amount by \$6,927,897

*Total Request: \$1 billion*

## Program Structure

Led by the RHTP Grant Director (Principal Investigator) within Health and Family Services (HFS). Program housed at HFS; overseen by Executive Oversight and State Steering Committees. Regional funds awarded via competitive RFA with committee scoring/oversight.

## Program Initiatives

### **Growing Care Coordination — Medical Operations Coordination Center (MOCC) & Alternate Payment Model Feasibility Study**

Establishes a 24/7 Medical Operations Coordination Center to speed transfers and appropriate care routing. Assesses Medicaid Accountable Care Organization (ACO) and bundled episodes. Integrates Emergency Medical Services (EMS), hospitals, and behavioral health.

### **Growing Community Connections through Indiana 211**

Activates an Electronic Medical Record (EMR) referral module and a coordinated network to enable clinicians and Community-Based Organizations (CBOs) to close social needs loops. Streamlines nonmedical referrals and follow-up via Indiana 211.

### **Growing Improved Patient Outcomes Through Enhanced Interoperability and Technology**

Connects ~450 rural entities to the Health Information Exchange (HIE). Modernizes the provider portal and explores Artificial Intelligence (AI) decision support. Assesses integrating nutrition incentives on Electronic Benefits Transfer (EBT) for Double Up Indiana.

### **Growing Pediatric & Obstetric Readiness in Rural Emergency Departments**

Raises readiness through Emergency Medical Services for Children (EMSC), Pediatric Readiness projects, and American College of Obstetricians and Gynecologists (ACOG) ED algorithms. Funds equipment, training, and life-cycle management for rural sites.

### **Growing Cardiometabolic Health Standards of Care in Rural Indiana**

Stands up regional cardiometabolic centers and a collaborative model. Delivers Lifestyle Medicine training and conducts a Food-is-Medicine logistics study to reduce obesity, diabetes, and hypertension via guideline-directed care and prevention.

### **Growing Access to Hospital Post-Discharge Medications**

Enables bedside dispensing at outpatient prices and builds EMR workflows so patients leave with medications in hand. Improves adherence. Lowers readmissions. Reduces Emergency Department (ED) use.

### **Growing Specialty Provider Access through Expanded Teleconsult Capabilities**

Creates secure provider-to-provider teleconsult networks (e.g., psychiatry, cardiology) with shelf-ready solutions. Addresses credentialing and incentives. Leverages AI to align specialty supply with demand and reduce transfers.

### **Growing Telehealth Access & Infrastructure**

Conducts a feasibility study and deploys unified telehealth systems (cellular-ready, AI-enabled) for virtual urgent care, remote monitoring, and prenatal/postpartum services. Provides technical assistance to support statewide rollout.

### **Growing our Rural Health Paraprofessional Workforce**

Funds Certified Community Health Worker (CCHW) training and upskilling. Launches a rural high-school Healthcare Academy plus stipends to build local pipelines for Community Health Workers (CHWs), Licensed Practical Nurses (LPNs), Emergency Medical Technicians (EMTs), and Certified Nursing Assistants (CNAs).

### **Growing Clinical Training & Readiness**

Enhances Graduate Medical Education (GME), physician rural stipends, and preceptor stipends. Requires one rural rotation (policy target) and creates a rural preceptorship database to expand rotations and retention.

### **Growing our Rural Behavioral Health Workforce**

Builds “grow-your-own” behavioral pathways with rural certificates, scholarships, internships, and Certified Peer Support Specialist (CPSP) training. Improves local hiring, placement, and retention in mental health and substance use care.

### **Make Rural Indiana Healthy Again — Regional Grants**

Provides \$604.2M in competitive regional grants across eight coalitions to expand access points, telehealth/teleconsult, cardiometabolic care, workforce, and technology upgrades. Uses a single unified regional application. Ensures rigorous review by the Executive Oversight and Steering Committee.

## **STATE RHT PLAN INFORMATION**

<https://www.in.gov/fssa/policiesinfoforms/indiana-rural-health-transformation-program-grant-application-working-group/>

# Iowa

## Healthy Hometowns

### Program Year 1 Award: \$209,040,064

**Exceeded** average annual requested amount by \$9,040,064

*Total Request: \$1 billion*

#### Program Structure

Led by the Principal Investigator (Chief Data Officer) within the Iowa Department of Health and Human Services (HHS). Funds awarded via competitive RFPs/grants with steering committee oversight.

### Program Initiatives

#### Hometown Connections

Statewide hub-and-spoke care via Centers of Excellence and Health Hubs. Provides start-up funds for service lines, telehealth, equipment, and workforce. Includes Best and Brightest for recruitment/retention. Connects to Health Information Exchange (HIE).

#### Combat Cancer: Prevent and Treat

Cancer hubs and spokes for local diagnostics/infusion and specialized care at hubs. Expands screening (FIT tests, radon mitigation, dermatoscopes), tele-oncology, and University partnership. Enables consumer tech and data sharing via HIE.

#### Communities of Care

Co-locates multiple providers in rural sites. Embeds Community Health Workers (CHWs) for navigation. Delivers prevention and chronic disease management with telehealth and shared tech. Evidence-based programs (DSMES, NDPP, SMBP, FIT).

#### Health Information Exchange Initiative

Sustains and expands statewide HIE. Onboards rural providers beyond hospitals. Enables longitudinal records, secures messaging, public health reporting, and dashboards to improve coordination and reduce duplicate testing.

#### EMS Community Care Mobile

Assesses EMS system. Deploys Mobile Integrated Health (MIH) for home/community care; equips maternal/neonatal transports with telehealth. Trains EMS clinicians. Integrates with hubs to reduce ED use and improve outcomes.

#### STATE RHT PLAN INFORMATION

<https://hhs.iowa.gov/initiatives/rural-health-transformation-rht#iowa-application>

# Kansas

## Kansas Rural Health Transformation

### **Program Year 1 Award: \$221,905,591**

**Exceeded** average annual requested amount by \$21,898,008

*Total Request: \$1 billion*

### **Program Structure**

Kansas Department of Health and Environment (KDHE) is the lead agency with its Secretary as Plan Director. An Interagency Task Force (KDHE, Kansas Department for Aging and Disability Services, Governor's Office) coordinates the state's RHT program. Entities selected via state procurement and competitive grants.

## **Program Initiatives**

### **Expand Primary and Secondary Prevention Programs**

Deploys Food is Medicine with Community Health Workers (CHWs). Brings consumer-facing technology. Expands behavioral health access. Integrates care for dual-eligibles, including the Program of All-Inclusive Care for the Elderly (PACE). Conducts mobile cancer screenings. Advances tribal clinic planning.

### **Secure Local Access to Primary Care**

Creates regional partnership grants. Funds Rural Emergency Hospital (REH) conversions and capital. Improves revenue via rate analysis and cycle support. Advances anchor hospitals. Pilots Mobile Integrated Health. Integrates rural primary care with public health.

### **Build a Sustainable Rural Health Workforce**

Expands the physician pipeline (Accreditation Council for Graduate Medical Education (ACGME) residencies, Kansas Bridging Plan). Provides education and allied-health training, including a mobile simulation lab. Strengthens recruitment and retention (nurse residencies, apprenticeships). Supports K-12 career exploration (Health Occupations Students of America (HOSA) chapters, Career and Technical Education (CTE) pathways).

### **Enable Value-Based Care**

Incentivizes evidence-based practices. Operates "shadow" Accountable Care Organization (ACO) readiness. Improves transportation (interfacility, crisis, nonemergency). Adds Medicaid provider incentives for care coordination and value-based participation.

### **Harness Data and Technology**

Implements remote patient monitoring. Deploys telehealth navigators. Strengthens data infrastructure (AllPayer Claims Database (APCD), Health Information Exchange (HIE)). Builds a diabetes data dock and a Certified Community Behavioral Health Clinic (CCBHC) data center. Vets and funds emerging technology and artificial intelligence (AI).

## **STATE RHT PLAN INFORMATION**

<https://www.kdhe.ks.gov/2361/Rural-Health-Transformation-Program>

# Kentucky

## Kentucky Rural Health Transformation Plan

### **Program Year 1 Award: \$212,905,008**

**Exceeded** average annual requested amount by \$12,905,591

*Total Request: \$1 billion*

### **Program Structure**

Housed in the Kentucky Department for Public Health under the Cabinet for Health and Family Services (CHFS). Led by the Commonwealth (specific lead position not specified in the abstract made available by CMS). Funds will be allocated to subrecipients to implement initiatives. Selection approach is not defined in the abstract.

## **Program Initiatives**

### **Rural Community Hubs for Chronic Care Innovation**

Reduce obesity and diabetes through evidence-based, community-led strategies focused on upstream prevention; activate local hubs to coordinate chronic care, education, and supportive services.

### **PoWERing Maternal and Infant Health, Community-Based Teams**

Increase timely perinatal care in maternity care deserts with coordinated, telehealth-enabled teams linking rural providers to higher levels of care and supports.

### **Rapid Response to Recovery, EmPATH Model, Mobile Crisis, and Telehealth**

Expand integrated, technology-enabled crisis care from community response through stabilization and long-term support, including mobile crisis and telehealth (EmPATH model name not expanded in the abstract).

### **Rooted in Health, Kentucky Rural Dental Access Program**

Improve rural access to preventive dental care and treatment through expanded training and mobile/portable services that bring care directly to communities.

### **From Crisis to Care, Integrated Emergency Medical Services (EMS) and Trauma Response**

Strengthen Emergency Medical Services (EMS) and trauma capacity, responsiveness, and coordination to ensure the right care, at the right time, in the right place for rural residents.

### **STATE RHT PLAN INFORMATION**

<https://www.cms.gov/files/document/rht-program-state-provided-abstracts.pdf>

# Louisiana

## Louisiana Rural Health Transformation Program (LA RHTP)

### **Program Year 1 Award: \$208,374,448**

**Exceeded** average annual requested amount by \$11,374,448

*Total Request: \$985 million*

### **Program Structure**

Led by the Secretary of the Louisiana Department of Health (LDH). Managed by the LDH team with Initiative Managers. Entities selected via expedited partnerships, competitive subgrants, and performance-based agreements.

## **Program Initiatives**

### **Strengthen Health and Emergency Systems through Workforce Expansion and Integration**

Expands rural workforce via grants, tax credits, and education partnerships; builds training pipelines; enhances emergency response with paramedicine and tele-EMS pilots. Improves access and continuity of care.

