



**RURAL HEALTH**  
TRANSFORMATION

# **RHT PROGRAM STATE PROJECT ABSTRACTS**

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December 2025

## Executive Summary

Enclosed is a compilation of Rural Health Transformation (RHT) Program Project Abstracts submitted in each State's RHT Program Applications. As outlined in the Notice of Funding Opportunity (NOFO), States were required to submit a one-page summary of their proposed project including its purpose and anticipated outcomes for the purposes of public information sharing. Budget amounts/requested funds highlighted in the State's Abstract are purely illustrative and hypothetical and do not reflect the State's final award amount or approved use of funds.

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## Alabama

**Title:** Alabama Rural Health Transformation Program - Implement statewide sustainable rural healthcare initiatives that support the goals of the program by transforming the healthcare delivery ecosystem.

**Abstract:**

Alabama Rural Health Transformation Program (ARHTP)

State of Alabama, Director of the Alabama Department of Economic and Community Affairs (ADECA) as its authorized organizational representative (AOR)

Subrecipients: To be determined

Total Budget Request: \$1 billion

**Purpose and Outcomes**

Through its RHTP, Alabama aims to modernize and integrate its rural health system to ensure equitable, efficient, and sustainable access to high-quality care. The program is designed to:

- Enhance health information technology (IT) and cybersecurity through regional shared-service hubs supporting Electronic Health Record (EHR) integration and compliance.
- Expand access to care via telehealth, remote monitoring, and regional specialty networks.
- Address maternal and cancer care deserts through digital regionalization and mobile screening models.
- Strengthen the healthcare workforce through rural training pipelines, simulation training programs, and expanded Graduate Medical Education (GME) opportunities.
- Improve behavioral health access by converting Community Mental Health Centers into Certified Community Behavioral Health Clinics (CCBHCs).

**Project Design and Activities**

Alabama will use the funds from the RHTP to implement eleven interrelated initiatives statewide:

- Collaborative EHR, IT, and Cybersecurity: Regional IT hubs supporting EHR integration, IT infrastructure, and security.
- Rural Health: Statewide telehealth/teleconsult network for specialty access.
- Maternal and Fetal Health: Digital obstetric regionalization and telerobotic ultrasound.
- Rural Workforce: Physician, nurse, emergency medical service (EMS), midwife, dentist, dental hygienist and dental assistant training programs.
- Cancer Digital Regionalization: Mobile and regional cancer screening.
- Simulation Training: Specialty-based simulation education expansion.
- Statewide EMS Trauma and Stroke: Improving the statewide EMS diversion and routing system.
- Emergency Medical Service (EMS) Treat-in-Place: EMS pilot for on-site treatment of low-acuity patients.
- Mental Health: Behavioral health facility conversion and expansion.
- Community Medicine: Mobile wellness and nutrition units.
- Rural Health Practice: Networked clinics integrating behavioral, physical, and dental health.

## Alaska

**Title:** State of Alaska Rural Health Transformation Program

**Abstract:**

Organization name: State of Alaska Department of Health

Subrecipients/subawardees: A wide range of entities across Alaska will participate as funding subrecipients, including: health care delivery organizations; Tribal Health Organizations; community-based entities; education and workforce development institutions; technology and innovation vendors; provider and trade associations; consulting and professional services firms; and State and local governments or authorities engaged in public health, education, or emergency medical response.

**Project Goals:**

1. Promote lifelong health and well-being for rural, remote, and frontier Alaskans.
2. Build sustainable, outcomes-driven health systems.
3. Drive workforce and technology innovation.

Total budget amount: \$1,000,000,000.00

Brief description of fund usage: Alaska proposes to use RHT Program funding to strengthen community-led and regionally designed health systems that provide access to a full continuum of care as close to Alaskans' homes as possible. The funds will be awarded to entities to launch projects in support of Alaska's six initiatives: (1) Healthy Beginnings, which strengthens maternal and child health as a foundation for healthy families; (2) Health Care Access, which expands and sustains essential primary, behavioral, oral, specialty, emergency, home and community-based and post-acute care health services across Alaska's rural communities; (3) Healthy Communities, which invests in enhancing access to preventive and primary care services that enable early chronic disease management, expanding the use of consumer-facing digital tools and population health clinical infrastructure, and promoting healthy lifestyles with culturally appropriate community education; (4) Pay for Value: Fiscal Sustainability, which incentivizes a shift from traditional volume-based reimbursement models to build the long-term financial stability of rural providers through voluntary innovative care and payment models that increase care coordination, lower costs and improve health outcomes; (5) Strengthen Workforce, which builds a resilient rural health care workforce through pipeline, recruitment, training and retention strategies, alongside wraparound housing and childcare supports to help providers remain in rural communities; and (6) Spark Technology and Innovation, which harnesses data and technology to expand the use of consumer wearables and digital devices, enhance telehealth, foster appropriate use of AI, strengthen cybersecurity, facilitate data sharing and system interoperability, and test new delivery modalities using emerging technologies.

These six initiatives are flexible, phased, and voluntary, allowing each community and provider to engage at a pace and scale suited to their local priorities and resources. These initiatives will transform Alaska's health system. They reflect Alaska's culture of innovation and self-reliance, and affirm our commitment to high-quality, accessible, and sustainable care.

## Arizona

**Title:** Arizona's RHT Program drives innovation in rural healthcare delivery through telehealth and integrated care, targeting behavioral health, chronic disease, child and maternal health, and healthcare workforce

**Abstract:** Nearly 786,000 Arizonans living in rural communities face persistent health care challenges that shorten lives and increase the cost of care. Provider shortages, geographic isolation, and limited infrastructure drive higher rates of chronic disease, behavioral health crises, and maternal health complications compared to urban areas. These challenges demand bold, coordinated action.

The Arizona Rural Health Transformation Plan (RHTP) is a \$200 million annual investment to strengthen access, quality, and sustainability of care across rural regions. Led by Arizona's Medicaid Program, the Arizona Health Care Cost Containment System (AHCCCS), in partnership with the Arizona Governor's Office, the Arizona Department of Health Services (ADHS), the Arizona Office of Economic Opportunity (OEO) and other key stakeholders, our plan will transform Arizona's rural health system and deliver quality care to rural communities.

The plan focuses on four strategic pillars. The Rural Health Workforce Development and Training Grant will recruit, train, and retain providers and allied professionals through expanded support for rural clinical rotations, residency programs, and Career and Technical Education. The Priority Health Initiatives Grants Portfolio will invest in behavioral health and substance use disorder treatment expansion, chronic disease prevention & management, and maternal, fetal, and infant health improvement. The Making Rural Healthcare Accessible initiative will expand telehealth infrastructure and provide funding opportunities for mobile and satellite care delivery and other innovative care models. Finally, the Making Rural Healthcare Resilient initiative will leverage shared-service networks and reduce fixed costs and administrative barriers for rural providers by subsidizing electronic health record licenses, scaling of back-office staff, and other capacity-building efforts.

Funds will be strategically invested through subawards and cooperative agreements to local governments, rural hospitals and clinics, educational institutions, and community-based organizations. These resources will drive high-impact activities such as deploying telehealth hubs, maximizing use of mobile clinics, launching workforce incentive programs, and advancing county-led disease prevention initiatives. State agencies will also procure vendors to build secure, interoperable data systems, real-time data dashboards, and fiscal tracking and accountability tools that meet rigorous federal audit and transparency standards.

By 2031, Arizona will deliver measurable results, including increased rural provider recruitment, retention, and satisfaction; expanded telehealth adoption statewide; improved maternal/infant outcomes, chronic disease management, behavioral health outcomes; and increased participation in preventive care services, leading to fewer hospitalizations and less reliance on emergency services. Through data-driven planning, cross-agency coordination, and community partnerships, our plan will ensure that every Arizonan—regardless of geography—has access to high-quality, coordinated, and sustainable care.

## Arkansas

**Title:** The Arkansas RHT Program expands access, strengthens care, grows the healthcare workforce, and advances telehealth to improve health outcomes and service quality for rural residents and communities statewide

**Abstract:**

**Subawardees:** To be determined; The State is committed to complying with all CMS requirements for identifying and engaging subrecipients, contractors, and other partners as the program progresses. Subawardees will be selected by the State based on alignment with and capacity to support Arkansas's Rural Health Transformation (RHT) Program.

**Project Summary:** The Arkansas RHT Program is a comprehensive statewide initiative designed to strengthen rural healthcare delivery, expand access to care, improve health outcomes, and ensure sustainable, high-quality services for all Arkansans. By focusing on four core initiatives, Healthy Eating, Active Recreation, and Transformation (HEART), Promoting Access Coordination and Transformation (PACT), Recruitment Innovation Skills and Education for Arkansas (RISE AR), and Telehealth Health-monitoring and Response Innovation for Vital Expansion (THRIVE), Arkansas is taking a holistic, community-driven approach to rural health challenges. These initiatives integrate evidence-based prevention programs, workforce development, care coordination, value-based delivery models, and technology-driven solutions, ensuring that rural residents receive timely, efficient, and patient-centered care, including mental and behavioral health services. Across all initiatives, the State emphasizes cross-sector collaboration, data-driven decision-making, and continuous evaluation to ensure that program activities meet the needs of rural communities while aligning with CMS priorities.

**Use of Funds:** RHT Program funds will support targeted investments across each initiative. HEART will focus on prevention and chronic disease programs, school and community-based wellness initiatives, nutrition interventions, and physical activity programming. PACT will fund integrated networks, expanded specialty and primary care access, scope of practice enhancements, and strategic facility investments. RISE AR will invest in leadership training, expanding residency, preceptorship, and other training programs for healthcare professionals, recruitment and retention incentives, professional development programs, and tele-education infrastructure to strengthen the rural healthcare workforce. THRIVE will fund telehealth platforms, technology-enabled monitoring for chronic diseases, emergency medical services modernization, and virtual care models to expand access and improve patient outcomes. Across initiatives, funds will also support data collection, analytics, performance tracking, and program evaluation to drive continuous improvement.

**Outcomes:** Through these investments, Arkansas expects to achieve measurable improvements in access to care, preventive health utilization, chronic disease management, care coordination, workforce capacity, and technology adoption. HEART will lead to healthier behaviors, improved child and adult health outcomes, and increased community engagement. PACT will improve care integration, reduce gaps in specialty care, and enhance efficiency across rural providers. RISE AR will strengthen the pipeline and retention of healthcare professionals, ensuring a sustainable, skilled workforce. THRIVE will expand access to telehealth, enhance EMS response, improve remote patient monitoring, and integrate innovative digital solutions into routine care. Collectively, these initiatives will create a resilient, coordinated rural healthcare system, improve the quality of



care, and lay the foundation for long-term, sustainable health improvements for rural Arkansas communities.

Total Estimated Budget: \$1,000,000,000

## California

**Title:** The California Rural Health Transformation Program will provide novel and innovative strategies to bring rural and frontier communities the resources and quality health care services that they need.

**Abstract:**

Applicant Organization: California Department of Health Care Access & Information

Subrecipients or Sub-awardees: TBD

Total Funding Requested: \$1,000,000,000

**Purpose:** HCAI proposes to create a network of regional care collaboratives for rural communities. The program will focus on timely, person-centered primary, maternity, chronic disease, and specialty care close to home. Informed by extensive stakeholder input, the program aligns with federal and statewide priorities and the five strategic goals of the Rural Health Transformation Program. The program will create novel initiatives to increase the workforce supply and modernize rural technology with the goal to improve primary, maternity, chronic condition, and specialty care throughout rural California.

**Project goals:** The California Rural Health Transformation Program will improve local access to comprehensive, evidence-based care; strengthen and retain a homegrown rural workforce; modernize technology, health information exchange, and cybersecurity; improve financial stability of rural providers to keep essential services available; reduce rural patient travel burden; and improve maternal and chronic disease outcomes through earlier detection and improved coordinated management. The program will provide novel and innovative strategies to bring rural and frontier communities the resources and quality health care services that they need.

**Use of funds:** Rural Health Transformative Care Model: The program will create regional hub and spoke networks anchored by hospital hubs and spokes that include critical access hospitals, clinics, birthing centers, and other providers. Key activities will include shared levels of care and transfer protocols; Project Extension for Community Healthcare Outcomes for chronic disease and primary-specialty care collaboration; family medicine with obstetrics fellowships; OB Nest for prenatal care with remote patient self-monitoring and nursing support; and e-Consult resources and perinatal psychiatry access programs. The program will include targeted transformation payments to support rural hospitals' capacity to transform their systems to support regional delivery of care, complete a telehealth gap assessment for each hub and spoke, and use accelerator partners to incubate workforce, technology, and payment solutions.

**Rural Health Workforce Development:** The program will build a Statewide Workforce Mapping and Planning Tool to identify regional, county, and sub-county workforce needs; strengthen education pathways from high school to Community Colleges, and 4-year universities with wraparound supports; expand regional upskilling through Train-the-Trainer programs in maternal health, chronic disease, behavioral health, and telehealth; and grow non-physician roles such as Community Health Workers, nurses, doulas, and midwives. The program will fund pipeline and pathway programs, the expansion of clinical placement and supervision sites, and include retention and relocation incentive payments.