### **Modernize Technology Infrastructure and Capacity for Efficiency and Care Coordination**

Implements CMS-certified Electronic Health Records (EHR) for rural providers; launches Rural Tech Catalyst Fund (RTCF-LA); expands remote monitoring and digital literacy for care coordination.

### **Reinforce Innovative, Outcomes-Based Care Delivery in Rural Areas**

Pilots risk-sharing, value-based payment models and innovative care delivery (e.g., care navigation, mobile units, rural pharmacy access) for high-need populations.

### **Expand Physical Activity and Nutrition Interventions Through Community-Based Partnerships**

Launches food FARMacy programs and community fitness initiatives; partners with local farmers, schools, and health facilities to address food insecurity and promote healthy behaviors.

### **Strengthen Care Integration for High-Needs Populations Through Coordinated, Multi-Modal Models**

Develops regional care conveners, expands telehealth, integrates behavioral health and substance use treatment, and retrofits rural hospitals for Program of All-Inclusive Care for the Elderly (PACE).

### **Strengthen Access to Essential Health Services Through Capital Investments**

Funds capital improvements for rural health facilities via competitive grants, upgrading equipment and infrastructure to enable advanced, tech-enabled care and expand local service options.

## **STATE RHT PLAN INFORMATION**

<https://ldh.la.gov/page/rural-health-transformation-program>

# Maine

## Maine Rural Health Transformation Program

### **Program Year 1 Award: \$190,008,051**

**Below** average annual requested amount by \$9,991,949

*Total Request: \$1 billion*

### **Program Structure**

Program housed in the Maine Department of Health and Human Services (DHHS). Led by the RHTP Program Director under the DHHS Commissioner. Oversight performed by the RHTP Governance Committee. Funds awarded via procurements/RFAs and contracting per initiative.

## **Program Initiatives**

### **Population Health: Promoting timely access to high-quality care**

Expands mobile/co-located care (School-Based Health Centers), evidence-based practices, community paramedicine, Community Health Workers and peer supports, and targeted mental health/substance use disorder services to bring preventive and chronic care closer to rural Mainers.

### **Workforce: Strengthening Maine's rural health workforce**

Recruits and retains clinicians with five-year rural commitments; builds K-12 and adult training pipelines. Expands rural clinical rotations and preceptors. Deploys mobile simulation labs. Creates a data dashboard and pilots transportation solutions for workers.

### **Technology Innovation: Modernizing rural care delivery with digital health technology**

Expands telehealth (urgent care, youth/perinatal behavioral health, specialty consults), upgrades Electronic Medical Records and cybersecurity, enhances data exchange (Health Information Exchange/Community Information Exchange), supports remote patient monitoring, and launches AI solutions.

### **Access: Bridging the healthcare affordability gap for rural Mainers**

Provides uncompensated care payments (Year 1) and essential-benefit payments to uninsured (Years 2-5). Modernizes MaineCare provider enrollment. Coordinates transportation access. Improves CoverME.gov plan transparency tools to lower nonfinancial barriers to care.

### **Sustainable rural health ecosystems: Addressing financial instability of rural providers**

Stabilizes rural hospitals via tailored financial management and targeted investments. Funds regional planning and implementation. Develops multi-payer alternative payment models. Strengthens interfacility transport. Adds children's psychiatric residential treatment capacity.

## **STATE RHT PLAN INFORMATION**

<https://www.maine.gov/dhhs/ruralhealth>

# Maryland

## Maryland Rural Health Transformation Program

### **Program Year 1 Award: \$168,180,838**

**Below** average annual requested amount by \$31,819,162

*Total Request: \$1 billion*

### **Program Structure**

Led by the RHTP Project Director under the State Office of the Rural Health Director (SORH) within the Maryland Department of Health (MDH). Funds flow via Immediate Impact awards and competitive Transformation Funds (RFP/RFA) with review committees and RHTP Steering Committee oversight.

## **Program Initiatives**

### **Transform the Rural Health Workforce:**

Expands apprenticeships and Area Health Education Centers (AHECs); builds a Health Workforce Data Clearinghouse; funds Workforce Pipeline and Provider Training/Recruitment/Retention to grow clinicians and allied roles across rural Maryland.

### **Promote Sustainable Access and Innovative Care:**

Boosts primary/specialty capacity; improves local agency revenue; strengthens trauma response; expands School-Based Health Centers (SBHCs); advances Health Information Exchange (HIE)/CRISP tools; centralizes telehealth; funds mobile health and value-based care.

### **Empower Rural Marylanders to Eat for Health:**

Invests in post-harvest infrastructure; expands grocers/mobile markets; delivers nutrition education; coordinates food systems; funds aggregation hubs and institutional purchasing strategies to increase access to healthy local foods.

### **STATE RHT PLAN INFORMATION**

<https://health.maryland.gov/pophealth/Pages/Rural-Health-Transformation-Program.aspx>

## Massachusetts

### Massachusetts Rural Health Transformation Program

#### **Program Year 1 Award: \$162,005,238**

**Below** average annual requested amount by \$37,994,762

*Total Request: \$1 billion*

#### **Program Structure**

Led by the Director of Health Policy & Strategic Initiatives (Project Director) within the Executive Office of Health and Human Services (EOHHS). Guided by a Leadership Council and Governance Team. Entities selected via competitive procurements and grant awards.

### **Program Initiatives**

#### **Population Health Advancement**

Builds Chronic Disease Management (CDM) networks. Launches Rural Massachusetts (MA) Connect for closed-loop referrals. Pilots the Rural Innovation for Systems Change and Effectiveness (RISE) for youth placements. Extends Automated Adverse Event Monitoring (AAEM). Expands Remote Patient Monitoring (RPM), home visiting, and Hospital-at-Home. Incentivizes value-based payment models.

#### **Innovation in Rural Care Models**

Stands up mobile health units. Creates integrated specialty networks using Project ECHO and electronic consultations (eConsults). Expands telepharmacy, teledental, and telebehavioral health. Launches a digital health sandbox with the Massachusetts eHealth Institute (MeHI). Advances a maternal health continuum-of-care project and expands opioid treatment program sites.

#### **Training Healthcare for Retention, Innovation & Excellence (THRIVE)**

Recruits local talent. Expands the rural training network. Establishes Nurse Practitioner (NP) residencies. Creates housing pathways for staff. Funds field placement incentives. Deploys recruitment and retention plans. Builds a virtual training platform for continuing education.

#### **Healthy Rural Communities**

Stands up community-based chronic disease prevention programs. Expands Community-Based Organization (CBO) networks. Aligns Shared Service Arrangements (SSAs) with local public health. Targets supports for aging adults, people with disabilities, Indigenous residents, youth, and young families to increase impact for more vulnerable populations.

#### **Emergency Medical Services (EMS) Service Integration**

Supports Community Paramedicine models. Pilots reimbursement for non-transport, on-scene treatment, and population health activities. Develops prehospital protocols and medication-dosing mobile apps to aid rural Emergency Medical Services (EMS) operations and reduce errors.

### **Enhancing Technology Interoperability & Connectivity**

Expands Health Information Exchange (HIE) participation via a Technical Assistance (TA) hub. Links hospitals and EMS to ACORN occupancy and Central Medical Emergency Direction (CMED). Deploys local public health Electronic Health Records (EHRs) with billing. Funds cybersecurity and provides targeted Technical Assistance (TA) to rural providers.

### **Facility Modernization & Re-Use**

Provides capital upgrades for rural hospitals and primary care sites to expand services. Modernizes nursing facilities and creates specialized units for Behavioral Health (BH) and Substance Use Disorder (SUD). Improves safety, efficiency, and sustainability.

### **STATE RHT PLAN INFORMATION**

<https://www.mass.gov/doc/rural-health-transformation-program-application>

# Michigan

## Michigan Rural Health Transformation Program

### **Program Year 1 Award: \$173,128,201**

**Below** average annual requested amount by \$26,871,799

*Total Request: \$1 billion*

### **Program Structure**

Led by a Program Director at the Michigan Department of Health and Human Services (MDHHS). Guided by the Rural Health Transformation Advisory Council. Subaward recipients selected via competitive RFP/RFA processes with criteria on partnerships, feasibility, outcomes, and sustainability.

## **Program Initiatives**

### **Transforming Rural Health through Partnerships**

Creates community hubs and cross-sector coalitions. Integrates Community Health Workers (CHWs), Community Information Exchange (CIE) and Health Information Exchange (HIE). Funds chronic disease and healthy homes and collaborative care to expand coordinated, preventive services.

### **Workforce for Wellness**

Builds rural talent via High School-to-Health pipelines. Provides social work stipends/scholarships. Makes recruitment & retention grants. Delivers maternal health and Emergency Medical Services (EMS) training. Makes Community Paramedic (CP) & CHW certifications. Maintains a public rural health dashboard.

### **Interoperability in Action**

Establishes Rural Interoperability Advisory Council. Invests in electronic health records (EHRs) and secure telehealth/messaging. Runs data-integration pilots. Makes rural tech innovation grants. Maintains resource directories. Funds training and technical assistance to reduce administrative burden.

### **Care Closer to Home Blueprint**

Expands hub-and-spoke primary/behavioral care, transportation access (including Non-Emergency Medical Transportation, NEMT), healthy aging supports with Area Agencies on Aging (AAAs), Program of All-Inclusive Care for the Elderly (PACE) and home/community-based services.

### **STATE RHT PLAN INFORMATION**

<https://www.michigan.gov/mdhhs/assistance-programs/medicaid/rural-health-transformation-program>

# Minnesota

## Minnesota Rural Health Transformation Program

### **Program Year 1 Award: \$193,090,618**

**Below** average annual requested amount by \$6,909,382

*Total Request: \$1 billion*

### **Program Structure**

Led by a Rural Health Transformation (RHT) Program Director at the Minnesota Department of Health (MDH) and is governed by an interagency workgroup and advisory bodies. Subrecipients selected via MDH application and competitive grants; providers must submit plans and report to MDH.

## **Program Initiatives**

### **Community-Based Preventive Care and Chronic Disease Management**

Funds rural hospitals/clinics, Tribal health and Federally Qualified Health Centers (FQHCs) to expand screenings, remote self-management (e.g., Self-Measured Blood Pressure), referrals to nutrition/physical activity, and post-acute cardiac/stroke rehab.

### **Recruit & Retain Talent in Rural Communities**

Builds workforce via Scrubs Camps and Health Occupations Students of America (HOSA), earn-and-train apprenticeships, expanded rural rotations/residencies, Advanced Practice Provider (APP) fellowships, and a Technical Assistance Center for rural training.

### **Sustain Access to Services to Keep Care Closer to Home**

Creates community telehealth access points, mobile physical/oral health units, and integrates frontline roles (community health workers, community paramedics, doulas, peers) with technical assistance to establish sustainable models and billing.

### **Create Regional Care Models to Improve Whole Person Health**

Establishes provider-to-provider telehealth, pilots Emergency Medical Services (EMS) treatment-in-place, expands medications for opioid use disorder (MOUD), launches mental health urgent care and ECHO networks, and supports rural obstetrics readiness.

### **Invest in Technology, Infrastructure & Collaboration for Financial Viability**

Supports AI-enabled care coordination, data platforms, cybersecurity, revenue cycle tools, and a statewide integrated rural health data network to improve efficiency, value-based care readiness, and financial stability for rural providers.

## **STATE RHT PLAN INFORMATION**

<https://www.health.mn.gov/facilities/ruralhealth/ruraltrans.html>

# Mississippi

## Mississippi Rural Health Transformation Plan

### **Program Year 1 Award: \$205,907,220**

**Exceeded** average annual requested amount by \$5,907,220

*Total Request: \$1 billion*

### **Program Structure**

Mississippi issued a press release about the submission of its RHT program application, which contains six initiatives. The state did not publish its application.

## **Program Initiatives**

### **Statewide Rural Health Assessment**

Engages a third-party to conduct a comprehensive statewide assessment of rural healthcare needs, both today and looking forward ten years.

### **The Coordinated Regional Integrated Systems Initiative**

Transforms rural healthcare delivery across the state by creating a connected, data-driven network of emergency, clinical and community-based services.

### **The Workforce Expansion Initiative**

Strengthens 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.

### **The Health Technology Advancement and Modernization Initiative**

Modernizes rural healthcare systems by strengthening the digital backbone that supports high-quality, coordinated, and secure care.

### **The Telehealth Adoption and Provider Support Initiative**

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.

### **The Building Rural Infrastructure for Delivery, Growth and Efficiency Initiative**

Strengthens rural healthcare infrastructure by improving access to specialized care, closing care gaps, and supporting innovative pilot programs that enhance healthcare delivery and improve outcomes. Focuses on building physical, operational, and programmatic capacity to address unmet needs, improve care coordination and foster sustainable rural healthcare systems.

## **STATE RHT PLAN INFORMATION**

<https://governorreeves.ms.gov/governor-reeves-unveils-mississippi-s-rural-health-transformation-program-plan/>

# MISSOURI

## Transformation of Rural Community Health Care (ToRCH Care)

### **Program Year 1 Award: \$216,276,818**

**Exceeded** average annual requested amount by \$16,276,818

*Total Request: \$1 billion*

### **Program Structure**

Led by the State Director of the Rural Health Transformation Office (RHTO) within the Department of Social Services (DSS). Subaward recipients selected via RFPs/competitive procurement. Hubs receive flexible sub-awards. 30 local community hubs and 7 Regional Coordinating Networks at state/regional/local levels integrate physical, behavioral, and social services.

## **Program Initiatives**

### **Regional Coordinating Networks and Hub Activation**

Stands up 30 hubs linked by 7 Regional Coordinating Networks (RCNs) to convene hospitals, Federally Qualified Health Centers (FQHCs), Emergency Medical Services (EMS), and partners. Expands access with unified referral and data. Funds localized programs.

### **Alternative Payment Models**

Launches upside-only Alternative Payment Models (APMs) that reward outcomes and cost reductions. Aligns payers. Creates performance pools. Provides technical assistance and technology enablement to hubs and providers.

### **Digital Backbone**

Builds a Rural Health Data Collaborative using HL7 Fast Healthcare Interoperability Resources (FHIR) and U.S. Core Data for Interoperability (USCDI). Modernizes Electronic Health Records (EHRs). Integrates social referrals and Remote Patient Monitoring (RPM). Sets data and Artificial Intelligence (AI) governance.

### **Rural Health Workforce Programs**

Develops pipelines via Career and Technical Education (CTE), Certified Nurse-Midwife (CNM) and doula training, medical clerkships, coordinated Emergency Medical Services (EMS) investment, and retention supports such as childcare, housing, and teleconsult access.

### **Provider Transformation**

Invests in operational innovations including Remote Patient Monitoring (RPM), ambient Artificial Intelligence (AI), and technical assistance. Funds strategic renovations to preserve access, re-establish services, and enable transformative projects.

## **STATE RHT PLAN INFORMATION**

<https://mydss.mo.gov/mhd/rural-health>

# Montana

## Montana's Rural Health Transformation Plan

### **Program Year 1 Award: \$233,509,359**

**Exceeded** average annual requested amount by \$33,509,359

*Total Request: \$1 billion*

### **Program Structure**

Led by the Montana Department of Public Health and Human Services (DPHHS), with a Steering Committee chaired by the DPHHS Director. RHTP funds are deployed via opt-in incentives, provider agreements, and targeted grants guided by the Montana Rural Health Center of Excellence (CoE) and Stakeholder Advisory processes.

## **Program Initiatives**

### **Develop Workforce through Recruitment, Training, and Retention**

Expands apprenticeships, scholarships, rural residencies, and preceptor incentives, strengthens Area Health Education Centers (AHEC) tracks and 406 Jobs Initiative, provides supportive services and behavioral health training to recruit, upskill, and retain rural clinicians.

### **Ensure Rural Facility Sustainability & Access via Partnerships and Restructuring**

Stands up the Rural Health Center of Excellence (CoE) to data-guided right-size services; offers opt-in incentives, expands tele-specialty access, transport coordination, and shared services to stabilize hospitals and keep care local.

### **Launch Innovative Care Delivery & Payment Models**

Accelerates Medicaid value-based contracting, modernizes Emergency Medical Services (EMS) with community paramedicine and Treat and No Transport, enables pharmacist point-of-care testing/prescribing, funds ambulatory upgrades per CoE guidance.

### **Invest in Community Health & Preventive Infrastructure**

Expands school-based sites and mobile vans, funds critical repairs and crisis 'safe places', strengthens the tribal Community Health Aide Program (CHAP), supports healthy lifestyle projects to improve chronic disease control and youth well-being.

### **Deploy Modern Health Care Technologies to Guide Rural Interventions**

Builds statewide data tools (e.g., behavioral health bed registry) and population analytics, modernizes Electronic Health Records (EHRs) via community-connect hubs, enabling interoperability, telehealth, and consumer tools/remote monitoring.

## **STATE RHT PLAN INFORMATION**

<https://dphhs.mt.gov/RuralHealthTransformationProgramRFI>

# Nebraska

Make Nebraska Healthy Again

**Total Award: \$218,529,075**

**Exceeded** average annual requested amount by \$18,529,075

*Total Request: \$1 billion*

## Program Structure

Housed in the Nebraska Department of Health and Human Services (DHHS). Entities will be selected for sub-awards through Requests for Application (RFA) to partner with providers, agriculture, and community organizations.

## Program Initiatives

### Make Rural Nebraska Healthy Again through Food as Medicine

Establishes statewide infrastructure to improve access to whole foods via transformed school kitchens, regional food hubs with farmers/ranchers, and nutrition/fitness education to lower obesity risk across rural communities.

### Regionalized Rural Access and Navigation

Develops hub-and-spoke regional networks to ensure access to emergency response, maternal care, post-acute follow-up, preventive services, and local navigation so residents receive the right care closer to home.

### Rural Workforce Acceleration

Recruits, trains, and retains a resilient workforce through Nebraska's grow-local strategy, partnering with hospitals and colleges to expand pipelines and training for clinicians and allied health professionals serving rural areas.

### eHealth and Mobile

Implements mobile clinical units, oral health teams, technology-enhanced pharmacy services, and consumer-facing Remote Patient Monitoring (RPM) to extend timely care and disease management closer to home.

### Rural Emergency Behavioral Health

Creates a continuum for early intervention and emergency behavioral health and substance use services, strengthening rural capacity and coordinated response across the state.

### Assisted Living Facility (ALF) Special Needs Population Incentive Model

Supports providers with add-ons and modernization grants so Assisted Living Facilities (ALFs) can better serve residents with complex medical, physical, intellectual, and other high-acuity needs.

### **Nebraska Rural Health Technology Catalyst Fund and Partnership Initiative**

Invests in high-tech innovations that improve access, enhance disease management, and strengthen financial sustainability and workforce capacity for rural providers through shared solutions.

#### **STATE RHT PLAN INFORMATION**

<https://www.cms.gov/files/document/rht-program-state-provided-abstracts.pdf>

# Nevada

## Nevada Rural Health Transformation Project

### **Program Year 1 Award: \$179,931,608**

**Below** average annual requested amount by \$20,068,392

*Total Request: \$1 billion*

### **Program Structure**

Housed in Nevada Health Authority (NVHA) and overseen by an NVHA-led Rural Health Transformation Steering Committee. Lead position not specified in source. Entities selected via competitive state Requests for Proposals (RFPs).

## **Program Initiatives**

### **Rural Health Outcomes Accelerator**

Funds prevention-first primary and chronic care models, integrating Community Health Workers (CHWs), peer specialists, mobile care and telehealth to expand access to families across rural Nevada.

### **Rural Health System Flex Fund**

Stabilizes small rural hospitals with capital modernization, facility right-sizing, shared services, equipment upgrades, and emergency transport enhancements to sustain essential care.

### **Workforce Recruitment and Rural Access**

Recruits, trains, and retains rural clinicians via residencies, tuition incentives, long-term retention commitments, and partnerships with higher education and rural hospitals.

### **Rural Health Innovation and Technology Grants**

Invests in digital health, telehealth, cybersecurity, data sharing and interoperability, and pilots technology aligned with CMS Digital Health Ecosystem to bring care closer to home.

## **STATE RHT PLAN INFORMATION**

[https://nvha.nv.gov/Community/Rural\\_Health\\_Transformation/](https://nvha.nv.gov/Community/Rural_Health_Transformation/)

# New Hampshire

New Hampshire Rural Health Transformation: Granite Strong. Future Ready.