**Rural Health Technology and Tools:** The program will modernize infrastructure and connectivity, including Electronic Health Record enhancements, health information exchange, and cybersecurity; operate a Technical Assistance Center that provides implementation support, training and certification, and capabilities assessment; expand collaboration through shared purchases and services; and deploy patient centered tools such as Remote Patient Self-Monitoring that integrate person generated data into clinical workflows.

**Expected Outcomes:** The program will deliver better health outcomes including more rural residents receiving primary, maternity, chronic disease, and specialty services locally; fewer preventable maternal complications; expanded local clinician and provider capacity; increased use of telehealth and e-Consults; improved health information exchange; stronger cybersecurity; reduced rural hospital bypass; and higher patient engagement.

## Colorado

**Title:** Colorado Rural Health Transformation Program

**Abstract:** Colorado is dedicated to ensuring our rural residents have ready access to the same high quality, multimodal, affordable health care as their urban counterparts. The Colorado Rural Health Transformation Program (RHTP) is the lynchpin by which we can ensure that vision becomes reality. By strengthening private-public partnerships, increasing access, modernizing delivery, and focusing on chronic disease prevention we can advance the future of health care in our uniquely rural and frontier communities. Working closely with rural hospitals, rural clinics, and local community organizations, RHTP can help these communities take charge of their own health: preventing chronic disease, improving access to vital services, and supporting rural providers.

RHTP will support and strengthen Colorado's community-driven initiatives, keeping care local and administering the program at a low 2.98%. RHTP funding will:

- Provide rural hospitals and clinics with resources to help communities get and stay healthy to reduce chronic disease.
- Invest in telehealth, mobile health tools and monitoring, equipment and shared data systems to connect and improve outcomes for patients.
- Recruit and keep local providers including but not limited to physicians, nurses, paramedics, local education partnerships, and behavioral health professionals, through streamlined credentialing processes, cross-training, and assessing and supporting workforce needs.
- Bring together physical, behavioral, public health, schools, and local businesses to partner to improve outcomes and affordability for rural Coloradans.
- Strengthen access to care, ensuring that rural Coloradans have essential services including primary care, wellness, emergency, behavioral health, and maternity care services in rural communities.
- Transform innovative care models to meet rural community needs while providing sustainability, affordability and lasting infrastructure.

**Expected Impact:** With the investment of RHTP, 2031 looks bright in both Colorado's rural plains and mountain communities. Colorado's RHTP will leave a lasting legacy: a sustainable, efficient, and robust rural health system worthy of the people it serves.

## Connecticut

**Title:** Connecticut's RHT Plan will modernize rural health delivery by investing in shared technology infrastructure, predictive analytics, facility upgrades, digital inclusion, and telehealth expansion.

**Abstract:**

Name of Organization: Connecticut Department of Social Services (DSS)

Title: Connecticut Rural Health Transformation (RHT) Plan (CMS-RHT-26-001)

Subrecipients / Sub-Awardee Organizations: DSS will serve as the lead agency. The project includes the following subrecipients/sub-awardees who will also carry out the State's RHT Plan: the Connecticut Office of Rural Health (ORH), Office of Policy and Management (OPM), Office of Health Strategy (OHS), Office of Early Childhood (OEC), Department of Mental Health and Addiction Services (DMHAS), Department of Energy and Environmental Protection (DEEP), Aging and Disability Services (ADS), Department of Public Health (DPH), State Department of Education (SDE), and Department of Agriculture (DoAg). The project also includes funding for contractors who will receive funding through contracts, distinct from the subrecipient/sub-awardee State agencies listed above.

Project Goals: The Connecticut RHT Plan is a critical mechanism to advance a sustainable, data-driven model of care that enhances access, quality, and outcomes. DSS, as lead agency, is committed to removing barriers to treatment, improving health outcomes, and promoting patient-centered care. The RHT Plan centers on four coordinated initiatives that collectively include thirty-one targeted projects which, together, address all of CMS's strategic goals for this grant to transform healthcare for residents in the State's rural areas: make rural America healthy again by addressing root causes of diseases; strengthen sustainable healthcare access; improve workforce development; promote innovative care; and enhance tech innovation. The initiatives are:

1. Population Health Outcomes – Advance prevention, improve management of chronic diseases, maternal and behavioral health integration, and address root causes of disease.
2. Workforce – Strengthen recruitment, training, and retention of healthcare providers and staff through education partnerships, telehealth support, and career pipelines.
3. Data & Technology – Expand interoperability, health information exchange participation and telehealth infrastructure, and analytics to guide performance and inform policy, as well as improve healthcare providers' ability to coordinate care and improve population health.
4. Care Transformation & Stability – Promote rural healthcare provider capacity to improve quality and population health, including by supporting enhanced care coordination, adoption of value-based models, integrating medical, behavioral, dental, and long-term services, coordinated care teams, and sustainable funding mechanisms for rural healthcare providers.

The State's plan will leverage partnerships with State and local agencies, Tribal partners, healthcare providers, and community organizations to ensure locally responsive solutions. By aligning investments with evidence-based projects, the RHT Plan will improve chronic disease management, expand healthcare access, reduce avoidable hospitalizations, and strengthen the long-term health of rural residents through sustainable solutions. This program will modernize electronic and logistical infrastructure, strengthen community-to-clinician connections, and further integrate healthcare and community-based services across settings and types of care.



Total Budget Amount: \$1,000,000,000

Use of Funds: The requested \$1,000,000,000 provides the investment needed to build a more resilient system

## Delaware

**Title:** The Delaware Rural Health Transformation Plan addresses critical healthcare access and outcome disparities affecting approximately 400,000 residents in rural Sussex and Kent Counties.

**Abstract:**

Delaware Rural Health Transformation Plan - Project Summary

Lead Organization: Delaware Department of Health and Social Services (DHSS), in partnership with the Division of Public Health (DPH) and the Governor's Office

Known Partner Organizations: Delaware State Housing Authority, Delaware Health Care Commission, Delaware Division of Libraries, Delaware Health Information Network (DHIN), Smart Health Network, Delaware Council on Farm & Food Policy, La Red Health Center, Westside Family Healthcare, Tidal Health, Beebe Healthcare, Bayhealth, ChristianaCare, Highmark Health Options, Nemours Children's Health, Delaware State University, University of Delaware, Delaware Technical Community College, and numerous community-based organizations

Total Budget: \$1 billion over five years (\$935.5M in direct costs + \$64.5M in indirect costs).

Project Goals: Delaware's Rural Health Transformation Plan addresses critical healthcare disparities affecting approximately 400,000 residents in rural Sussex and Kent Counties through 15 integrated initiatives. The plan aims to:

1. **Expand Access:** Establish Hope Centers for homeless populations, deploy mobile health units, create school-based health centers, and expand library-based health services to eliminate transportation barriers and bring care directly to rural communities.
2. **Strengthen Workforce:** Create Delaware's first medical school with a Primary Care-Rural Health track, establish "Train Here, Stay Here" programs with education awards for medical students and residents, and expand training programs for nurse practitioners, physician assistants, community health workers, and other critical healthcare roles.
3. **Drive Innovation:** Build comprehensive health IT infrastructure for real-time insurance verification and prior authorizations, launch a Catalyst Fund for telehealth and remote monitoring technologies, and implement a diabetes wellness pilot integrating continuous glucose monitoring with care management.
4. **Improve Outcomes:** Deploy Food is Medicine infrastructure with billing mechanisms and workforce development, establish value-based care readiness programs for rural providers and FQHCs, and create a Healthcare Workforce Data Center for real-time tracking of progress

Use of Funds: The \$1 billion investment will transform rural healthcare delivery in Delaware through infrastructure development (\$97.5M for Hope Centers, \$50M for health information exchange), workforce development (\$274M for medical school and training programs, \$60.25M for educational awards and recruitment), expanded access points (\$23M for mobile units, school health centers, and library services), technology innovation (\$106.5M for catalyst fund and diabetes pilot), and sustainable care delivery models (\$308M for value-based care readiness and Food is Medicine infrastructure and \$16.25M for workforce data infrastructure). By addressing root causes—workforce shortages, outdated care delivery models, and underutilized payment mechanisms—rather than providing temporary subsidies, this plan creates sustainable improvements in access, quality, and health outcomes for Delaware's rural communities.

## Florida

**Title:** The Florida Rural Health Transformation Program (RHTP) modernizes, stabilizes, and sustains rural health systems across 31 counties, serving approximately 1.2 million Floridians.

**Abstract:**

State of Florida Rural Health Transformation Program (RHTP) Project Summary

Lead Agency: Florida Agency for Health Care Administration (the Agency)

Subrecipients: To be selected through a procurement process.

**Project Purpose and Goals:** The Florida Rural Health Transformation Program (RHTP) modernizes, stabilizes, and sustains rural health systems across 31 counties, serving approximately 1.2 million Floridians. The program's purpose is to expand access to high-quality, affordable healthcare by addressing provider shortages, technological fragmentation, and unsustainable reimbursement structures. Florida is committed to Making Rural Florida Healthy Again by advancing the following strategic goals:

1. **Improve Access:** Combine urban-led rural clinics, mobile health, community paramedicine, tele-specialties, remote monitoring, retail pharmacy clinics, and nutrition-focused Health and Lifestyle initiatives to offer preventive, chronic disease, behavioral health, and maternal care directly to residents.
2. **Improve Outcomes:** Reduce preventable hospitalizations and improve chronic, behavioral, and maternal health outcomes through evidence-based, technology-enabled interventions.
3. **Enhance Technology and Data Use:** Advance telehealth, remote monitoring, and health information exchange and encounter notification systems to improve continuity, efficiency, and performance tracking.
4. **Strengthen Workforce:** Build a lasting rural workforce pipeline through the Clinical Training Investment Opportunity (CTIO) initiative, with supervised rotations and five-year rural service commitments.
5. **Ensure Financial Sustainability:** Implement value-based payment models and promote integrated Medicare-Medicaid plans initiative to stabilize rural hospitals and strengthen provider solvency through more streamlined billing for providers.

**Total Budget Amount:** \$200 million

**Use of Funds:** Florida will deploy RHTP funds through a statewide strategy to modernize rural health infrastructure, strengthen the workforce, and advance value-based, data-driven care.

Funding will support new rural and satellite clinics, expand mobile health and community paramedicine services, and integrate telehealth and remote monitoring for preventive, primary, and specialty care. Enhancing behavioral health access with regional telepsychiatry hubs, workforce development, and increased access via retail clinics in rural pharmacies will also be prioritized. The Health and Lifestyle initiative will address food insecurity, nutrition counseling, and school-based wellness programs to reduce chronic disease. Additional funds will support the Integrated Medicare-Medicaid Plans Education and Outreach initiative, provider onboarding to the Florida Health Information Exchange, and advanced diagnostic technologies. Florida will further promote Value-Based Purchasing and Patient-Centered Medical Home transformation to improve care coordination, efficiency, and sustainability. This funding aims to build a sustainable rural health system that expands access and improves outcomes for 1.2 million rural Floridians.

## Georgia

**Title:** Georgia Rural Enhancement And Transformation of Health (GREAT Health) Program is a grant to support value-based care uptake in the State of Georgia strengthening the healthcare access and the workforce.

**Abstract:**

Organization: Georgia Department of Community Health

Sub-recipients: State Office of Rural Health, Georgia Board of Health Care Workforce, Department of Public Health, Department of Behavioral Health and Developmental Disabilities, Department of Human Services, University System of Georgia, Side by Side, Georgia EMS Association/Georgia Ambulance Providers Association, ShareCare, Deloitte, RSM

Project Goals: All five Rural Health Transformation goals as specified in the NOFO

Total Budget Amount: \$1,427,778,682 over five years

Description: Georgia's Rural Enhancement And Transformation of Health (GREAT Health) program will bring about a transformation of health in rural Georgia. Achieving this vision means rural populations are healthier, live longer, have an improved quality of life, and can both live and work in the communities they love; rural places have healthcare that is high quality, more abundant, more accessible, and more effective; and rural progress creates systems-level change that leverages technology, drives innovation, and improves quality, while maintaining a patient focus. The GREAT Health program will do this through five initiatives:

1. Transforming for a Sustainable Health System focuses on preparing rural healthcare facilities and providers to qualify for the Achieving Healthcare Efficiency through Accountable Design (AHEAD) Model for hospitals and AHEAD primary care programs from CMS to align with the Georgia vision of rural progress. As part of this initiative, the GREAT Health program will focus time and resources on working collaboratively with healthcare facilities and leaders to assess readiness, identify gaps, and provide technical assistance. Other parts of this initiative will address strategic gaps and mitigate fiscal risk that could cause some facilities and providers to delay engagement in these reforms. Many of the strategies outlined across initiatives will support the care delivery and financial situations of rural providers to ensure long-term, meaningful participation in AHEAD.
2. Strengthening the Continuum of Care includes nine strategies that focus on addressing rural-specific behavioral health concerns, improving infrastructure related to emergency preparedness to mitigate injury and trauma risks, improving public health initiatives related to newborn screenings and interhospital transportation, expanding support for acquired brain injury survivors, and increasing access to nutrition services for children with autism spectrum disorder (ASD) and pregnant women.
3. Connecting to Care to Improve Healthcare Access includes six strategies that align with the vision of increasing access in rural places to ensure rural residents have more opportunities for preventative, primary, specialty, dental, and behavioral healthcare.
4. Growing a Highly Skilled Healthcare Workforce includes five strategies grounded in increasing and incentivizing healthcare workers to practice in rural Georgia. This is directly associated with the vision for rural populations in rural places through expanded scholarship and GME programs and establishing rural recruitment incentives.
5. Leveraging Technology for Healthcare Innovation consists of eight technology-based strategies that will scale up innovation with a focus on improving care delivery, aligning with



the vision of advancing rural progress, through technological advances in cybersecurity, robotics, electronic medical records, artificial intelligence, and more.

## Hawaii

**Title:** The Hawai'i Rural Health Transformation Plan will build a robust, sustainable rural health care system that will improve healthcare access, quality and outcomes through six interconnected initiatives.

**Abstract:** The State of Hawaii requests a five-year, \$1 billion Rural Health Transformation Program (RHTP) cooperative agreement from the Centers for Medicare and Medicaid Services (CMS) to achieve the RHT statutory goals of making rural America healthy again, promoting sustainable access, workforce development, innovative care, and technology innovation.

Healthcare access challenges are significant in the State of Hawaii due to its unique geography; 95.1% of the land area is rural. Healthcare services are centered in Honolulu, the State's single urban core. There are serious deficiencies in the digital and physical health care infrastructure, along with severe workforce shortages and financial constraints that negatively impact rural residents' access to physical and behavioral care at all levels.

The goal of the State of Hawai'i's RHTP is to transform the rural health care delivery system in a sustainable manner that will improve healthcare access, quality, and outcomes. The plan focuses on addressing prioritized challenges affecting rural populations. These include health information technology infrastructure, the emergency medical services (EMS) system, access to behavioral health care, overreliance on hospitals and emergency care, workforce shortages, and the inability of rural providers and networks to adopt innovative care models.

The RHTP includes six interconnected initiatives: (1) Rural Health Information Network (RHIN): A statewide digital backbone connecting rural hospitals, clinics, and health centers through interoperable EHRs, wireless networks, and integrated data hubs; (2) Pili Ola Telehealth Network: A statewide telehealth network connecting rural communities to providers and integrating digital health access, virtual care, and telehealth training; (3) Rural Infrastructure for Care Access (RICA): A physical access initiative to expand emergency medical services, implement evidence-based community care practices (healthcare team expansion, community paramedicine, and mobile healthcare), and bolster the behavioral health infrastructure; (4) Hawaii Outreach for Medical Education in Rural Under-resourced Neighborhoods (HOME RUN): A pipeline initiative expanding education, recruitment, and retention of healthcare workers through certificate programs, residencies, scholarships, and mentoring; (5) Rural Respite Network (RRN): An expansion of the effective medical respite model to rural areas to reduce preventable hospital use among unhoused or post-acute patients with low medical acuity; (6) Rural Value-Based Innovation (RVBI) & AHEAD Readiness Fund: A competitive fund enabling rural providers to adopt innovative care models and succeed under the CMS Achieving Healthcare Efficiency through Accountable Design (AHEAD) model by financing local value-based innovations.

CMS funds will support personnel (RHTP Oversight Team), consultants for specialized technical and programmatic assistance, and subawards for initiative leads. Subawardees include the State Health Planning and Development Agency, the University of Hawaii (UH) Telecommunication and Social Informatics Program, the State Department of Health, UH John A. Burns School of Medicine, and the State Department of Human Services.

## Idaho

**Title:** State of Idaho Rural Health Transformation Program

**Abstract:** The Idaho Department of Health and Welfare's Rural Health Transformation Program grant proposal seeks \$200 million per year for five years to empower Idahoans and their communities to take charge of their health by transforming today's fragmented rural health care infrastructure into a resilient, patient-centered system that delivers accessible, sustainable, and innovative care close to home. This will be accomplished through five coordinated initiatives that build long-term system capacity, informed by public input that identified three clear priorities guiding this plan: workforce, healthcare access, and chronic disease prevention.

**Improving rural access to care through technology:** Through investments in technology assessments, telehealth, interoperability through electronic health records software and upgrades, artificial intelligence, cybersecurity modernization, emergency communication system implementation and enrollment, health management and data analytics tools, and digital health applications, Idaho will strengthen the backbone of rural care--bridging distance, reducing duplication, and building durable infrastructure that allows communities to manage their own health more effectively in partnership with rural healthcare systems, treatment centers, and long-term care facilities.

**Ensuring accessible quality care through innovative models:** By investing in access to innovative diagnostics, leveraging new technologies, expanding workforce by enhancing the role of health extenders (community health workers, community health emergency medical services (EMS), pharmacy allied professionals, and other non-physician health care professionals), strengthening EMS systems, and supporting home-based and community-based care solutions, this initiative will ensure that rural Idahoans can receive care at and close to home.

**Sustaining rural workforce with training, recruitment, and retention:** To transform rural health sustainably, this initiative focuses on a comprehensive rural workforce strategy that leverages financial incentives, training pathways, and community support to build and sustain a skilled rural health workforce--including ladder payments for recruitment, retention, and post graduate scholarships; healthcare career exploration and advancement programs; work-based learning; and graduate medical education programs including fellowship and residency. All participants in the workforce projects will commit to a minimum of five years of service in rural communities, ensuring continuity of care and strengthening local health systems.

**Implement population specific, evidence-based projects to Make America Healthy Again:** This initiative will advance Idaho's rural health systems by implementing community-targeted, data-driven prevention and treatment programs that address chronic disease, behavioral health, and maternal and child health; and build local capacity for implementation and ongoing sustainability. To ensure long-term impact, all interventions will be based on proven models and supported by training, monitoring, and evaluation systems to ensure viability in rural Idaho contexts.

**Investing in rural health infrastructure and partnerships:** This initiative will invest in rural healthcare facility renovations, pharmacy solutions, clinical equipment purchases, vehicles for patient transport and rural mobile health units, and facility compliance upgrades. Additionally, it supports partnerships, including a 3.5% set-aside for Tribal rural health transformation support.



Funding will be awarded through competitive solicitations under the five initiatives.

## Illinois

**Title:** Illinois Rural Health Transformation Program - To support rural communities across the State of Illinois in improving healthcare access, quality, and outcomes by transforming healthcare delivery.

**Abstract:**

Name of Organization: Illinois Department of Healthcare and Family Services (HFS)

Subrecipients or Sub-Awardee Organizations: HFS intends to further identify subrecipients and sub-awardees in upcoming demonstration years. Subrecipients are expected to include: Hospitals, Illinois Primary Health Care Association (IPHCA), Community Behavioral Health Association (CBHA), University of Illinois Chicago (UIC), Illinois Critical Access Hospital Network (ICAHN), Illinois Department of Public Health (IDPH), Illinois State University System, and Illinois Community College Board (ICCB).

Project Goals, Purpose, & Outcomes: HFS has developed a vision for the future of rural healthcare in Illinois based on the five strategic goals outlined by the Centers for Medicare and Medicaid Services (CMS) in the Notice of Funding Opportunity (NOFO). The project includes 3 categories of initiatives: (1) Transforming Rural Healthcare; (2) Overcoming Geographic Barriers to Care; (3) Building a Resilient Rural Workforce. The purpose of HFS' RHT program is to (1) Invest in infrastructure and innovative models of care to right-size care delivery in rural communities; (2) Break down existing barriers to care by bringing health care into the rural communities; ad (3) Build a robust local workforce.

Total Budget Amount: \$200 Million per budget period

**Description of Use of Funds:**

Initiatives	Strategic Goals	Uses of Funds
Transforming Rural Healthcare Hospital Transformation Community Care Infrastructure Hospital Disease Prevention	Innovative care, Make rural America healthy again, Sustainable access	A, B, C, D, G, H, I, J, K
Overcoming Geographic Barriers to Care EMS and Mobile Healthcare Technological Innovation for Virtual Care	Sustainable access, Tech innovation	A, C, D, F, G, H, I, J
Building a Resilient Rural Workforce Healthcare Workforce Expansion Training Healthcare Support Workers Rural Health Education Pipeline	Workforce development	E, G

## Indiana

**Title:** Growing Rural Opportunities for Well-being in Health (Grow: Cultivating Hoosier Health), Indiana's Rural Health Transformation Plan.

**Abstract:** The State of Indiana, with its lead agencies, the Indiana Family and Social Services Administration (FSSA), the Indiana Department of Health (IDOH), and the Indiana Department of Child Services (DCS), collectively under Indiana Health and Family Services (HFS) will launch its landmark “GROW” transformation program utilizing RHT Program funds. Indiana engaged a broad network of rural residents, providers and provider organizations, community leaders, and State legislators to shape the vision and priorities of GROW through extensive collaboration and feedback.

**Purpose and Project Goals:** GROW expands Indiana’s Make Indiana Healthy Again initiatives and seeks to invest \$1B over a 5-year period to catalyze innovative and sustainable solutions to drive healthier outcomes for Indiana’s rural residents. GROW is fully aligned with the five CMS Strategic Goals with 12 target initiatives, which balance statewide efforts with regionally designed projects led by local networks of providers and community leaders.

### CMS Goal\* Investments and Target Outcomes\*\*

1. Sustainable Access (6% of total funding) Enable rural providers to serve as lasting access points for care and improving overall care coordination to address existing low patient volumes and hospital transfer barriers by establishing a statewide Medical Organizations Coordination Center (1) and enhancing Indiana 211 to support closed-loop referrals (2)
2. Tech Innovation (7% of total funding) Enhance technology infrastructure and digital connectivity across rural health systems to address gaps in secure data exchange and improve patient outcomes by strengthening interoperability networks connecting rural facilities (3)
3. Innovative Care (10% of total funding) Promote patient-centered models of care to address access barriers to preventive and post-acute services by enhancing pediatric and obstetric readiness in emergency departments (4), advancing cardiometabolic care standards (5), improving timely access to prescription medications (6), and strengthening tele-consult (7) and telehealth (8) capacities among rural facilities
4. Workforce Development (10% of total funding) Grow the paraprofessional, physician, and behavioral health workforce to removing credentialing and training barriers for community health workers and peers (9), and funding physician stipends and rural preceptorships to incentivize rural practice (10)
5. Make Rural America Healthy Again Catalyze targeted local rural health innovation by addressing community-specific challenges with community-specific solutions through the Make Rural Indiana Healthy Again Regional Grants (12), which will be awarded to regional coalitions through a competitive application process to drive outcomes-driven initiatives and strengthen collaboration among healthcare and community partners (60% of total funding)

\*Overall administrative costs and indirect costs make up the remaining portion of total funding.

\*\* Numbers in parentheses indicate which of Indiana’s 12 initiatives each activity corresponds to.



Looking ahead to the next five years, Indiana will continue to collaborate with key stakeholders and experienced partners throughout the implementation of these initiatives to ensure rural perspectives remain central across all phases of these efforts. Indiana will also hold regular advisory meetings to ensure ongoing accountability and responsiveness to feedback.

## Iowa

**Title:** Iowa's Rural Health Transformation Program. Supports rural hospitals and partners, build collaborations, recruit providers, prevent and treat chronic disease, combat cancer, and rural technology upgrades.

**Abstract:** This package outlines Iowa's application for Healthy Hometowns, Iowa's Rural Health Transformation Program. Healthy Hometowns consists of initiatives that work together to support rural hospitals and their partners, build collaborations for long term systemic sustainability of rural healthcare, prevent and treat chronic disease, combat cancer, and invest in equipment and technology upgrades. Within five years, Iowans can expect a reduction in avoidable emergency department visits, an increase in rural residents receiving care locally through new or expanded service lines, an increase in the provider to population ratios in rural Iowa, and an increase in the number of telehealth consultations delivered to rural residents. Iowa anticipates this will lead to future reductions in chronic disease and cancer. Iowa's application includes the following:

**Hometown Connections:** An initiative that builds formal partnerships to restructure healthcare delivery options for rural communities. This includes an expansion of Iowa Governor Kim Reynolds's Centers of Excellence Program and a rare opportunity to develop enhanced Health Hubs, or hub-and-spoke networks of care, with investments in telehealth, specialized medical equipment, provider recruitment and retention, efficient space utilization, and limited funds to support care for uninsured Iowans. Health Hubs may include school-based service provision.