## **Program Year 1 Award: \$204,016,550**

**Exceeded** average annual requested amount by \$4,016,550

*Total Request: \$1 billion*

### **Program Structure**

Led by the Commissioner of the Department of Health and Human Services (DHHS). Housed in GO-NORTH (Governor's Office of New Opportunities & Rural Transformational Health). Subaward recipients selected via competitive processes, stakeholder input, and regional governance groups.

## **Program Initiatives**

### **Rural Population Health Initiative**

Invests in prevention-first care, community-based nursing, and care coordination. Expands access to primary, behavioral, and preventive care, supports chronic disease management, and launches digital health tools and school-based wellness programs.

### **Rural Healthcare Access Initiative**

Expands integrated behavioral health, primary care, and specialty services via telehealth. Establishes new Emergency Medical Services (EMS) units, improves perinatal care, and launches virtual-first primary care and care management for children with complex needs.

### **Rural Workforce Recruitment and Retention Initiative**

Strengthens rural workforce pipelines from high school to advanced degrees, expands clinical training, launches dental and family medicine residencies, and provides recruitment and retention awards, addressing barriers like childcare and transportation.

### **Rural Health Technology Initiative**

Modernizes digital health infrastructure, expands telehealth, implements interoperable Electronic Medical Records (EMRs), supports remote patient monitoring, and deploys Artificial Intelligence (AI) tools for analytics, care coordination, and patient engagement.

### **Rural Financial Solvency Initiative**

Develops Medicaid value-based payment (VBP) models, strengthens revenue cycle management, supports financial sustainability for rural providers, and invests in long-term care, crisis stabilization, and interfacility transport solutions.

## **STATE RHT PLAN INFORMATION**

<https://www.dhhs.nh.gov/programs-services/medicaid/rural-health-transformation-program>

# New Jersey

## New Jersey Rural Health Transformation

### Program Year 1 Award: \$147,250,806

**Below** average annual requested amount by \$52,749,194

*Total Request: \$1 billion*

#### Program Structure

Housed in NJ Medicaid's Division of Medical Assistance & Health Services (DMAHS) and led by the NJ RHT Core administrative team (role not specified). Selection via hybrid funding: directed awards plus competitive Requests for Applications (RFAs) with State Office of Rural Health (DOH). *Note: New Jersey published an "excerpt," not its complete application.*

### Program Initiatives

#### Workforce

Builds rural workforce: recruits/trains clinicians and non-clinical extenders (e.g., Community Health Workers, doulas, SUD peers). Adds reflective supervision to reduce burnout and retain staff serving rural communities.

#### Infrastructure

Targeted stability/capacity funding for Certified Community Behavioral Health Clinics (CCBHCs), Federally Qualified Health Centers (FQHCs), and hospitals, including University Hospital's statewide Emergency Medical Services (EMS) helicopter program.

#### RHT3 — Technology

Invests in telehealth, Remote Patient Monitoring (RPM), mobile care, and pilots via the Healthcare Innovation Engine to responsibly deploy digital tools and expand access outside brick-and-mortar sites for prevention and chronic care.

#### Prevention

Funds evidence-based preventive health through outreach, education, access, EMS operational improvements, and data modernization—strengthening community-based services and public health partners in rural New Jersey.

#### Chronic Disease

Improves chronic disease outcomes via integrated data systems and public dashboards; competitive grants to providers and community/faith groups for programs on healthy living, physical activity, nutrition, and better care coordination.

### STATE RHT PLAN INFORMATION

<https://www.nj.gov/health/fhs/primarycare/rural-health/>

# New Mexico

## New Mexico Rural Health Transformation Plan

**Program Year 1 Award: \$211,484,741**

**Exceeded** average annual requested amount by \$11,484,741

*Total Request: \$1 billion*

### Program Structure

Housed in New Mexico Health Care Authority (HCA); led by HCA program leadership (role not specified). Entities selected via competitive Requests for Proposals (RFPs) and subawards—95% of funds distributed via HCA procurement with advisory oversight.

## Program Initiatives

### Healthy Horizons

Expands specialty & maternal care networks; strengthens prevention and chronic disease management; integrates Behavioral Health (BH) with primary care; adds e-consults and tele-enabled Emergency Medical Services (EMS).

### Rooted in NM

Builds rural workforce: K-12 health pathways, residencies, paid apprenticeships, mentorship and preceptor development; five-year service commitments with housing and retention supports across frontier and tribal regions.

### Rural Health Innovation Fund

Competitive fund for locally designed models. Supports provider IT, telehealth and robotics pilots, care coordination, and procurement. Standardized application and Technical Assistance (TA) for Federally Qualified Health Centers (FQHCs), hospitals and clinics.

### Bridge to Resilience

Technical Assistance (TA) and sustainability center helping subrecipients design solvency plans, braid funding, adopt value-based care, and improve Emergency Medical Services (EMS) coordination and disaster readiness.

### Rural Health Data Hub

Statewide hub integrating Medicaid, Health Information Exchange (HIE) and referral data; deploys predictive analytics, cybersecurity upgrades, and shared dashboards to drive quality, equity, and rural performance monitoring.

### Sustainability & Innovation Center

Establishes a Rural Health Sustainability & Innovation Center (RHSIC) to provide TA post-grant, align Medicaid and value-based payment (VBP), and support continuous improvement across rural and tribal systems.

## **STATE RHT PLAN INFORMATION**

<https://www.hca.nm.gov/rural-health-transformation-program/>

# New York

## New York State Rural Health Transformation Plan

### **Program Year 1 Award: \$212,058,208**

**Exceeded** average annual requested amount by \$12,058,208

*Total Request: \$1 billion*

### **Program Structure**

Led by the New York State Department of Health (DOH) Entities are selected via collaboration with rural hospitals, clinics, and community organizations, with input from local leaders and community members. *Note: New York released a summary, not its full RHTP application.*

## **Program Initiatives**

### **Rural Community Health Integration**

Establishes rural health partnerships to facilitate comprehensive care coordination and enhance patient access to a wide range of providers, addressing both health and social needs.

### **Strengthening Rural Communities with Technology-Enhanced Primary Care**

Improves rural patient access to and utilization of high-quality primary care through technology, supporting better outcomes and more efficient care delivery.

### **Rural Roots: Building a Sustainable Rural Health Care Workforce**

Creates a self-sustaining workforce development cycle to address immediate staffing needs and long-term capacity, ensuring continuous access to high-quality health care in rural communities.

### **Investments in Technology Innovation and Cybersecurity Enhancements**

Expands access to care through telehealth, improves outcomes via eConsult partnerships, increases usable alerts in rural counties, and strengthens cybersecurity for rural facilities.

## **STATE RHT PLAN INFORMATION**

[https://health.ny.gov/facilities/transforming\\_rural\\_healthcare/?source=email](https://health.ny.gov/facilities/transforming_rural_healthcare/?source=email)

# North Carolina

North Carolina Rural Health Transformation Program (NCRHTP)

**Program Year 1 Award: \$213,008,356**

**Exceeded** average annual requested amount by \$13,008,356

*Total Request: \$1 billion*

## Program Structure

Housed in the North Carolina Department of Health and Human Services (NCDHHS), the Office of Rural Health is led by a Project Director with a cross-divisional Steering Committee. Entities selected via competitive Requests for Proposals (RFPs) for NC ROOTS Hubs and standardized applications (e.g., RHIF).

## Program Initiatives

### Establish NC ROOTS Hubs

Creates North Carolina Rural Organizations Orchestrating Transformation for Sustainability (NC ROOTS) hubs—six locally governed networks that coordinate medical, behavioral, and social services. Tailors projects to regional needs. Manages outcomes, payments, and reporting.

### Expanded Primary Care, Prevention & Chronic Disease

Scales access to perinatal care, diabetes and hypertension programs, tobacco cessation, cancer screening, and Food is Medicine. Hubs align partners, embed referrals and Electronic Health Record (EHR) workflows, and connect families to fresh produce and nutrition education.

### Behavioral Health & Substance Use Integration

Expands Certified Community Behavioral Health Clinics (CCBHCs). Adds rural crisis centers, Mobile Outreach Response Engagement and Stabilization (MORES), school-based health centers, mobile opioid treatment units, and Emergency Medical Services (EMS)-initiated Medication Assisted Treatment (MAT).

### Rural Workforce & Care Team Models

Launches regional training hubs, new residencies and fellowships, simulation labs, and preceptor development. Expands Qualified Professional certifications, Social Work Rural Scholars, and a Community Doula plus Community Health Worker (CHW) program with a five-year service commitment.

### Fiscal Sustainability via Value-Based Payment

Builds rural hospital and provider capacity for Value-Based Payment (VBP) and pilots Medicaid primary care capitation. Provides technical assistance, infrastructure funds, and quality incentives to stabilize revenue and support coordinated, preventive, whole-person care.

## **Digital-Forward Rural Care**

Institutionalizes the Rural Health Innovation Fund (RHIF). Supports safe adoption of Artificial Intelligence (AI). Expands Health Information Exchange (HIE) connectivity. Improves digital health literacy. Integrates Remote Patient Monitoring (RPM) and Chronic Care Management (CCM).

## **STATE RHT PLAN INFORMATION**

<https://www.ncdhhs.gov/divisions/office-rural-health/rural-health-transformation-program>

# North Dakota

## North Dakota Rural Health Transformation Plan

**Program Year 1 Award: \$198,936,970**

**Below** average annual requested amount by \$1,063,030

*Total Request: \$1 billion*

### Program Structure

Housed at North Dakota Health & Human Services (NDHHS), the RHTP is led by a Project Director and a cross-divisional Steering Committee. NDHHS will select awardees via subaward application guidance and competitive RFPs under state procurement.

## Program Initiatives

### Strengthen and Stabilize Rural Health Workforce

Builds rural training pipelines (residencies, train-in-place), recruitment/retention supports (incl. childcare), and targeted upskilling. Deploys technology (remote monitoring, AI/robotics) to extend teams and improve access, quality, and sustainability.

### Make North Dakota Healthy Again (Preventive Care, Healthy Eating)

Embeds nutrition and physical activity in care, schools, and communities (Eat Well ND; ND Moves Together). Expands behavioral-health resiliency (Parents Lead, standardized suicide follow-up) and advance value-based payment to sustain outcomes.

### Bring High-Quality Health Care Closer to Home

Right-sizes rural facilities and service lines. Expands "Clinics Without Walls" telehealth/mobile care. Strengthens EMS (telemedicine, centralized dispatch, first responders). Bolsters NEMT and care coordination to reduce avoidable ED use.