**Best and Brightest:** A sub-initiative of Hometown Connections to recruit and retain an excellent rural healthcare workforce.

**Combat Cancer-Prevent and Treat:** An initiative to comprehensively tackle cancer throughout the State via increasing access to cancer screening, forming cancer-specific Health Hubs, upgrading equipment for cancer screening and treatment, delivering supportive care for families impacted by cancer, and supporting studies and analyses by academic partners. Iowa will address lung cancer prevention through radon testing and mitigation, breast cancer by paying for mammograms and follow-up breast MRIs, colorectal cancer through FIT tests and follow-up colonoscopies, skin cancer through telehealth and new equipment, and prostate cancer through routine screening methods.

**Communities of Care:** An initiative that supports co-location of different rural provider types for convenient patient access and improved coordination, hires community health workers as system navigators, and invests heavily in chronic disease prevention and management techniques.

**Health Information Exchange:** An initiative that allows records to be accessible across the State as patients travel through new Health Hubs and seek care in new ways.

**EMS Community Care Mobile:** An initiative that invests in new telehealth technology for high-risk transport of moms and their new babies to higher levels of care throughout the State and a mobile integrated healthcare program that brings prenatal, postpartum, post-surgery discharge, chronic disease management, and other types of care to rural residents in their homes or to easily accessible sites in their communities.

Iowa requests \$200 million per project year period (total \$1 billion over the 5-year grant).

## Kansas

### **Title:** Kansas Rural Health Transformation Plan

**Abstract:** Project Goals: Transform Kansas' rural health care delivery system by (1) realizing meaningful reductions in chronic disease rates and avoidable hospitalizations for complications related to chronic disease in rural Kansas; (2) substantially reducing the number of rural Kansas hospitals with negative operating margins; (3) improving provider-to-population ratios for primary care, dental and mental health disciplines and ease nursing and allied health shortages in rural Kansas; (4) having 100% of Medicare and Medicaid beneficiaries in rural Kansas in accountable care relationships by 2031; (5) and enabling rural Kansas providers to meaningfully engage in data sharing, analysis of aggregated patient and outcome data, expanded use of telehealth and remote monitoring, appropriate use of artificial intelligence, and utilization of consumer-facing technologies.

Total Budget Amount: \$200 million per year for five years.

Description of How Funds Will Be Used: The State of Kansas' Rural Health Transformation Plan includes five initiatives tied to the Rural Health Transformation Program's five strategic goals and fully addressing the ten initiative-based factors specified by CMS: (1) expand primary and secondary prevention programs; (2) secure local access to primary care; (3) build a sustainable rural workforce; (4) enable value-based care; (5) harness data and technology. For each initiative, the State has developed programs and projects to achieve the initiative's objectives.

The Plan is comprehensive in scope, reaching all rural communities in the State and all types of rural providers.

Key programs include (1) financial incentives for rural providers to implement and sustain evidence-based practices; (2) support for transformative projects to form or expand regional partnerships; (3) a statewide Accountable Food Is Medicine program supported in part by deployment of community health workers; (5) a focused behavioral health services program including integration of behavioral in primary care and embedding behavioral health supports in emergency departments and nursing facilities; (6) a comprehensive remote patient monitoring program using cutting-edge technologies; (7) deployment of consumer-facing technologies to support healthy lifestyles and manage chronic conditions; (8) new transportation models and innovative patient care resources to ensure patients receive the right care in the right place at the right time; (9) specific interventions to help rural providers improve revenue and reduce operating costs; and (10) targeted training and recruitment programs to address specific rural workforce challenges. The initiatives include several additional programs and projects to drive transformation and make rural America healthy again.

The Plan, developed with significant stakeholder input, includes a detailed implementation plan with an aggressive timeline, a comprehensive evaluation plan, and a practical sustainability plan. Every dollar in the budget is committed to helping rural communities thrive through better health.

## Kentucky

**Title:** Kentucky Rural Health Transformation Plan - To improve health outcomes, expand access to care, & strengthen the infrastructure that supports the Commonwealth of KY rural constituents & areas

**Abstract:** The Commonwealth of Kentucky is the 10th most rural State in the country, with 1.87 million residents, nearly half (41.6%) of the total State population, residing in a rural area. According to America's Health Rankings, Kentucky is currently ranked 41st out of the 50 States based on a spectrum of measures. Average life expectancy ranges from 64.5 to 79.7 years across counties, with a lower life expectancy in counties within Eastern rural areas. These rural communities face some of the most significant health access challenges in the Commonwealth and across the country, including high rates of chronic disease, maternal health deserts, behavioral health crises, and limited access to preventive dental care and emergency services. The Commonwealth's Rural Health Transformation Plan (RHTP) represents a bold step forward to transform care delivery across our rural health ecosystem. Kentucky's Department for Public Health, under the Cabinet for Health and Family Services (CHFS) and, together with key stakeholders, propose five specific care innovation models to refocus efforts on improving access and prevention of high-priority health conditions that disproportionately impact rural Kentuckians.

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

Across these five priority areas, Kentucky will make investments in new and emerging technology infrastructure, data interoperability standards, and other technology-based initiatives. The Commonwealth will also support workforce capacity by expanding the number and role of clinical and non-clinical health care workers to improve access and enable more cost-effective rural health delivery at the local community level. Kentucky intends to allocate funds to subrecipients who will play a critical role in implementing the proposed initiatives outlined in the RHTP. The Commonwealth will also maintain ongoing engagement with stakeholders across the program's duration to ensure broad input and collaboration. Kentucky is fully committed to fiscal responsibility, rigorous monitoring, measurable outcomes, and long-term program sustainability. Furthermore, the Commonwealth will adopt and enforce any policies or regulations necessary to support and advance the goals of the program. Through this comprehensive and collaborative approach, Kentucky aims to create lasting improvements in rural health outcomes across the Commonwealth and be a leader in rural health transformation nationwide.

Total Federal Cost: \$200,000,000 per budget period

## Louisiana

**Title:** Utilizing workforce, modernized technology, coordinated and innovative care models, and investments in infrastructure LDH will transform health outcomes for rural communities in LA

**Abstract:** The Louisiana Department of Health (LDH) application for the Rural Health Transformation Program (RHTP) includes groundbreaking initiatives that will have a long-lasting impact on healthcare for rural Louisiana citizens. These activities were developed based on stakeholder feedback and address the critical challenges in healthcare access, workforce, and health outcomes faced by the State's rural population. Louisiana ranks 50th in national health rankings, and health outcomes in rural parishes reflect disproportionate challenges. These outcomes are a result of both limited healthcare access in rural areas and the financial instability of rural healthcare facilities.

The Louisiana Rural Health Transformation Program (LA RHTP) will provide resources, facilitate collaboration across agencies, and reinforce State policy changes needed to tackle the pressing healthcare disparities in this State. Through this program, Louisiana aims to enhance the sustainability of rural healthcare providers while ensuring that the State's 1.1 million rural residents, particularly those with chronic and behavioral health needs, can access high-quality care close to home.

To ensure Louisiana meets its goal of improving healthcare quality to rural residents, LDH is requesting the maximum allocation of RHTP grant funds to implement six proposed initiatives that work together to expand the healthcare workforce, promote the use of technology, AI, digital tools, and data sharing, and deploy financial incentives to change provider behavior and empower communities to address non-clinical factors of chronic disease.

These initiatives will: 1) build a resilient, integrated rural health and emergency system by expanding and stabilizing the workforce through targeted incentives, continuous training, and technology-enabled care coordination; 2) modernize rural health technology infrastructure and expand interoperability by combining a State-managed, CMS-aligned electronic health record (EHR) system with a tech catalyst fund to invest in innovative digital tools and mobile care platforms; 3) implement value-based payment and care models that reward outcomes, support innovative services, and ensure sustainable, high-quality care for rural communities; 4) expand prevention and nutrition-based interventions to address chronic disease, maternal health, and behavioral health challenges; 5) strengthen care integration for high-needs populations through coordinated, multi-modal care infrastructure models; and 6) provide capital investment support to strengthen sustainable access to essential health services.

All funded activities are designed to address needs present in every rural parish across Louisiana. The State will ensure that each rural area has access to the program's benefits, while allowing flexibility to target specific parishes or regions identified as having a greater need. Louisiana will strengthen collaboration among rural hospitals, rural health clinics, federally qualified health centers (FQHCs), behavioral health providers, emergency medical services, Louisiana Ambulance Alliance, and allied health professional networks. Louisiana will maintain ongoing outreach and collaboration with rural communities to ensure that valuable stakeholders are aware of funding availability and have the opportunity to actively participate in initiatives. This program will



strengthen health care access and enhance provider sustainability, ensuring that Louisiana’s rural residents can receive equitable and high-quality care.

## Maine

**Title:** Maine's Rural Health Transformation Plan proposes a new approach to delivering rural health care so that rural Mainers will have a resilient and integrated rural healthcare system accessible to all.

**Abstract:** Maine stands out as America's oldest and one of its most rural States, where rural residents face far higher risks of chronic disease than the national average. Adults in Maine's rural communities are more likely to have heart disease, the leading cause of death in our State. Nearly one in eight lives with diabetes, and one in five has lost six or more teeth to decay or disease. These complex health needs, combined with our aging population, drive rising demand for services, while rural geography adds costs, logistical barriers, and workforce shortages. Together, these challenges call for a new approach to delivering rural health care, and Maine's Rural Health Transformation Plan (RHTP) proposes a path to achieve that transformation.

Maine's RHTP strategy envisions a future rural health system in which where one lives no longer dictates health outcomes or access to care; a stronger workforce, mobility innovations, and technologies ensure quality care is available to rural Mainers when they need it, where they need it; and a rural health system that is strong and sustainable for generations of Mainers. Maine will track our progress towards achieving this vision through four overarching goals:

1. Increase the relative percentage of residents in rural areas with high BP that is well-controlled by 10%.
2. Reduce the relative 30-day all-cause readmission rate among rural patients by 10%.
3. Reduce the relative percentage of adults in rural areas who report delaying medical care for reasons other than costs by 10%.
4. Reach at least 75% of Maine's rural hospitals achieving annual operating margins sufficient to make ongoing investments to improve operations and care (at or above 1% operating margin).

Our plan is organized around five initiatives to achieve these goals. To empower rural Mainers to achieve their own healthy living goals, we will adopt and expand proven population health solutions. To expand the supply of care, we will grow our rural healthcare workforce and implement technologies that connect every community to advanced care. And to ensure care will be available and affordable long into Maine's future, we will pair affordability measures with strategies that advance quality, efficiency, and fiscal durability. By the conclusion of this work, rural Mainers will have a resilient and integrated rural healthcare system that is accessible to all, delivers consistent, high-value care, and achieves better health outcomes statewide. Our proposal's total budget is \$1 billion, per CMS instructions, using an illustrative award amount of \$200 million for each budget period.

The plan's implementation will be led by Maine's Department of Health and Human Services in collaboration with other State agencies and many partnering organizations secured through Subawards and contracts.

## Maryland

**Title:** Maryland Rural Health Transformation Program: Transform the Rural Health Workforce; Promote Sustainable Access and Innovative Care for Rural Marylanders; Empower Rural Marylanders to Eat for Health

**Abstract:** Maryland’s Rural Health Transformation Program will enable our State to improve the health and well-being of the one-third of our residents who call rural Maryland home. Maryland, via the Maryland Department of Health (MDH), proposes three bold goals to tackle longstanding challenges. We will implement critical initiatives through a combination of Immediate Impact Funds – quickly expanding “shovel-ready” activities, and Transformation Funds – issuing competitive opportunities for transformational projects that require longer planning.

**Goal 1. Transform the Rural Health Workforce:** Maryland will expand existing and implement new efforts to develop, recruit, and retain a strong health workforce, addressing multiple types of clinicians and allied health professionals across medical, behavioral health, and dental fields. For example, Immediate Impact Funds will grow the number of apprenticeships and increase other employment and upskilling opportunities for community health workers and other occupations. Transformation Funds will build a pipeline of future health professionals in rural communities and expand training, recruitment, and retention for providers.

**Goal 2. Promote Sustainable Access and Innovative Care for Rural Marylanders:** To achieve a world-class health system for rural Marylanders, we will expand existing and implement new efforts to bring healthcare services into rural communities. This comprehensive initiative includes multiple avenues to leverage technological advances, grow provider capacity, and increase access. Immediate Impact Funds will expand primary care, specialty care, and school-based health center capacity; optimize health information technology including through artificial intelligence modeling for patient risk predictive alerts; and expand the use of telehealth. Transformation Funds will expand an array of physical and behavioral health services, deploy technology-enabled chronic disease management including remote patient monitoring, expand mobile health, and help provider practices adopt innovative care models.

**Goal 3. Empower Rural Marylanders to Eat for Health:** Addressing consistent access to food is important for health promotion, chronic disease prevention, and overall well-being. Immediate impact funds will invest in infrastructure to improve access to nutritious, locally grown and raised foods. We will increase the supply of healthy foods in Maryland’s rural hunger hotspots, for example by addressing farmers’ post-harvest needs and expanding mobile markets and grocery stores. We will support education to strengthen demand for fresh, unprocessed foods. Transformation Funds will link rural Maryland farmers to large-scale local buyers through aggregation that stimulates market access. Transformation Funds will also establish purchasing strategies that prioritize local sourcing among buyers of all sizes.

The proposed total budget over five years is \$1 billion. We are committed to ongoing collaboration with partners and engagement with stakeholders to actively involve rural Maryland in shaping transformation strategies. Known subrecipients include Maryland State Departments of Agriculture, Emergency Management, Labor, and Housing and Community Development; as well as the Rural Maryland Council, Chesapeake Regional Information System for our Patients (CRISP), Local Health Departments, Local Emergency Medical Services, and the Maryland Area Health



Education Center. Maryland will determine additional subrecipients through competitive Transformation Fund processes.

## Massachusetts

**Title:** The Massachusetts Rural Health Transformation Program will catalyze transformative investments that strengthen rural MA communities, enabling them to thrive and sustain improved health and well-being.

**Abstract:** Of MA's 351 jurisdictions, 160 are designated rural. Representing 57% of the State's land mass, sparsely populated rural towns have a density of 198 people per square mile, compared to non-rural communities (2,256 people per square mile). The target population of this project includes MA's 700,000 rural residents representing 10% of the State's population who experience persistent gaps in access to essential health and social services.

MA's rural communities face significant barriers to healthcare including higher uninsurance rates, greater reliance on public insurance, rising chronic disease, behavioral health, and substance use disorder burdens. Care is often distant, with fewer primary and specialty care access points, fragile EMS, and healthcare systems strained by aging infrastructure. Shrinking access points reflect broader system decline such as rural hospital reductions (11 in 2014 to 6 in 2025), with limited clinics, behavioral health, pharmacies, and long-term care options. Technology and transportation gaps further restrict access.

Key health challenges include maternal and pediatric service shortages, long specialty care wait times, workforce shortages (primary care provider (PCP) ratio 79/100,000 vs. 102 non-rural), and financial fragility of rural providers. These factors lead to worse outcomes: chronic disease prevalence and ED visit rates are consistently higher in rural communities (e.g., hypertension 32.4% vs. 28.5% non-rural; mental health ED visits 1,016 vs. 756 per 100,000). Addressing these differences requires targeted investments in rural workforce, infrastructure, and access to primary and specialty care.

Through the Rural Health Transformation Program, we will catalyze transformative investments that strengthen rural MA communities, enabling them to thrive and sustain improved health and well-being for generations. To actualize this vision to transform rural health, we have three overarching goals: (1) Ensure rural residents can readily access healthcare services, (2) Generate opportunities to improve the health and well-being of rural residents, and (3) Scale systems, policies, and investments to meet unique needs of rural communities.

The MA RHTP is structured around seven broad Initiatives to transform rural healthcare in MA, and within each Initiative, multiple Activities to achieve the Initiative goals. Initiative I. Population Health Advancement: improving clinical infrastructure, increasing coordination, and expanding payment methodologies to advance rural providers' value-based care and efforts to lower cost and increase quality of care. Initiative II. Innovation in Rural Care Models: Facilitating the introduction and redesign of models in rural MA to increase access, broaden service availability, and improve efficiency in the delivery of health care. Initiative III. Training Healthcare for Retention, Innovation, & Excellence (THRIVE): Strengthen the full continuum of the healthcare workforce in rural communities with targeted activities focused on workforce development, recruitment, and retention. Initiative IV. Healthy Rural Communities: Supporting community-informed and led prevention activities to increase opportunities and empower communities to address gaps related to the root causes of health. Initiative V. EMS Service Integration: Investments and programs to increase viability, integration, and expanded role of EMS in rural communities. Initiative VI.



Enhancing Technology Interoperability and Connectivity: Improving technological infrastructure of rural health providers to increase connectivity, create efficiencies, and support better outcomes. Initiative VII. Facility Modernization & Re-Use: Support minor renovations of rural facilities to optimize space and expand access.

The total budget is \$1,000,000,000 across five years.

Together, MA is confident these Initiatives can truly transform and improve the health of our rural communities.

## Michigan

**Title:** Making Rural Michigan Healthy Again.

**Abstract:** Subrecipients/Sub-awardees: Local health departments, rural health clinics, Federally Qualified Health Centers (FQHCs), hospitals, community-based organizations, universities, Tribal governments, and other critical rural health partners (to be identified through a competitive subaward process).

Total Budget Request: \$1,000,000,000

**Project Goals:**

- Establish sustainable partnerships that integrate health, human services, and community sectors across rural regions.
- Increase access to primary, behavioral, and preventive care through a well-trained, supported workforce now and in the future.
- Improve use of technical innovations that promote increased efficiencies, health data sharing and real-time referral capacity among rural providers among many other benefits.
- Advance rural health by reducing gaps in access to care and essential supportive care by implementing care models that keep residents close to home.
- Demonstrate measurable improvements in community well-being, system efficiency, and patient experience.

**Funds will be used to:**

- Support the development and strengthening of regional partnerships among rural hospitals, clinics, and community organizations to improve care coordination, align service delivery, expand access points and promote financially sustainable care models
- Recruit and retain rural health professionals, behavioral health providers, and community health workers. Funds will also promote prevention and chronic disease management training and integrated behavioral health care access
- Implement technology tools and advancing rural interoperability, including a rural technology catalyst fund to support expanding data exchange, and increasing adoption of telehealth, remote patient monitoring and technology-driven care coordination tools
- Establish digital referral networks that connect residents to local care, prevention, and wellness resources needed to live healthy lives

## Minnesota

### **Title:** Minnesota Rural Health Transformation Program

**Abstract:** MN's plan for rural health transformation adopts a comprehensive, data-driven, coordinated approach that builds on strong partnerships and local priorities and uses emerging technology to improve provider financial sustainability and extend access to health care deeper into trusted rural settings. We envision a vibrant, collaborative, and technology-enabled rural health care system that ensures rural Minnesotans have access to the care they need when they need it, as close to home as possible. To achieve this, we have developed five RHTP goals, aligned with CMS strategic goals:

1. Improve health outcomes for rural Minnesotans with or at risk of developing cardiovascular disease, diabetes, and chronic kidney disease (cardiometabolic disease). (CMS goal: Make Rural America Healthy Again)
2. Build education pathways and promote training opportunities in rural communities to sustainably expand the healthcare workforce in rural Minnesota. (CMS goal: Workforce Development)
3. Expand health care access in rural communities by creating new access points for community-based screenings, preventive care, and chronic disease management through technology-enabled care delivery, mobile care, and increased use of community-based frontline workers. (CMS goals: Sustainable Access, Make Rural America Healthy Again, Tech Innovation)
4. Strengthen partnerships between providers to enable delivery of expanded services in rural areas through shared learning, collaborative approaches, and advanced technology interventions. (CMS goals: Tech Innovation, Sustainable Access)
5. Strengthen and stabilize rural provider financial health through strategic investments in technology, data infrastructure, and collaborative mechanisms to address unique needs of rural providers. (CMS goals: Innovative Care, Sustainable Access, Tech Innovation)

The Minnesota Department of Health is the lead and applicant organization. The total requested dollar amount for the five-year funding period is \$1,000,000,000. Subrecipients may include all eligible rural hospitals, federally qualified health centers (FQHCs), community mental health centers (CMHCs), certified community behavioral health centers (CCBHCs) and rural Tribal Nations. A complete list of potential subrecipients is included in the budget narrative.

MN will use RHTP funds to support the five initiatives below consistent with MN's goals, each with a set of potential activities that providers may select to participate in:

1. Community-Based Preventive Care and Chronic Disease Management
2. Recruit and Retain Talent in Rural Communities
3. Sustain Access to Services to Keep Care Closer to Home
4. Create Regional Care Models to Improve Whole Person Health
5. Invest in Technology, Infrastructure, and Collaboration for Financial Viability

RHTP funds will support these initiatives via a combination of grants to eligible rural providers to support technology and infrastructure improvements to allow providers to practice more efficiently and increase access to screenings and services; competitive grants to increase telehealth technology and use in rural areas, and provide EMS the ability to treat in place; grants to support



expansion of clinical training and residencies in rural areas; and technical assistance to support practices to reach financial stability, among other activities.

## Mississippi

**Title:** The MS RHTP strengthens rural healthcare by expanding access, improving care coordination, modernizing infrastructure, growing the workforce, and using telehealth to improve health outcomes.

**Abstract:**

Organization: State of Mississippi

Subawardees: No subawardees have been awarded at this time; subrecipient agreements will be established during project implementation and may include various rural hospitals, FQHCs, primary care clinics, community health centers, technology and telehealth vendors, universities, and professional associations across the State.

**Project Summary:** The State of Mississippi proposes a comprehensive Rural Health Transformation Program (RHT Program) to strengthen healthcare access, workforce development and capacity, and service delivery across rural communities through innovation and system-wide changes. Guided by the goals to Make Rural America Healthy Again, Sustainable Access, Workforce Development, Innovative Care, and Tech Innovation, the RHT Program will invest approximately \$1 billion over five years to address critical gaps in healthcare delivery, infrastructure, workforce, and technology.

The RHT Program Plan consists of six integrated initiatives: the Statewide Rural Health Assessment, Coordinated Regional Integrated Systems (CRIS), Workforce Expansion Initiative (WEI), Health Technology Advancement and Modernization (HTAM), Telehealth Adoption and Provider Support (TAPS), and the Building Rural Infrastructure for Delivery, Growth and Efficiency (BRIDGE) Initiative.

The Statewide Rural Health Assessment will review existing data and stakeholder input to refine investment strategies and align funding with critical rural health needs. CRIS will integrate EMS, hospitals, public health, and social services into regional healthcare districts to improve emergency response, post-discharge coordination, and behavioral health access. The WEI will recruit, retain, and train clinicians, allied health professionals, and support staff through retention awards, residency expansion, preceptor development, early-career outreach, and “Earn While You Learn” programs. HTAM and TAPS advance technology adoption and connectivity, health IT modernization, telehealth infrastructure, cybersecurity, and consumer-facing tools to improve efficiency, coordination, and access. BRIDGE addresses capital investments, psychiatric emergency services, care gap closure, and pilot programs for innovative interventions, including early intervention, ASD-focused programs, care management, and value-based care.

**Use of Funds:** Funding will be strategically deployed to strengthen the full spectrum of rural health delivery. Investments will support workforce development, including recruitment, retention, and training programs to ensure rural communities have access to a skilled healthcare workforce. Funds will enhance provider capabilities through technical assistance, training, and modernized IT systems, including interoperable EHRs, telehealth infrastructure, cybersecurity enhancements, and consumer-facing technologies. Capital investments will expand facility capacity and specialized services, including psychiatric emergency care and community health programs. Funding will enable innovative care models, regional integration of EMS and clinical services, and population health initiatives that target chronic disease, behavioral health, and preventive care.



Across all initiatives, resources will be used to foster collaboration among rural hospitals, FQHCs, clinics, community organizations, and educational institutions to create sustainable, data-driven improvements in health outcomes.

Outcomes: Expected outcomes include expanded access to healthcare services, improved clinical outcomes, increased telehealth utilization, enhanced workforce retention, strengthened regional care networks, and more accessible care delivery across Mississippi. This evidence-based, multi-pronged approach will establish sustainable mechanisms for recruitment, retention, technology adoption, and care delivery, producing long-term improvements in health system capacity, population health, and community engagement.

Total Budget: \$1,000,000,000

## Missouri

**Title:** Missouri Transformation of Rural Community Health Care (ToRCH Care) Project

**Abstract:**

Organization: Missouri Department of Social Services (DSS)

Total Budget Amount: \$1 Billion over five years of RHTP (as requested by CMS)

**Purpose and Overview:** Missouri Department of Social Services (DSS) will lead a comprehensive, statewide effort through Transformation of Rural Community Health Care (ToRCH Care) to transform how rural healthcare is delivered and sustained. Building on the proven success of Missouri's Transformation of Rural Community Health (ToRCH) program, ToRCH Care will create a connected system of local community hubs to ensure every rural Missourian has access to the high-quality care they need through a delivery system that is well aligned, community anchored, and built to last.