### Connect Tech, Data and Providers for a Stronger North Dakota

Modernizes data (unified EHR/payer/pharmacy, NDHHS Data Hub, all-payer claims database). Enables cooperative purchasing, and applies AI and consumer tech (RPM, kiosks) to improve interoperability, access, and efficiency.

### STATE RHT PLAN INFORMATION

<https://www.hhs.nd.gov/rural-health-transformation>

# Ohio

## Ohio Rural Health Transformation Program (ORHTP)

### **Program Year 1 Award: \$202,030,262**

**Exceeded** average annual requested amount by \$2,030,262

*Total Request: \$1 billion*

### **Program Structure**

ORHTP is housed in the Ohio Department of Health, led by the Deputy Director of Health Transformation. Funds will be distributed through a competitive Request for Proposal (RFP) process ensuring compliance and sustainability.

## **Program Initiatives**

### **Ohio Rural School Based Health Centers (SBHCs)**

On-campus clinics in K-12 and rural colleges expand primary, dental, behavioral, and telehealth care. Operated by Federally Qualified Health Centers (FQHCs) or network partners; includes community health workers and pilot autism screening tech.

### **OH SEE (vision, hearing, and dental services for rural students)**

Expands mobile eye care statewide and adds audiology and dental. Brings cyclical screening/exams and eyewear to schools to close follow-up gaps; vendors selected via competitive process and partnerships with clinical colleges.

### **Ohio Rural Health Innovation Hubs (Clinically Integrated Networks (CINs) / Rural Health Regional Centers of Excellence (RHRCEs))**

Tiered funding to start/scale regional alliances among hospitals, clinics, EMS, behavioral health, pharmacies, and universities to coordinate care, shared services, telehealth, remote monitoring, and value-based models; competitive awards.

### **Rural Ohio Emergency Care Transformation**

Scales alternate destination transport (ADT) and treat-in-place (TIP) via 911 upgrades, protocols, training, and telehealth to deliver the right care, reduce ED burden, and improve connectivity across jurisdictions.

### **Rural Health Workforce Pipeline and Development Projects**

Builds rural pipelines from high school through college, experiential learning and 5-year placement incentives. Upskills community health workers (CHWs) and pharmacists. Adds nutrition continuing medical education (CME).

### **Maternal and Infant Wellness Home Visiting in Rural Ohio**

Funds nurse training and start-up to expand evidence-based home visiting to all rural counties, improving infant/maternal outcomes (safe sleep, lactation, behavioral health supports). Sustained with state funds once staffed.

### **Rural Hospital Training & Technical Assistance Center (RHTAC)**

Provides no-cost workshops, TA, and solvency planning for rural hospitals and Critical Access Hospitals (CAHs). Convenes annual RHT summit; supports integration into regional networks.

### **Electronic Medical Record (EMR) Access for Pharmacies**

Equips rural pharmacists with EMR/HIE access and Ohio Automated Rx Reporting System (OARRS) integration, training, and PDMP use to expand test-to-treat, adherence, and overdose prevention capabilities.

### **Healthier Ohio Initiatives**

Competitive grants for clinics, schools, and agencies to scale Lifestyle Medicine pillars (nutrition, activity, sleep, stress, connection, risk avoidance), remote monitoring tech, CHWs, food access, and Team Tressel Fitness Challenge.

### **STATE RHT PLAN INFORMATION**

<https://odh.ohio.gov/know-our-programs/rural-health-transformation-program>

# Oklahoma

## Oklahoma Rural Health Transformation Program

**Program Year 1 Award: \$223,476,949**

**Exceeded** average annual requested amount by \$23,476,949

*Total Request: \$1 billion*

### Program Structure

The ORHTP is housed in the Oklahoma State Department of Health (OSDH) and led by a Program Administrator. A state cross-agency steering committee guides strategy, alignment, and prioritization across initiatives. Funds will be distributed through a competitive Requests for Proposal (RFP) process.

## Program Initiatives

### School-Based Health Services Support

Provides startup support so rural schools can bill Medicaid beyond Individualized Education Programs (IEPs): technical assistance, recruitment of clinicians, and billing/tracking platforms administered by Oklahoma State Department of Education (OSDE).

### Telestroke Program

Creates a statewide network for real-time neurological consults; startup certification, training, vendor/connectivity and staffing to increase acute stroke-ready facilities.

### Maternal-Fetal Medicine (MFM) Telehealth Expansion

Equips rural sites with telehealth and ultrasound to connect to MFM specialists; trains local staff, integrates imaging with EHRs, and funds care coordination for high-risk pregnancies.

### Expanding Care: Community Paramedicine

Trains and equips community paramedics, creates an uncompensated care fund, and supports inclusion of services into reimbursement models; technical assistance and vehicles/supplies.

### Expanding Care: Doulas

Establishes training and curriculum; creates an uncompensated care fund and supports pathways-to-payer coverage for doula services; technical assistance and monitoring.

### Behavioral Health (BH) Integration in Primary Care

Expands medication-assisted treatment (MAT) capacity via hub-and-spoke models in PCP settings; provider training, telehealth connectivity, and wraparound staff.

## **Technology Cooperative for Primary Care Providers (PCP) and Behavioral Health (BH) Providers**

Creates a statewide co-op for group purchasing and shared support of RPM, telehealth, and AI-enabled documentation, initial licensing, implementation, training, and helpdesk.

## **Community Care Referral Platform**

Extends closed-loop referral platform licenses to rural hospitals and county health departments; funds onboarding and data aggregation to track social needs.

## **Community Health Worker (CHW) Expansion in Hospitals**

Recruits, trains, and funds CHWs for rural hospital deployment to improve navigation and diversion from acute care; implementation reimbursed through hospitals.

## **Presidential Fitness Test Preparation**

Provides equipment, teacher training, a cardio/walking app, and statewide program management to prepare rural students for the reinstated Presidential Fitness Test.

## **Chronic Disease Management Program**

Funds evidence-based, community-centered programs targeting rural chronic conditions above national averages; requires outcomes tracking and ROI to transition to payer-supported models.

## **Consumer-Facing Technology**

Pilots prevention and management apps (maternal health, behavioral health, aging) with coaching and links to care; convenes advisory council, procures tools, and scales successful pilots.

## **Community-Led Wellness Hub: Microgrants**

Provides one-time grants to local health departments and community entities to address proven wellness needs (e.g., diagnostic or fitness equipment), with recipients accepting ongoing maintenance.

## **Lung Cancer Screening Program**

Embeds program directors in rural/regional systems to build evidence-based screening integrated with cessation; develops billing and statewide coordination; expands mobile access.

## **Clinically Integrated Network (CIN) Development**

Stands up a rural-focused CIN under a nonprofit owned by member hospitals to provide shared services, staffing, technology, and referral management, with technical assistance.

## **Rural Regional Reorientation Plan**

Develops regional strategies to right-size services and improve access; funds data/analytics, engagement, financial and legal advisory, baseline/monitoring tech, and hospital implementation incentives.

## **Emergency Medical Services (EMS) Centralization**

Procures a single statewide platform, technical assistance, and central program support to pool EMS resources and coordination; long-term funding via Oklahoma Trauma Fund.

### **Value-Based Care Practice Enablement Support**

Provides capacity-building for ~150–200 rural practices: risk stratification, performance tracking, payment redesign, contracts, and analytics to transition to sustainable value-based models.

### **Program of All-Inclusive Care for the Elderly (PACE) Expansion**

Launches 3–6 new rural PACE centers with planning, technical assistance, recruitment, tech, and telehealth/mobile services to expand integrated care for dual-eligibles.

### **Primary Care Provider (PCP) Clinical Extension Models**

Pilots clinical extensions with managed care: tech integration, rollout support, and measurement in two cohorts (10 practices each) to manage high-risk members.

### **Electronic Health Record (EHR) Expansion**

Provides low-cost Certified EHR Technology (CEHRT) licensing, hardware, connectivity, subsidies, and technical assistance through OKSHINE to close rural EHR gaps and obligate Health Information Exchange (HIE) participation.

### **Health Information Exchange (HIE) Interoperability**

Funds onboarding fees, vendor costs, education, and system upgrades (imaging, pharmacy, consent app) to expand real-time exchange and BH data integration.

### **Data and Analytics Expansion**

Creates a data roadmap, pilots dashboards (e.g., rural outcomes, maternal health), and license analytics tools with governance support to target resources and track trends.

### **Healthcare Workforce Training Commission (HWTC) Rural Re-Location Incentives**

Five-year stipends and light-touch integration for behavioral health and other high-need providers relocating to rural communities; needs assessment and monitoring.

### **CareerTech High School Licensed Practical Nurse (LPN) Program – 'Grow Your Own'**

Expands CareerTech partnerships to train rural students as practical nurses; funds instructors, supplies, National Council Licensure Examination (NCLEX) costs, reporting systems, and aligns with RN pathways.

### **Rural Residency Programs**

Expands rural residencies (surgery, psychiatry, OB/GYN) via partnerships; funds recruitment, curriculum, site startup (stipends, housing), and accreditation to improve rural retention.

## **STATE RHT PLAN INFORMATION**

[RHTP\\_ InitiativeFundingSummary.pdf](#)

# Oregon

## Oregon Rural Health Transformation Program (ORHTP)

### **Program Year 1 Award: \$197,271,578**

**Below** average annual requested amount by \$2,728,422

*Total Request: \$1 billion*

### **Program Structure**

ORHTP is housed in the Oregon Health Authority (OHA), led by a Program Director under the Office of Rural Health. Governance by a multi-agency steering committee with the Governor's Office. Funds awarded via competitive RFPs; selection based on rural need, readiness, and sustainability criteria.

## **Program Initiatives**

### **Regional Partnerships & System Transformation**

Builds regional hubs and shared infrastructure to stabilize rural hospitals and clinics. Expands at-risk services (e.g., maternity). Formalizes Clinically Integrated Networks (CINs). Increases Value-Based Payment (VBP) participation through targeted Technical Assistance (TA).

### **Healthy Communities & Prevention**

Creates new access points across the lifespan. Expands nurse home visiting, rural school nursing, behavioral health and Substance Use Disorder (SUD) services, mobile care, telepharmacy, nutrition and self-management programs, and social health supports (food, transportation).

### **Workforce Capacity & Resilience**

Expands rural training, residencies and fellowships, mobile simulation, tele-mentoring (Project ECHO), provider consultation lines, incentives and housing supports, and K-12 pathways to recruit and retain allied and behavioral health professionals.

### **Technology & Data Modernization**

Funds Remote Patient Monitoring (RPM), telehealth, clinical decision support, analytics, cybersecurity, closed-loop referrals, and Community Information Exchange (CIE). Provides centralized Technical Assistance (TA) for selection, implementation, and sustainability of health information technology (health IT).

### **Tribal Initiative**

Sets aside funding for nine federally recognized tribes to advance chronic disease prevention. Strengthens workforce through the Community Health Aide Program (CHAP) and traditional health workers. Upgrades telehealth and Electronic Health Records (EHRs). Expands mobile services and partnerships. Honors government-to-government consultation.

## **STATE RHT PLAN INFORMATION**

<https://www.oregon.gov/oha/HPA/HP/Pages/rural-health-transformation.aspx>

# Pennsylvania

## Pennsylvania Rural Health Transformation Plan

**Program Year 1 Award: \$193,294,054**

**Below** average annual requested amount by \$6,705,946

*Total Request: \$1 billion*

### Program Structure

Housed in the Pennsylvania Department of Human Services (DHS), the RHTP will be led by a Program Director within an interagency project team. Oversight will be provided by the Governance Committee of Health Hub agencies and the Governor's Office. Recovery Community Centers (RCCs) select projects regionally; funds allocated via formula and approved projects list.

## Program Initiatives

### Technology & Infrastructure Initiative

Modernizes statewide data exchange and digital care. Upgrades the Pennsylvania Patient and Provider Network. Deploys regional hubs for virtual care and artificial intelligence. Expands mobile and telehealth access points. Launches Community Wellness Hubs.

### Maternal Health Initiative

Creates regional Maternal Health Hubs that coordinate prenatal–postpartum care. Integrates behavioral health consultation. Enables remote monitoring. Supports reopening birth centers or labor and delivery where feasible. Adds a hub and spoke telehealth layer.

### Behavioral Health Initiative

Expands 988 awareness and crisis capacity. Offers remote psychiatric consultation and collaborative care in primary care. Funds peer and recovery specialist scholarships. Stands up a statewide telehealth bridge clinic for rapid medication treatment. Launches a statewide mental health training system.

### Aging and Access Initiative

Launches hospital to home community paramedicine. Invests in targeted long-term care quality improvements. Establishes nurse aide training hubs. Expands integrated care for dual eligible seniors in northeastern counties. Redesigns the statewide aging and disability resource center.

### EMS and Transportation Initiative

Modernizes emergency medical services fleets and dispatch. Scales rural paramedicine and mobile health. Improves nonemergency medical transportation (including child friendly policies and car seats) to reduce missed care and strengthen access.

## **Workforce Initiative**

Grows and sustains the rural workforce by recruiting rural students. Adds service-linked scholarships and apprenticeships. Expands rural rotations, residencies, and fellowships. Pilots new team-based models such as primary care medics and centralized nurse advice.

## **STATE RHT PLAN INFORMATION**

[/www.dhs.pa.gov/ruralhealth/RHTP](http://www.dhs.pa.gov/ruralhealth/RHTP)

# Rhode Island

Rhode Island Rural Health Transformation Program (RI RHTP)

**Program Year 1 Award: \$156,169,931**

**Below** average annual requested amount by \$43,830.069

*Total Request: \$1 billion*

## **Program Structure**

RI RHTP is housed in the Executive Office of Health and Human Services (EOHHS) and led by a Program Director under an Executive Committee. Funds will be awarded through competitive procurements and subaward agreements, guided by an Interagency Leadership Team and Project Management Team.

## **Program Initiatives**

### **Integrated Rural Population Health Infrastructure**

Creates Community Clinical Care Hubs and Rural Community Health Networks to deliver integrated primary, behavioral, oral, and pharmacy care; uses Community Health Workers (CHWs), telehealth, and data sharing for chronic disease, prevention, and coordination.

### **Rural Community-Integrated and Mobile Health Services**

Equips Community Learning Centers (CLCs) and schools for telehealth and care coordination; deploys mobile dental, primary care, and nutrition/Women, Infants, and Children (WIC) outreach, integrated with the statewide Health Information Exchange (HIE).

### **Expanding Access to Rural Community Resources**

Funds accessibility audits, equipment (adjustable tables, wheelchair scales, doors/ramps), and disability-competent training so clinics and community spaces can serve older adults and people with disabilities.

### **Rural EMS Health Access and Integration**

Scales Mobile Integrated Health–Community Paramedicine (MIH–CP), establishes a State EMS Academy, and upgrades equipment/communications to provide preventive, urgent, and post-acute care in the community.

### **Rural Hospital-at-Home Program**

Launches hospital-level care at home for select conditions (e.g., COPD, pneumonia, cellulitis), with teams of clinicians, paramedics, CHWs and remote monitoring, aligned to sustainable reimbursement models.

### **Expanding Behavioral Health Services Availability in Rural Regions**

Creates two 24/7 Crisis Stabilization Centers (CSC), up to four Recovery Community Centers (RCCs), a Substance Use Disorder (SUD) bridge clinic with peer navigators, and addiction consultation services in hospitals.

### **Strengthening Rural Oral Health through Innovation & Integration**

Implements teledentistry triage for ED and hotline callers and transforms Eleanor Slater Hospital's Zambarano dental facility into an accessible outpatient center specializing in complex/sedation dentistry.

### **Building Capacity for Block Island Health & Human Services**

Expands Community Medicine, aging-in-place and nutrition support; launches Program of All-Inclusive Care for the Elderly (PACE); modernizes EMS and trains residents via a Rural Medicine Education Program.

### **Modernizing Health Care Delivery for the Narragansett Indian Tribe**

Upgrades the Narragansett Indian Health Center with telehealth, EHR-integrated diagnostics (e.g., portable ultrasound, ECG), remote monitoring, facility improvements, and workforce incentives/training.

### **Rural Workforce Program**

Builds pipelines and retention via rural rotations, centralized placements, incentives for clinicians and paraprofessionals, continuing education, and community-based residency tracks (family medicine, dental).

### **Supporting Hospitals & Primary Care in Value-Based Payment Transition**

Provides incentive payments, Technical Assistance (TA), and Transformation Funds to adopt advanced Alternative Payment Models (APMs) (e.g., primary care capitation, hospital global budgets).

### **Rural Health Information Technology Modernization Program**

Implements a state-sponsored Electronic Health Record (EHR) for rural providers and a grant fund for HIT tools (telehealth, remote monitoring, ambient Artificial Intelligence (AI), interfaces to the HIE).

### **Rural Health Data & Workforce Tracking System**

Builds integrated data systems and dashboards (community health profiles, workforce hub, Z codes, geographic stratification) to guide investments, monitor outcomes, and inform planning across rural towns.

## **STATE RHT PLAN INFORMATION**

<https://eohhs.ri.gov/initiatives/rural-health-transformation-grant>

# South Carolina

South Carolina Rural Health Transformation Program (SCRHTP)

**Program Year 1 Award: \$200,030,252**

**Exceeded** average annual requested amount by \$30,252

*Total Request: \$1 billion*

## Program Structure

SCRHTP is housed in the SC Dept. of Health and Human Services (SCDHHS) and led by a Program Director under the Office of Rural Health. Governance is provided by an interagency committee with the Governor's Office. Funds awarded via competitive RFPs; selection based on rural need, readiness, and sustainability criteria.

## Program Initiatives

### Connections to Care

Modernizes provider and patient technology: Electronic Health Record (EHR) upgrades, Remote Patient Monitoring (RPM), telehealth in hospitals and schools, a statewide resource database, and digital literacy support to connect rural residents and providers.

### Leveling Up

Scales proven pilots statewide: modernizes Graduate Medical Education, expands pediatric Quality Through Technology and Innovation Program, conducts rural needs assessments, and grows chronic disease programs so rural communities benefit first.

### Wellness Within Reach

Brings care into the community: funds mobile crisis teams, adds mobile units and pop-up clinics, strengthens community paramedicine, and deploys health kiosks to reduce travel barriers and expand primary, preventive, and behavioral care locally.

### Shoring Up to Sustainability

Stabilizes rural systems: offers workforce incentives and training, funds minor facility renovations and service realignment, launches masterclass collaboratives to improve business operations, and builds pipelines for future rural health careers.

### Tech Catalyst Fund

Seeds rural health tech innovation via the South Carolina Research Authority: provides non-dilutive grants, advisory support, and technical assistance to startups and community solutions that improve outcomes and create high-wage jobs.

## STATE RHT PLAN INFORMATION

<https://scdhhs.gov/resources/grants>

# South Dakota

South Dakota Rural Health Transformation Program (SDRHTP)

**Program Year 1 Award: \$189,477,607**

**Below** average annual requested amount by \$10,522,393

*Total Request: \$1 billion*

## Program Structure

SDRHTP is housed in the South Dakota Department of Health (SD DOH) and led by a Program Director. Funds will be awarded through competitive Requests for Proposal (RFP) and Requests for Application (RFA), with technical assistance for smaller facilities to ensure equitable participation.

## Program Initiatives

### Tech and Data Connection for a Healthier South Dakota

Modernizes digital health: implements Electronic Health Records (EHR), connects to Health Information Exchange (HIE) via SD Health Link, expands telehealth and analytics, and launches the Rural Data Atlas to guide evidence-based planning and care coordination.

### Building a Sustainable Rural Healthcare Workforce

Recruits and retains clinicians for rural/frontier communities with sign-on, relocation, and service stipends, and supports tuition/continuing education. Requires five-year rural service commitments and builds training pathways with colleges.

### Expand and Strengthen Rural Community Health Worker Workforce

Expands Community Health Worker (CHW) and Community Health Representative (CHR) capacity through training, certification, Medicaid/Medicare billing support, program development, and integration into care teams addressing social drivers of health.

### Rural Health Forward: Training and Resource Hub

Creates a statewide training hub (RFP-selected operator) that offers CE/CME courses, simulation, and on-demand modules for clinicians, Community Health Workers (CHW)/Community Health Representatives (CHR), Emergency Medical Services (EMS), and other roles.

### Medicaid Primary Accountable Care Transformation

Designs an alternative payment model for primary care that bridges fee-for-service to partial capitation, funds care coordination and population health tools, tracks quality with Healthcare Effectiveness Data and Information Set (HEDIS) and aligns payers.