**Goals:**

- Expanding access to care: Ensure rural Missourians can access primary and behavioral health providers close to home, community-based maternity options, with connections to specialists and complex care enabled by telehealth and provider interoperability
- Improving health outcomes: Strengthen healthcare quality through integrated care coordination, aligned incentives, and evidence-based practices – so that rural Missourians consistently experience seamless, high-value care
- Strengthening provider sustainability: Reinforce the long-term sustainability of rural providers through targeted investments in infrastructure, adoption of innovative technologies, and payment models that reflect the realities of rural care delivery

**Use of Funds:** Missouri will deploy RHTP funding across five coordinated initiatives:

1. Regional Coordinating Networks and Hub Activation: Building the foundation of Regional Coordinating Networks and Local Community Hubs to coordinate local care delivery and expand entry points for physical health, behavioral health, and social services
2. Alternative Payment Models: Designing and launching alternative payment models to sustain ToRCH Care through rewarding collaboration that leads to high quality and high value outcomes
3. Digital backbone: Establishing the foundational layers of technology that enable ToRCH Care to function, including platform interoperability and data modernization
4. Rural Health Workforce Programs: Creating a talent pipeline that encompasses the cultivation, recruitment, training, and retention of rural clinicians and a broad array of healthcare professionals
5. Provider Transformation: Invest in operational innovations that modernize and increase the sustainability of rural providers while preserving access with strategic renovations

## Montana

**Title:** Building a Healthier Rural Montana: Investing in People, Technology, & Preventive Care to Strengthen Health Systems, Improve Access, & Build a More Resilient, Sustainable Future for Rural Communities.

**Abstract:**

Name of organization: State of Montana (“the State”); Department of Public Health and Human Services as lead department for the State.

Names of subrecipients and sub-awardee organizations: To be determined post-award in accordance with the Montana Procurement Act and applicable federal and State procurement policies. Likely partners include rural hospitals, community health centers, Tribal health organizations, and other qualified providers.

Project goals: The State will advance five strategic goals through its proposed initiatives:

1. Workforce Development – Strengthen recruitment, training, and retention of a high-skilled rural health workforce across Montana.
2. Sustainable Access – Improve the long-term viability of rural providers as access points for care through operational and financial support.
3. Innovative Care Models – Implement and scale flexible, patient-centered care models that improve outcomes and care coordination.
4. Community Health and Prevention – Promote prevention and address root causes of disease through expanded access and community-based interventions.
5. Technology Innovation – Expand the use of secure, efficient digital health tools to improve care delivery and access for rural patients and providers.

Total budget amount: \$200 million per year for 5 years; \$1 billion total.

Description of fund use: The State will implement five initiatives to achieve these goals, supported by existing State policy and targeted policy interventions as needed:

- Initiative 1: Develop Montana’s rural health workforce through recruitment, training, and retention.
- Initiative 2: Ensure the sustainability of Montana’s rural health facilities to ensure access through partnerships and restructuring.
- Initiative 3: Launch innovative care delivery and payment models to improve access and outcomes in Montana.
- Initiative 4: Invest in Montana’s community health and preventative infrastructure.
- Initiative 5: Deploy modern health care technologies for Montana’s providers and patients.

## Nebraska

**Title:** RHTP – Make Nebraska Healthy Again - Nebraska Department of Health and Human Services (DHHS) will build a prevention-first, tech-enabled sustainable rural health care system.

**Abstract:** The Rural Health Transformation Program (RHTP) is a once-in-a-generation opportunity to Make Rural Nebraska Healthy Again. Nearly 95% of counties in Nebraska are rural or frontier. Over one-third of Nebraskans live in areas where critical workforce shortages in primary care, obstetrics, and behavioral health persist. Despite Nebraska’s agricultural strength, 48 of 93 counties qualify as food deserts and children lack access to healthy foods. Nebraska will leverage RHTP funds to address unique challenges, including obesity amid food deserts, lack of maternal care in a State committed to family values, and an aging rural population. With a proposed annual budget of \$200 million, the Nebraska Department of Health and Human Services (DHHS) will build a prevention-first, tech-enabled sustainable rural health care system. The project will prevent chronic disease, regionalize care, and advance Make America Healthy Again priorities. To achieve this vision, DHHS will implement seven integrated initiatives to strengthen the State’s rural health infrastructure, address workforce gaps, and ensure access to care through consumer-facing technology. DHHS will partner with health care providers, agriculture and community partners through requests for application (RFA).

1. **Make Rural Nebraska Healthy Again through Food as Medicine:** Establish statewide infrastructure to improve access to whole foods and lower obesity risk by transforming rural school kitchens, developing regional food hubs to include farmers and ranchers, and introducing nutrition education and fitness programs. Subrecipients include Nebraska Department of Education and University of Nebraska Kearney.
2. **Regionalized Rural Access and Navigation:** Develop hub and spoke regional networks to ensure rural residents can access care for emergency response, maternal care, post-acute follow-up, preventive care, and other local services. Subrecipients include Local Health Departments (LHD), Tribal Organizations (TO), Nebraska Association of Local Health Departments, Nebraska County Extension Offices, and rural hospitals and clinics.
3. **Rural Workforce Acceleration:** Address care gaps by recruiting, training, and retaining a resilient workforce that advances whole-person health through the State’s “grow local” strategy. Subrecipients include Nebraska Hospital Association (NHA), community colleges, private colleges, University of Nebraska system, and Creighton University as teaching partners ensuring the funding goes to rural Nebraska workforce.
4. **eHealth and Mobile:** Implement remote care through mobile clinical units, oral health teams, technology-enhanced pharmacy services, and consumer-facing remote patient monitoring. Subrecipients include Nebraska Perinatal Quality Improvement Collaborative, LHD, TO, Creighton University and UNMC School of Dentistry, and Nebraska Enhanced Services Pharmacies.
5. **Rural Emergency Behavioral Health:** Address behavioral health needs by creating a continuum of care for early intervention and emergency behavioral health and substance use services. Subrecipients include Nebraska Medical Association.
6. **Assisted Living Facility (ALF) Special Needs Population Incentive Model:** Better serve residents with complex medical, physical, intellectual, and other high-acuity needs through provider add-ons and modernization grants for ALFs.
7. **Nebraska Rural Health Technology Catalyst Fund and Partnership Initiative:** Improve access, enhance disease management, and strengthen the financial sustainability and workforce capacity of rural providers by investing in high-tech innovations to support critical



healthcare gaps in rural communities. Nebraska’s proposal combines evidence-based innovation with deep community partnerships to transform how care is delivered across the State. Through the RHTP, Nebraska will not only improve health outcomes but also revitalize rural economies, empower local providers, and build healthier, more connected communities for generations.

## Nevada

**Title:** This project will support improved health outcomes, strengthening rural health care infrastructure, attract/retain more health care providers, and technology innovation across rural Nevada.

**Abstract:** Nevada is pleased to apply for the federal Rural Health Transformation (RHT) Program. The new 5-year RHT funding program represents an unprecedented opportunity for States to take meaningful action for strengthening their local rural health systems. With Nevada's vast geography and sparsely populated rural counties, rural Nevadans often struggle to access reliable and timely health care. This is primarily due to the inherent challenges rural conditions present in creating the economies of scale needed to build and sustain a full continuum of care in rural communities. Through this infusion of federal funds, Nevada seeks to deploy four strategic initiatives to improve health outcomes through reliable, innovative, and sustainable care:

1. A rural health outcomes accelerator program to invest \$30 million in efforts aimed at improving health by increasing the use of value-based care to reward rural providers for greater efficiencies and improved outcomes and for using innovative care models that prevent and manage chronic disease, including but not limited to new online collaborative care strategies, remote and/or hybrid approaches to care, online patient health management tools, and virtual provider mentorship programs that can augment health system capacity and serve as physician extenders.
2. A flex fund for rural providers to bolster and modernize the State's rural health care infrastructure with a total of \$40 million in available investments for new medical technologies, equipment, supplies, mobile units, emergency services, etc. Another key aspect of this initiative is that the State will encourage rural providers to work together to get a better deal by using regional purchasing strategies and sharing arrangements.
3. A workforce recruitment and rural access program to address historic gaps in the State's rural provider workforce. Multiple strategies will be employed with the support of \$80 million to address immediate and long-term provider gaps, including but not limited to new incentives for providers to live and serve in rural areas of the State, tuition assistance for workforce education and training programs with commitments to serve rural Nevadans post-education, and a rural physician residency program.
4. A rural health innovation and technology grant program of \$30 million for innovative technologies and modernization of health data and records systems with a focus on aligning with the CMS Digital Health Ecosystem and cybersecurity needs for rural health systems.

Through these four initiatives, Nevada believes it can strengthen its rural care health system so that they can better weather the fiscal changes ahead with the changes under H.R. 1 and address the historic gaps in access to care and poorer health outcomes rural communities face as compared to urban areas of the State.

## New Hampshire

**Title:** Granite Strong. Future Ready.

**Abstract:**

**PROJECT SUMMARY:**

Organization Name: New Hampshire Department of Health and Human Services (DHHS)

Subrecipients/Sub-Awardees: Foundation for Healthy Communities, Community Behavioral Health Association, University System of New Hampshire, Community College System of New Hampshire and the New Hampshire Department of Education, Community Development Finance Authority, NH Alcohol and Drug Abuse Counselors, as well as competitive bids.

Total Budget: \$1,000,000,000

Project Purpose and Goals: DHHS through CMS' Rural Health Transformation Program proposes to meet the needs of its rural communities. To achieve this goal, New Hampshire has a bold vision for its Rural Health Transformation Plan (RHTP) (that aligns with the elements of the authorizing statute) – healthy and thriving rural New Hampshire communities where residents have access to high-quality, affordable care close to home – supported by resilient local hospitals and providers, a stable local workforce, and data-driven, technology to enable secure care models that promote higher levels of coordination and continuity of care, and value-based payment mechanisms that incentivize prevention, and team-based care. DHHS is proposing the following goals for this project: 1) Make rural NH healthier through evidence-based, outcomes-driven interventions to improve disease prevention, chronic disease management, behavioral health and perinatal care; 2) Create sustainable long-term access to care for rural residents through transformational care models and partnerships that allow rural facilities and clinicians to work with primary care, specialty care, and EMS providers to coordinate operations, sharing technology and resources; 3) Attract, train, and retain a highly-skilled healthcare workforce in New Hampshire by strengthening recruitment and retention of current healthcare workers and providing opportunities for new entrants to the healthcare workforce; 4) Develop innovative care models to improve health outcomes, coordinate care, and promote flexible payment arrangements; 5) Adopt innovative technologies to modernize care delivery in rural communities to promote efficiency, data security, and access to digital health tools by rural facilities, providers, and patients.

Use of Funds: DHHS proposes five coordinated evidence-based initiatives to strengthen rural health across the State. The Rural Population Health Initiative will invest in team-based primary care and prevention, improve chronic disease management, and launch the State's first Dual-Eligible Special Needs Plan to integrate services for dual enrollees for the purpose of reducing use of acute care settings to deliver care. The Rural Healthcare Access Initiative will enhance care coordination and increase access to care for prevention, primary care (medical, behavioral, and oral health), through to specialty care telehealth access at rural hospitals, scaling certified community behavioral health centers statewide, and long-term services and supports. The Rural Workforce Recruitment and Retention Initiative will develop healthcare career pathways from high school through graduate programs, build infrastructure to enable clinical learning in rural communities using simulation labs and other technology, and establish a family medicine residency program in Coos County. The Rural Health Technology Initiative will modernize care delivery with investments in digital health infrastructure, telehealth, AI tools, interoperability investments, and cybersecurity. Finally, the Rural Financial Solvency Initiative will advance value-



based payment models, streamline financial operations, and sustain safety-net providers. Collectively, these initiatives will improve health by appropriately bringing care closer to home and into the rural communities.

## New Jersey

**Title:** Strengthen rural communities across New Jersey by improving their health through transformation of the healthcare delivery ecosystem.

**Abstract:** New Jersey is home to over 1 million rural residents, who live in eleven of our twenty-one counties: Atlantic, Burlington, Cape May, Cumberland, Hunterdon, Mercer, Monmouth, Ocean, Salem, Sussex, and Warren. Our rural New Jerseyans live in 40 federally designed “rural census tracts” and in 7 State-designated “rural” counties. Rural New Jerseyans are more likely to live in areas facing a healthcare workforce shortage, experience more SUD-related health impacts, and are less likely to make it to an annual pediatric well-visit appointment.

The Division of Medical Assistance and Health Service (DMAHS) is the State’s Medicaid Agency and is applying on behalf of New Jersey to receive \$1 billion in federal funding through the Rural Health Transformation Program. If awarded, this funding would strengthen our State’s ability to direct resources and focus towards transforming the healthcare of rural New Jerseyans over the next five years. DMAHS has been working closely with NJ’s State Office of Rural Health and other stakeholders for this application—and will continue to do so to achieve our goals of building our rural-serving healthcare workforce, and adapting care delivery to be responsive to rural residents’ wishes and needs.

We propose directing funding in five Initiatives areas:

1. RHT1 supports recruitment, training, and retention of clinical and non-clinical providers
2. RHT2 provides funding for essential providers of behavioral health (CCBHCs), primary care (FQHCs), and emergency medical services (hospitals)
3. RHT3 encourages regional partnerships to strengthen care delivery outside of brick-and-mortar offices—including telehealth, remote patient monitoring, and mobile care
4. RHT4 funds community-level efforts to promote preventive health
5. RHT5 invests in an array of evidence-based interventions and data integration efforts to improve chronic disease treatment

We will take a hybrid funding approach, where we blend directed funding with competitive funding. This allows us to jumpstart RHT-funded activities immediately when funded while still preserving our ability to fund the best ideas that can arise from a competitive application process. To support the success of NJ RHT, we have sought out partnerships with innovative leaders (like SciTech Scity, a public-private collaboration to support digital health adoption), hospitals (University Hospital, which leads statewide emergency response), and academic partners (Montclair University, a State leader in reflective supervision) to help with key activities. DMAHS will also rely on our strong partnership with public health partners at the Department of Health to leverage RHT funding to adapt our healthcare ecosystem to better meet the needs of rural New Jerseyans and help them thrive.

## New Mexico

**Title:** Rural Health Transformation Program

**Abstract:** The State of New Mexico Health Care Authority (HCA) is proud to present the State of New Mexico's Rural Health Transformation Plan.

New Mexico is ready to lead a bold transformation of rural health – one that expands access, strengthens outcomes, and ensures lasting equity for rural, frontier, and Tribal communities. Through frontier ingenuity, data-driven innovation, and community partnership, we will build a resilient system that sustains local providers, empowers families, and redefines what it means to deliver quality care in every corner of the State.

### New Mexico Rural Health Transformation Plan – Initiative Summary

1. **Healthy Horizons: Expanding Access to Care in Rural Communities**
  - 5-Year Budget: \$393,290,280
  - State Goal / CMS Goal: Expand Access to Care / Make Rural America Healthy Again
  - Summary: Strengthen specialty care and chronic disease management for high-risk rural populations by implementing regionalized specialty and maternal care networks, provider training, and remote care technologies to expand access, improve local capacity, and reduce hospital readmissions for rural community members.
2. **Rooted in New Mexico: Building Tomorrow's Rural Health Workforce**
  - 5-Year Budget: \$243,166,440
  - State Goal / CMS Goal: Expand and Sustain Rural Health Care Workforce / Workforce Development
  - Summary: Build and sustain a rural and Tribal health workforce by expanding local career pathways, strengthening clinical training pipelines and educational opportunities, and supporting long-term retention through housing, mentorship, and community-based incentives.
3. **Rural Health Innovation Fund: Enabling Community-Designed, Community-Led Change**
  - 5-Year Budget: \$187,508,220
  - State Goal / CMS Goal: Support Community-Led Rural Health Solutions / Make Rural America Healthy Again
  - Summary: Launch a competitive grant program that empowers rural, frontier, and Tribal communities in New Mexico to design and lead locally tailored health initiatives addressing unique challenges such as preventive care, behavioral health, non-medical drivers of health, and provider facility needs.
4. **Bridge to Resilience: Rural Health Sustainability & Innovation Center**
  - 5-Year Budget: \$122,644,440
  - State Goal / CMS Goal: Stabilize and Sustain Rural Health Care Providers / Sustainable Access
  - Summary: Establish a Rural Health Sustainability & Innovation Center to deliver tailored technical assistance, provider education, and operational support that strengthens financial stability, fosters regional partnerships, and equips rural New Mexico's providers to navigate long-term challenges and improve care delivery.
5. **Rural Health Data Hub: Establishing a Health Analytics Platform**
  - 5-Year Budget: \$53,390,620



- State Goal / CMS Goal: Connect Community Members with Health Care Data / Tech Innovation
- Summary: Build a statewide health analytics platform that integrates siloed data sources to improve rural health planning, enable predictive insights, and expand transparent access to timely, actionable information for providers

## New York

**Title:** The NY RHTP is designed to address persistent disparities in rural health outcomes, workforce shortages, and infrastructure gaps by investing in innovative models, technology, and partnerships.

**Abstract:** New York's (NY) rural communities are home to approximately 2.1 million residents, who represent 10.6% of the State's total population. These rural communities face significant disparities across a variety of health indicators when compared to their regional counterparts, including care coordination, primary care access, behavioral health care access, and incidence of chronic conditions. These challenges demand collaborative, innovative, and sustainable solutions.

NY envisions a rural health system that is resilient and sustainable where every resident, regardless of geography, has timely access to high-quality, coordinated care. Informed by input from nearly 170 stakeholder organizations and community partners, NY's Rural Health Transformation Program strategy seeks to improve health care access for rural communities through a set of four, interrelated initiatives that strategically leverage local providers, regional partnerships, and statewide infrastructure. These initiatives and their goals include: 1) Rural Community Health Integration: establish rural health partnerships that facilitate comprehensive care coordination and enhance patient access to a wide range of providers across the care continuum, effectively addressing health and social needs; 2) Strengthening Rural Communities with Technology-Enhanced Primary Care: improve rural patient access to and utilization of high-quality primary care; 3) Rural Roots: Building a Sustainable Rural Healthcare Workforce: create a self-sustaining cycle of workforce development that addresses both immediate staffing needs and long-term capacity-building, ensuring NY's rural communities have continuous access to high-quality health care services; 4) Investments in Technology Innovation and Cybersecurity Enhancements: expand access to care through telehealth, improve patient outcomes through eConsult partnerships, increase usable alerts in rural counties, and strengthen cybersecurity of rural facilities.

To ensure that funding directly benefits rural residents across the State, NY will implement a funding distribution process that prioritizes the identified needs of rural populations. NY will collaborate closely with rural hospitals, clinics, and community-based organizations to identify areas of highest need and allocate resources accordingly. Program implementation will be supported by ongoing stakeholder engagement, including feedback from providers, Tribal and faith-based organizations, local leaders, and community members, to target resources where they will have the greatest impact.

## North Carolina

**Title:** North Carolina Rural Health Transformation Program

**Abstract:**

Organization: The North Carolina Department of Health & Human Services (NCDHHS), as the Governor's designee, will lead the North Carolina Rural Health Transformation Program (NCRHTP) through its Office of Rural Health. Implementation is guided by a statewide steering committee that includes Medicaid, Public Health, and Behavioral Health divisions.

Key subrecipients include the Duke-Margolis Health Policy Center, UNC The Cecil G. Sheps Center for Health Services Research and others to be determined.

Project Goals: This transformative investment improves health outcomes and access for nearly 3 million rural North Carolinians across 85 of 100 NC counties through three goals: 1) catalyzing innovative care models, 2) transforming the rural care experience. 3) creating a sustainable rural delivery system.

By FY2031, NCRHTP will increase rural provider-to-population ratios, reduce preventable hospital readmissions and emergency visits, lower chronic disease risk factors, and expand access to integrated behavioral, mental health and substance use services. All while simultaneously investing directly into communities and stimulating rural economic development and job creation.

Total Budget \$1,000,000,000 over 5 years (indicative per CMS guidance)

Fund Usage: Through 6 integrated initiatives, NCRHTP will sustainably transform rural health.

1. Launch "NC ROOTS"\* Hubs. These locally governed, community-tailored networks connect medical, behavioral, and social services--making it easier for rural residents to access comprehensive care in one place. Each hub is tailored to its region, offering in-person services, care coordination, and direct support for families, while also leveraging virtual care and advanced AI to enhance access and share data.
2. Improve prevention/screening, chronic disease management, maternal health, and nutrition by scaling up effective programs for primary care access, food as medicine, diabetes and hypertension management, cancer screening, and perinatal health.
3. Expand behavioral health and substance use disorder (SUD) services and integrate into regional care networks through the growth of Certified Community Behavioral Health Clinics (CCBHCs), enhanced assessment and treatment programs to address critical care gaps, as well as new collaborative and non-traditional workforce models to connect residents to care.
4. Modernize and sustain the rural health workforce through catalyzing investments in rural training centers, fellowships, and certification programs to recruit, train, and retain clinicians, allied health professionals, and community health workers.
5. Advance value-based payment (VBP) by establishing capabilities for rural primary care practices to participate in advanced VBP models and laying the groundwork for rural hospital participation in VBP arrangements, with a focus on financial sustainability.
6. Accelerate technological innovation, access, and interoperability through increased health information exchange participation, digital literacy programs to ensure rural residents can access modern, connected care, and the broad implementation of state-of-the-art AI-



based technology to support documentation and real-time expert clinical decision support  
to drive down business costs for rural providers and improve sustainability

\*Rural Organizations Orchestrating Transformation for Sustainability

## North Dakota

**Title:** North Dakota Rural Health Transformation Program

**Abstract:**

Organization: North Dakota Department of Health and Human Services (NDHHS) Rural Health Transformation Plan (RHTP) Total Budget Requested: \$1,000,000,000

**PURPOSE:** North Dakota's rural health system is under threat from workforce shortages, financially fragile facilities, widening outcome gaps for Tribal and frontier communities, and fragmented data and technology that block innovation. Our Rural Health Transformation Plan (RHTP) is a five-year, statewide roadmap to strengthen and stabilize rural workforce, bring high quality health care closer to home, connect tech, data and providers and make North Dakota Healthy Again. Built on broad stakeholder input, our RHTP confronts immediate threats to rural health while building lasting sustainability.

### GOALS/OUTCOMES

1. Rebuild and retain a rural health workforce
  - Increase Rural Provider Retention
  - Expand Remote Monitoring and AI-Assisted Care
  - Reduce Health Professional Shortages
2. Prevent chronic disease, restore health, and reduce cost
  - Increase Activity and Reduce Obesity
  - Reduce Chronic Disease
  - Prevent Suicide
3. Bring high quality care closer to home
  - Increase Telehealth and Remote Monitoring Use
  - Improve Care Coordination
  - Improve Timeliness of Care
4. Gain efficiency with modern tech and data
  - Increase Transparency and Modernize and Cross-Link Data
  - Create Savings from Cooperative Purchasing
  - Expand Remote Monitoring and AI-Assisted Care

### HOW NORTH DAKOTA WILL USE THE FUNDS

1. Strengthen and Stabilize Rural Health Workforce (\$162.4M) – Train and retain a high-skilled workforce through new residencies, grow-your-own workforce pipelines, recruitment and retention grants, and training to develop the existing workforce to work at the top of their license.
2. Make North Dakota Healthy Again (\$85.9M) – Launch Eat Well ND and ND Moves Together to put evidence-based practices in nutrition, physical activity and behavioral health at the center of everyday life. Sustain progress through multipayer focus on innovative care models and payment mechanisms.
3. Bring High-Quality Health Care Closer to Home (\$583.8M) – Transform care models with new tech tools to reduce reliance on physical workforce and foster efficiency by deploying telehealth hubs, mobile clinics, remote patient monitoring, while aligning to new care coordination models and focusing on sustainability through revenue diversification and rightsizing care delivery.

4. Connect Tech, Data and Providers for a Stronger ND (\$168.0M) – Cut costs by modernizing tech infrastructure and bringing providers together to support shared infrastructure and improved data sharing. North Dakota is taking bold steps to restore health, opportunity, and dignity to our prairies. North Dakota’s RHTP delivers practical investments that honor local and Tribal values, protect rural independence, and get America back to what matters: healthy people, prosperous communities, and common-sense service delivery.

## Ohio

**Title:** Ohio's Rural Health Transformation Project will implement initiatives to improve health for rural Ohioans through innovation, healthcare access, and prevention.

**Abstract:** The Ohio Rural Health Transformation Program (RHTP) presents this plan to strengthen healthcare access, outcomes, and workforce capacity across Ohio's 73 non-urban counties. The 4.4 million residents living in these rural communities are impacted by limited access to care, hospital closures, workforce shortages, and high rates of chronic and behavioral health conditions. Rural and Appalachian Ohioans experience higher rates of heart disease, diabetes, COPD, cancer, and suicide than State averages. Thirteen counties are maternity care deserts, and nearly one in five rural hospitals is at risk of closure. Provider shortages are widespread: primary care availability is nearly half that of urban regions, and behavioral and oral health gaps persist. These challenges are compounded by lower education levels, higher poverty, and an aging population—one in three rural Ohioans is over age 60. Ohio's plan aligns with federal priorities to Make Rural America Healthy Again through sustainable access, workforce development, innovative care, and tech advancement.

### Key Initiatives:

**Rural Health Innovation Hubs** – Establish Clinically Integrated Networks (CINs) and Regional Centers of Excellence linking hospitals, clinics, EMS, pharmacists, and community partners to coordinate care, reduce costs, and expand capacity. Legislative reforms will allow low-risk birthing centers in rural hospitals.

**Emergency Care Transformation** – Scale a successful pilot enabling EMS to provide treat-in-place or alternate-destination care, reducing unnecessary emergency department use through training, system upgrades, and improved connectivity.

**School-Based Health Centers** – Establish clinics on K-12 and college campuses offering primary, behavioral, dental, and telehealth services for students and community members, serving also as rural clinical training sites.

**OH SEE** – Expand statewide mobile vision, hearing, and dental care based on a 13-county pilot to ensure early diagnosis and treatment for children.

**Rural Workforce Pipeline** – Build a continuum from high school through professional training and employment, featuring upskilling for community health workers and pharmacists, five-year rural service commitments, and partnerships among schools, universities, and employers.