### **Medicaid Rural Health Access and Quality Grants**

Awards competitive grants to help rural hospitals/clinics assess and transition service models; supports partnerships, service-line expansion, and operational improvements to preserve local access and improve performance.

### **Strengthening Chronic Disease Management**

Strengthens chronic disease management by providing targeted rural funding for care coordination, remote monitoring, self-management programs, caregiver supports, and provider training; pilots quality incentives in Medicaid Health Home to reduce readmissions.

### **Regional Maternal and Infant Health Hubs**

Establishes three regional hub-and-spoke models for prenatal/postpartum care that combine in-person, telehealth, and remote monitoring; integrates social supports (navigation, referrals) and expands community/Tribal doula capacity.

### **Integrated Behavioral Health through CCBHC & Collaborative Care**

Implements Certified Community Behavioral Health Clinic (CCBHC) statewide with crisis services, outcome-based Prospective Payment System (PPS) and IT upgrades; expands Collaborative Care in primary care for team-based mental health treatment.

### **Enhancing Sustainable Emergency Medical Services**

Builds regional Emergency Medical Services (EMS) hubs, integrates telemedicine and data with Health Information Exchange (HIE), strengthens workforce training and retention, and streamlines operations to improve response times.

## **STATE RHT PLAN INFORMATION**

<https://doh.sd.gov/healthcare-professionals/rural-health/rural-health-transformation-project/>

# Tennessee

## Tennessee Rural Health Transformation Fund

**Program Year 1 Award: \$206,888,882**

**Exceeded** average annual requested amount by \$21,175,123

*Total Request: \$928.5 million*

### Program Structure

Housed in Tennessee Dept. of Health (TDH), Tennessee's RHTF is led by the Deputy Commissioner and the Office of Strategic Initiatives Director. The Governance Committee includes the Governor's Office, TennCare, and TDMHSAS. RHT funds will be awarded via competitive grants and RFAs, with selections based on rural need and readiness. The state's Rural Healthcare Resiliency Program (HRP) will be leveraged for channeling funds.

## Program Initiatives

### HRP: Service Line Expansion & Co-Location

Expands rural hospitals' capacity for integrated primary, specialty, and behavioral health through co-location, telehealth, and workflow redesign. Supports sustainability via value-based payment pathways.

### Advance the Rural Workforce

Recruitment bonuses, relocation stipends, and education-based retention with 5-year service commitments; partnerships for rural pathways, apprenticeships, and streamlined applications to stabilize access to care in frontier communities.

### Optimizing Rural Health Care

Expands Safety Net for uninsured adults, adds providers in unserved counties, and strengthens local health departments with navigation teams, dental capacity, and telehealth access.

### Memory Care Assessment Network

Creates a hub-and-spoke dementia care model with telehealth diagnostics and dementia navigators to improve ADRD screening, diagnosis, and caregiver support in rural communities.

### Rural Capacity Building

Builds leadership pipelines, co-locates behavioral health in high-demand sites, and accelerates Community Health Worker programs with accreditation and sustainability planning.

### Dental Pilot

Extends rural dental workforce pilot, adds clinicians and dental suites, and expands preventive oral health services to reduce ED visits and improve access to Dental HPSAs.

### **HRP: Maternal and Child Health**

Funds rural maternity care expansion, upgrades birthing facilities, strengthens perinatal centers, and launches mobile pregnancy app and teleconsultation for maternal behavioral health.

### **Value-Based Payment: Maternal, Hospitals, Dental**

Expands TennCare VBP models for obstetric, hospital, and dental care to incentivize quality, reduce readmissions, and integrate preventive oral health services statewide.

### **HRP: Make Rural Tennessee Healthy Again (MaRTHA)**

Funds community-driven prevention projects, mobile health strategies, and school health initiatives to improve chronic disease outcomes and expand telehealth access.

### **Rural Health Improvement Grants**

Supports County Health Councils with CARE, HBE, and PSE grants to create health-promoting environments, address nutrition security, and implement policy, systems, and environmental changes.

### **HRP: Rural Non-Emergency Transportation (RNET)**

Launches the RNET program to reduce transportation barriers through integrated coordination systems, hospital-led shuttles, and partnerships improving access to care statewide.

### **HRP: Health-Tech**

Modernizes rural digital infrastructure with telehealth, EHR integration, AI-enabled tools, and cybersecurity upgrades to improve efficiency and care coordination.

### **Statewide Health Information Exchange (HIE)**

Develops a secure, interoperable statewide HIE to connect rural providers, hospitals, and payers for real-time data sharing and improved population health management.

### **TN Community Compass**

Expands closed-loop referral system to link healthcare and social services, improving coordination for food, housing, and transportation needs across rural Tennessee.

### **Rural Health Innovation Catalyst**

Connects academic innovation offices with rural providers to advance health-tech adoption, telehealth, and data-driven solutions through planning and implementation grants.

### **Statewide eConsult Platform**

Implements an asynchronous telehealth platform for specialty care consultations, reducing wait times and improving access for uninsured patients in Safety Net settings.

## **Comprehensive Health Workforce Pipeline**

Builds rural workforce through residencies, scholarships, early exposure programs, and partnerships to expand behavioral health, dental, and primary care capacity statewide.

## **STATE RHT PLAN INFORMATION**

<https://www.tn.gov/health/rural.html>

# Texas

## Texas Rural Health Transformation Program

### **Program Year 1 Award: \$281,319,361**

**Exceeded** average annual requested amount by \$81,319,361

*Total Request: \$1 billion*

### **Program Structure**

The Texas RHT Program is housed at the Texas Health and Human Services Commission (HHSC) and led by HHSC program leadership with DSHS and local partners. RHT Program funds are awarded via competitive Requests for Proposals/Applications/Offers (RFP/RFA/RFO) and select direct awards.

## **Program Initiatives**

### **Make Rural Texans Healthy Again**

Community prevention grants through rural hospital districts for diabetes, cardiovascular, chronic respiratory disease, and obesity; flexible local solutions (after-hours clinics, pop-up groceries), plus remote patient monitoring.

### **Rural Texas Patients in the Driver's Seat**

Statewide Patient Portal and Health Information Exchange (HIE); consumer-facing tech for telehealth, monitoring, and digital literacy. Interoperability to connect residents with providers and services.

### **Lone Star Advanced AI and Telehealth**

Deploys artificial intelligence (AI) tools for documentation and clinical support. Expands telehealth across emergency and non-emergent care. Strengthens EMS coordination and alternative site-of-care models.

### **The Next Generation of the Small Town Doctor and Team**

Recruitment, training, and retention pipelines with scholarships, relocation bonuses, rural residency slots, and allied health pathways. Builds Community Health Worker (CHW), Emergency Medical Technician (EMT), and primary care capacity.

### **Unified Care Infrastructure and Rural Cyber Protection**

Cybersecurity upgrades and unified infrastructure. Automated quality reporting; secure data exchange across rural providers; focus on resilience and compliance.

### **Infrastructure and Capital Investments for Rural Texas**

Capital improvements for rural hospitals/clinics: equipment, minor renovations, and modernization to sustain access and financial stability.

## **STATE RHT PLAN INFORMATION**

<https://pfd.hhs.texas.gov/sites/default/files/documents/hospital-svcs/rural-txstrong-prjct-narr.pdf>

# Utah

## Utah Rural Health Transformation Program

### **Program Year 1 Award: \$195,743,566**

**Below** average annual requested amount by \$4,256,434

*Total Request: \$1 billion*

### **Program Structure**

Managed by the Utah Department of Health and Human Services (DHHS). Funds are awarded via competitive Requests for Proposals/Applications (RFP/RFA) and direct awards administered by DHHS.

## **Program Initiatives**

### **Preventive Action and Transformation for Health (PATH)**

Advances rural health via nutrition, physical activity, and built environments; strengthens food infrastructure, school programs, community care hubs, and integrates behavioral health with primary care to reduce chronic disease burden.

### **Rural Incentive and Skill Expansion (RISE)**

Builds a sustainable rural workforce by expanding graduate medical education (GME), incentivizing preceptors, creating “grow-our-own” pathways, partnering for training, and offering recruitment/retention incentives aligned to regional needs.

### **Sustaining Health Infrastructure for Transformation (SHIFT)**

Transforms local preventive care and service delivery through capital improvements, provider networks, stronger emergency medical services (EMS), and innovative models like mobile services and transportation to keep care local.

### **Financial Approaches for Sustainable Transformation (FAST)**

Transitions rural providers to value-based care, optimizes revenue cycles, and pilots alternative payment models to expand specialty access while driving proactive, sustainable care delivery in rural Utah.

### **Leveraging Innovation for Facilitated Telehealth (LIFT)**

Scales data-informed telehealth across priority areas—primary/preventive care, chronic disease/cancer, behavioral health/substance use disorder (SUD), maternal/infant health, medication access, and oral care—with training and technical assistance.

### **Shared Utilities for Partnered Provider Operational Resources and Technology (SUPPORT)**

Builds shared digital and administrative infrastructure: electronic health record (EHR) upgrades, cybersecurity defenses and training, consumer technology and artificial intelligence (AI), and clinical technology to leverage economies of scale.

### **Leveraging Interoperability Networks to Connect Services (LINCS)**

Modernizes interoperability: helps rural providers upgrade exchange capabilities, expands patient access to data, and builds a statewide cloud platform harmonizing EHR, claims, and public health data to enable connected services.

### **STATE RHT PLAN INFORMATION**

<https://dhhs.utah.gov/ruralhealth/>

# Vermont

## Vermont Rural Health Transformation Program

### **Program Year 1 Award: \$195,053,740**

**Below** average annual requested amount by \$4,946,260

*Total Request: \$1 billion*

### **Program Structure**

Housed in the Vermont Agency of Human Services (AHS) and led by a Financial Manager as PI with Office of Health Reform. Governance via Health Care Delivery Advisory Committee. Funds will be awarded through competitive grants under state procurement rules, and selections will be based on readiness and alignment with regionalization goals.

## **| Program Initiatives**

### **Regionalization and Innovative Care Strategies**

Rightsizes services statewide; expands urgent care, mobile clinics, and Community Paramedicine (CP) with Emergency Medical Services (EMS) “triage and treat”; invests in equipment for nursing homes (dialysis, ventilators) to shift care closer to home.

### **Establishing a Clinically Integrated Network of Shared Services**

Implements shared electronic medical record (EMR) and human resources information system (HRIS); statewide e-Consult platform; closed-loop referrals; transfer-capacity tool; grants for remote patient monitoring (RPM), telehealth, and artificial intelligence (AI) scribes.

### **Strengthening Primary Care**

Modernizes the Blueprint for Health: team-based care with per-member-per-month (PMPM) support; access incentives; shared performance payments for primary/specialty care (diabetes, COPD, CHF, hypertension, mental health/substance use disorder (SUD)); data & analytics.

### **Health Care Workforce Development**

Expands Licensed Nursing Assistant (LNA) training; launches Maple Mountain rural family medicine residency; tuition/conditional aid; housing grants; pharmacist “test-to-treat” pilots; five-year in-state service commitments.

### **Price Transparency and Insurance Competition**

Builds modern statewide cost/quality/access data platform and dashboards; assesses affordability options (e.g., reinsurance, Basic Health Program) to strengthen Vermont Health Connect and insurer participation.

### **STATE RHT PLAN INFORMATION**

<https://healthcarereform.vermont.gov/hr1rural-health-transformation-fund>

# Virginia

VA Rural Vitality

**Program Year 1 Award: \$189,544,888**

**Below** average annual requested amount by \$10,455,112

*Total Request: \$1 billion*

## Program Structure

Led by a Program Director within Virginia Department of Medical Assistance Services (DMAS), supported by a 13-member Core Team and Interagency Steering Committee. Funds distributed via competitive processes and trusted subrecipient partners.

## Program Initiatives

### CareIQ

Deploys technology and data solutions to rural providers, including grants for health tech startups, AI-driven workflow tools, EHR modernization, cybersecurity, and remote patient monitoring (RPM) to improve care quality and provider efficiency.

### Homegrown Health Heroes

Expands rural workforce through new residency slots, allied health degrees, paid apprenticeships, and high school health academies. Focuses on building local talent pipelines and long-term retention in rural health careers.

### Connected Care, Closer to Home

Brings primary, specialty, and maternal care to rural communities via mobile units, telehealth, community paramedicine, and innovative maternal care models. Reduces travel barriers and supports preventive, urgent, and specialty care access.

### Live Well, Together

Prevents chronic disease and supports healthy lifestyles through food pharmacy pilots, digital health tools, community activity spaces, and outreach for dual-eligible seniors. Focuses on nutrition, physical activity, and care navigation.

## STATE RHT PLAN INFORMATION

<https://www.hhr.virginia.gov/initiatives/rural-health/>

# WASHINGTON

## Washington

### Washington Rural Health Transformation Program

#### **Program Year 1 Award: \$181,257,515**

**Below** average annual requested amount by \$18,742,485

*Total Request: \$1 billion*

#### **Program Structure:**

Washington's RHT Program is led by the Washington State Health Care Authority (HCA) with Department of Health, DSHS, Tribal partners, and an advisory committee; funds awarded via a mix of direct awards and competitive procurements (RFP/RFA).

## **Program Initiatives**

### **Ignite Innovation in Washington's Rural Hospitals**

Strengthens The Rural Collaborative. Co-designs value-based payment models. Funds Artificial Intelligence (AI), cybersecurity, and core Information Technology (IT). Incentivizes hospitals to sustain obstetrics, emergency, and other essential services via competitive awards.

### **Prevent Disease and Manage Care in Community Settings**

Expands the community-based workforce (Community Health Workers (CHWs) and Long-Term Care Workers (LTCWs)). Enhances dementia supports. Modernizes Emergency Medical Services (EMS) inter-facility transport. Scales mobile health and Washington 211 (WA 211) triage. Embeds care in libraries, schools, and senior centers.

### **Invest in the Health of Native Families**

Reserves funds for sovereign Tribes to hire Community Health Representatives (CHRs), doulas, care coordinators, and behavioral health aides. Establishes care coordination agreements with hospitals. Supports Health Information Exchange (HIE) and remote care tools.

### **Adopt Technology and Data Solutions to Enable Health Improvements**

Expands Project Extension for Community Healthcare Outcomes (ECHO). Creates a provider technology fund for telehealth, Remote Patient Monitoring (RPM), AI tools, and population health analytics to improve access, efficiency, and quality in rural practices.

### **Develop Washington's Rural Workforce to Support Rural Communities**

Scales WWAMI (Washington, Wyoming, Alaska, Montana, and Idaho) rural residencies. Expands Washington State University rural training. Grows the Rural Nursing Education Program. Funds local "grow-your-own" training and multi-year incentives to recruit and retain rural clinicians.

### **Expand and Sustain Washington's Rural Behavioral Health System**

Invests in mobile crisis response and EMS opioid care. Helps clinics transition to the Certified Community Behavioral Health Clinic (CCBHC) payment model. Expands school-based behavioral health. Creates incentives for rural opioid treatment providers (OTPs).

### **STATE RHT PLAN INFORMATION**

<https://www.hca.wa.gov/about-hca/programs-and-initiatives/value-based-purchasing/rural-health-transformation-program>

# West Virginia

## West Virginia Rural Health Transformation Program

### Program Year 1 Award: \$199,476,099

**Below** average annual requested amount by \$523,901

*Total Request: \$1 billion*

#### Program Structure:

Led by the Governor, West Virginia's RHT Program is housed at the West Virginia Department of Health and Human Resources (DHHR). Each flagship initiative has an Executive Sponsor in a state agency and an Initiative Lead. Funds are awarded via competitive applications and sub-awards to providers and partners.

### Program Initiatives

#### Connected Care Grid

Builds an any-door access network via telehealth, mobile units, remote patient monitoring, EMS treat-in-place, and a statewide data spine (WV Health Information Network) to expand timely care and chronic disease management.

#### Rural Health Link

Creates a unified health-mobility platform and expands local transit capacity (non-emergency medical transport, micro-transit, volunteer drivers) to cut missed visits and reduce avoidable emergency department use.

#### Mountain State Care Force

Develops homegrown pipelines, rural residencies/fellowships, incentives tied to 5-year service, and rotational staffing pools to recruit, train, and retain clinicians and allied health in shortage areas.

#### Smart Care Catalyst

Establishes a productivity support fund, shared-service collaboratives, and multi-payer value-based payment models so rural providers lower admin costs, modernize operations, and share in savings as outcomes improve.

#### Health to Prosperity Pipeline

Links recovery and chronic care to employment with liaisons, wraparound supports, employer partnerships, and outcome-based incentives, helping adults return to work and sustain job retention with reduced Medicaid reliance.

#### Personal Health Accelerator

Funds county health challenges, food-is-medicine, lifestyle programs, smoking cessation, aging-at-home supports, and wellness data integration to prevent obesity, diabetes, hypertension, COPD, and asthma.

## **HealthTech Appalachia**

Incubates and scales breakthrough technologies (addiction treatment, digital therapeutics, AI tools) via a public–private investment collaborative to expand access, improve outcomes, and attract private capital.

## **STATE RHT PLAN INFORMATION**

<https://governor.wv.gov/rht>

# Wisconsin

## Wisconsin Rural Health Transformation Program

### **Program Year 1 Award: \$203,670,005**

**Exceeded** average annual requested amount by \$3,670,005

*Total Request: \$1 billion*

### **Program Structure:**

Housed in the Department of Health Services (DHS) Office of Grants Management (OGM); led by an RHT Program Director under the Office of the Secretary, supported by program managers and analysts. Funds are awarded via competitive Grant Funding Opportunities (GFOs) and procurements.

## **Program Initiatives**

### **Rural Talent Recruitment and Retention**

Launches rural workforce grants. Integrates Community Health Workers (CHWs) via a pilot and a Medicaid State Plan Amendment. Expands training from K-12 to universities, simulation labs, and clinical sites. Adds Wisconsin Psychiatry Extension (WISCOPE) teleconsultation support.

### **Interoperability Infrastructure and Modernization**

Provides facility technology allocations and builds a statewide Rural Health Care Collaborative. Invests in Health Information Exchange (HIE) and Community Information Exchange (CIE), a unified navigation portal, dental technology grants, Veterans' telehealth rooms, and digitized Farm Center vouchers.

### **Population Health Infrastructure**

Provides regional care-coordination grants and care sites (mobile clinics). Modernizes behavioral health data and youth supports. Updates Medicaid Prospective Payment System (PPS) for Rural Health Clinics (RHCs). Expands Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs). Adds public intervenors and Tribal funds.

### **STATE RHT PLAN INFORMATION**

<https://www.dhs.wisconsin.gov/business/rhtp.htm>

# Wyoming

## Wyoming Rural Health Transformation Program

### **Program Year 1 Award: \$205,004,743**

**Exceeded** average annual requested amount by \$5,004,743

*Total Request: \$1 billion*

#### **Program Structure:**

The RGTP is led by the Wyoming Department of Health (WDH); oversight by the WDH Director, with day-to-day management by the Business Operations Administrator and Deputy Director as Program Coordinators. Entities receive funds via competitive State Requests for Applications/Proposals (RFA/RFP).

### **Program Initiatives**

#### **Access to Emergency Medical Care**

Shores up ambulance services, Emergency Departments (EDs), and labor and delivery via Critical Access Hospital (CAH)—Basic incentives (24/7 ED, Emergency Medical Services (EMS) ownership, basic labor and delivery, Health Information Exchange (HIE)). Regionalizes EMS with perpetual payments and equipment grants. Provides the BearCare public major medical plan to improve financial access.

#### **Rural Workforce Supply**

Grows the workforce through perpetual individual education awards in nursing, EMS, behavioral health, and physician training. Adds Graduate Medical Education (GME) slots with five-year service commitments. Provides time-limited capacity grants to institutions. Advances policy steps on licensure compacts and scope of practice.

#### **Health Technology Transformation**

Launches a competitive technology adoption challenge for provider groups. Deploys centralized platforms: a statewide telespecialist network (initially telepsychiatry and crisis stabilization), non-emergency transportation coordination, and EMS centralized billing.

#### **Make Wyoming Healthy Again**

Improves metabolic, behavioral, and cardiovascular health by expanding integrated Federally Qualified Health Center (FQHC) primary care across behavioral health, obstetrics/gynecology (OB/GYN), dental, and prevention. Pilots clinically integrated chronic care coordination with randomized controlled trial (RCT) evaluation. Promotes exercise and healthy diet with policy supports.

#### **STATE RHT PLAN INFORMATION**

<https://health.wyo.gov/admin/rural-health-transformation-program/>