### Cross-Cutting Strategies:

RHTP embeds telehealth, remote monitoring, and interoperable electronic medical records across initiatives. Policy actions include expanding pharmacist scope of practice, establishing rural birthing centers, reinstating the Presidential Fitness Test, and requiring physician nutrition CME. More than 300 partners (hospitals, federally qualified health centers (FQHCs), universities, emergency medical services (EMS), associations) collaborated on the plan. Implementation will occur through local partners with State oversight.



#### Sustainability:

Each project is designed for long-term viability through billable service models, shared-service efficiencies, and alignment with Medicaid and value-based payment systems. Workforce incentives, technology adoption, and legislative reforms will ensure continuity beyond the grant period. Expected Outcomes by 2031:

- Establish regional integrated networks across all rural counties. Expanded rural SBHCs.
- Reduce avoidable emergency visits through EMS innovation.
- Improve diabetes and hypertension outcomes statewide.
- Increase the rural health workforce by at least 20%.
- Strengthen maternal, behavioral, and preventive care access.

Conclusion: This represents a bold, data-driven transformation of rural healthcare in Ohio. Through technology, policy innovation, and cross-sector collaboration, the program will create a sustainable model that improves care quality, strengthens the workforce, and enhances health outcomes for rural Ohioans.

## Oklahoma

**Title:** Oklahoma Rural Health Transformation Program – Strengthening Access, Innovation, and Workforce in Rural Communities

**Abstract:** The Oklahoma State Department of Health (OSDH), on behalf of the State of Oklahoma, is pleased to apply for funds under the Centers for Medicare & Medicaid Services (CMS) Rural Health Transformation (RHT) Program. OSDH recognizes a need for a collaborative approach to transforming rural health. To that end, OSDH has partnered with numerous stakeholders – health systems, healthcare providers, patient advocacy groups, State partners, Tribal Nations, local organizations, and rural residents – to develop a plan that will build a lasting health ecosystem across Rural Oklahoma through 6 key initiatives:

- **Innovating the care model:** This initiative seeks to improve healthcare access and outcomes through modernized care delivery (Make Rural America Healthy Again, Technology Innovation).
- **Moving upstream:** This initiative seeks to promote preventive healthcare and address root causes of disease through innovative care delivery and technology (Make Rural America Healthy Again, Innovative Care, Technology Innovation).
- **Facilitating regional collaboration:** This initiative seeks to strengthen provider infrastructure and enhance local and regional partnerships (Sustainable Access, Innovative Care).
- **Shifting to value:** This initiative seeks to improve outcomes and financial sustainability through value-based care models (Sustainable Access, Innovative Care).
- **Growing the next generation of rural talent:** This initiative seeks to improve the pool of rural talent and subsequent healthcare access (Workforce Development).
- **Building health data utility:** This initiative seeks to improve efficient, data-driven care delivery (Technology Innovation). OSDH attests to proposing at least 3 approved uses of funds, as stipulated by the Notice of Funding Opportunity (NOFO), across the initiatives above.

**Administration and Subrecipients:** The above initiatives will be administered by OSDH and other State agencies and associations, including Oklahoma Health Care Authority, Oklahoma Association of Rural Councils, Oklahoma Department of Career and Technical Education, Health Workforce Training Commission, and Oklahoma State Department of Education. There will also be subrecipients that are “to be determined,” with OSDH ensuring compliance with CMS requirements under the Notice of Funding Opportunity and State procurement laws.

**Total Budget:** The total proposed budget for the five-year RHT Program is \$1 billion, distributed across OSDH’s 6 major initiatives. OSDH’s budget is built to scale as required. Use of funds during the five-year program includes personnel and fringe benefits, travel, equipment and supplies, subrecipients/consultants/contracts, and other uses. RHT Program funds will empower clinics and communities across Oklahoma to deliver care to rural Oklahomans. By investing in innovative care, prevention, technology, and collaboration, OSDH and CMS can Make Rural Oklahoma Healthy Again.

## Oregon

**Title:** Oregon Rural Health Transformation Program

**Abstract:** The Rural Health Transformation (RHT) Program offers a pivotal opportunity for Oregon to strengthen its rural healthcare system, improve access, and support local communities and economies across the State. As the 9th largest State, with 33% of its population living in rural and frontier communities, the State faces ongoing challenges related to healthcare workforce shortages, limited preventative connections, and the financial stability of rural hospitals and clinics.

Oregon envisions healthy rural communities where people, partners, and technology come together to build thriving communities of care – rooted in prevention, strengthened by regional collaboration, sustained by a resilient workforce, and guided by smart data for better health and well-being. To ensure all people and communities in rural Oregon can achieve optimum physical, mental, and social well-being at every life-stage, we will anchor our efforts in these goals: improving health access and outcomes; fostering workforce innovation; supporting technological and data-driven solutions; building strategic partnerships; and ushering in a future of financial sustainability.

Through this cooperative agreement, Oregon and our federal partners will build on a strong foundation of community partnerships and practical health reforms to enhance care delivery in rural areas. Oregon will do this through five initiatives: (1) Regional Partnerships & System Transformation (2) Healthy Communities & Prevention (3) Workforce Capacity & Resilience (4) Technology & Data Modernization (5) Tribal Initiative. These initiatives all align with Oregon's commitment to local and regional control, improving care efficiency, and responsible use of federal resources. The Oregon Health Authority (OHA) will be the lead agency responsible for implementation and administration of the program. OHA is inclusive of the State's Public Health agency, Medicaid agency, Marketplace, and Behavioral Health agency, which allows OHA to be well positioned for cross-sector partnerships and a comprehensive view of the health of rural Oregonians.

OHA proposes a budget of \$200 million dollars annually for five years. OHA will provide a set-aside to the Nine Federally Recognized Tribes of Oregon and use funds to make awards to rural health organizations to implement the first four initiatives in two phases. The two-phase approach for fund distribution, within each initiative, allows Oregon to support rural organizations that have been waiting for an opportunity like this and build longer, sustainable approaches to some of rural Oregon's most impacted sectors, such as technology and workforce. In the first phase, Oregon will fund immediate projects and uplift other projects that can be executed within two years. While those projects are occurring, OHA and its regional partners will work together to develop longer-term ventures that will be implemented during the second phase of the program and beyond.

All awards will ensure that investments and initiatives are community-directed and address local and regional needs. With a proven record of innovation and collaboration between federal partners, State agencies, healthcare providers, Tribal and rural leaders, Oregon is well-positioned to use RHT Program funding to strengthen rural healthcare, create jobs, and promote self-sufficient, sustainable communities across the State.

## Pennsylvania

**Title:** Pennsylvania Rural Health Transformation Program

**Abstract:**

Pennsylvania's Rural Health Transformation Plan (RHTP) Summary

The name of your organization: The Commonwealth of Pennsylvania

Project goals: Transform rural health through regionally led, technology-enabled models that strengthen local capacity and sustain high-quality, evidence-based care driven by continuous learning and innovation.

Total budget amount: \$200,000,000 per year x 5 years = \$1,000,000,000

Sub-Awardee Organizations: Eight of Pennsylvania's Partnerships for Regional Economic Performance regions: Central, South Central, Southern Alleghenies, Southwest, Northwest, North Central, Northern Tier, Northeast; PA Area Health Education Center (AHEC); University of Pittsburgh-Medicaid Research Center; and other State and community partners.

Use of RHTP funds: Pennsylvania's RHTP addresses all five Center for Medicaid & Medicare Services (CMS) goals:

1. **Rural Health:** We propose innovations that directly respond to the most pressing health priorities identified over the past two years by rural stakeholders through dozens of listening sessions, roundtables, and regional health summits, as well as through the State's rural health improvement plans and more than 300 responses submitted through our Rural Health website by stakeholders. Common themes include maternity care, behavioral health, dental care, aging, and primary and preventive care, areas that have been shown to reduce chronic disease, provide more years of healthy life, and decrease reliance on costly hospital care.
2. **Sustainable Access:** We propose establishing eight regional Rural Care Collaboratives (RCCs) through Pennsylvania's Partnerships for Regional Economic Performance organizations, which lead regional coordination and strategic investment in economic development. Each RCC will bring together community and health system partners to prioritize local needs, strengthen shared services, expand telehealth and clinical integration, and ensure residents have consistent access to high-quality primary and specialty care.
3. **Workforce:** Underlying all rural health concerns is the need for significant investments and innovations in workforce development. We propose expanding the full spectrum of the rural health care workforce including allied health, Emergency Medical Services (EMS), nursing, nurse practitioners, physician assistants, dentists, pharmacists, and physicians through rural focused training programs that target identified gaps in care. This will be accomplished by upfront scholarships, mentoring, short-term housing, stipends, and investments in the rural health provider training pipeline, with five-year rural health service commitments.
4. **Innovative Care:** We will provide data and analytic support to the RCCs to analyze the impact of innovative digital models of care delivery, flexible care, alternative payment models, and "right-sizing" rural hospitals to shift care to lower cost settings, while improving access to essential health care services.

## Rhode Island

**Title:** Rhode Island Rural Health Transformation Program

**Abstract:**

Name of Organization: Rhode Island Executive Office of Health and Human Services (EOHHS)  
Subrecipients: Block Island Health Services; Care Transformation Collaborative of Rhode Island (CTC-RI); Hospital Association of Rhode Island (HARI); Rhode Island League of Cities and Towns; Narragansett Indian Tribe; Rhode Island Health Center Association (RIHCA)

**Project Goals:** The Rhode Island Rural Health Transformation Program (RHTP) will strengthen access to high-quality, sustainable, and community-driven health care for residents of Rhode Island's rural and island communities. The State's vision for rural health transformation is a connected, community-based system that ensures every rural resident can obtain timely, coordinated, high quality care where they live. The program has five mutually reinforcing goals that directly align with CMS' strategic priorities: (1) make rural America healthy again – improve the health of rural residents; (2) sustainable access –expand access to comprehensive, quality, low-cost care; (3) workforce development – strengthen the rural health care workforce; (4) innovative care – accelerate value-based and affordable care models; and (5) tech innovation – integrate technology into rural practice.

**Total Budget:** \$1,000,000,000 over five years

**Description of Use of Funds:** RHTP funds will be used to implement a coordinated set of 13 initiatives. Investments in community clinical care hubs and rural community health networks (Initiative 1) will link clinical providers, behavioral health professionals, and community organizations to deliver coordinated, team-based care supported by interoperable technology and community health workers. Rural community-integrated and mobile health Services (Initiative 2) will bring preventive, dental, and maternal-child health care directly to residents through mobile units and telehealth sites in schools and community learning centers. Accessibility investments (Initiative 3) for rural providers and community spaces will improve physical access and disability-competent care for older adults and people with disabilities.

RHTP funds will also expand rural emergency medical services (EMS) capacity (Initiative 4) through statewide mobile integrated health–community paramedicine, a State EMS academy, and enhanced island EMS operations. Hospital-at-home (Initiative 5) will enable hospitals to safely deliver acute-level care in patients' homes, supported by remote monitoring and EMS partnerships. Behavioral health services (Initiative 6) will be expanded through a 24/7 crisis stabilization center, recovery community centers, and peer navigators linking patients to ongoing care. Oral health access (Initiative 7) will improve through tele-dentistry triage and the establishment of a special-care dental center at Eleanor Slater Hospital's Zambarano campus.

Place-based investments will strengthen Block Island Health and Human Services (Initiative 8) and Narragansett Indian Tribe health systems (Initiative 9) through home-based care, telehealth, and facility upgrades. The rural workforce program (Initiative 10) will expand training, placements, and recruitment incentives. RHTP funds will support the value-based payment transition (Initiative 11), specifically through incentives and technical assistance to hospitals and primary care practices. Technology modernization (Initiative 12) will fund a State-sponsored electronic health record and



grants for health information technology infrastructure improvements, and rural data and workforce tracking (Initiative 13) will build systems to monitor outcomes and guide policy.

## South Carolina

**Title:** Transforming Rural Healthcare in South Carolina

**Abstract:** South Carolina proposes a bold and comprehensive Rural Health Transformation (RHT) plan to address longstanding disparities in health care access, quality, and outcomes across its rural communities. With approximately 1.75 million residents—32.6% of the State’s population—living in rural areas, the State faces disproportionate rates of chronic disease, maternal mortality, and limited access to care due to provider shortages; aging infrastructure; and the geographic and logistical challenges inherent to rural communities.

South Carolina’s RHT plan is designed to transform the rural health care landscape through five integrated, outcomes-driven initiatives:

**Connections to Care**– Expands digital infrastructure by implementing electronic health records, remote patient monitoring, telehealth services and a statewide resource database platform to improve care coordination and access.

**Leveling Up**– Scales successful pilot programs statewide, focusing on chronic disease management, pediatric care quality, and workforce development.

**Wellness Within Reach**– Deploys mobile health units, crisis response teams, and pop-up clinics to bring care directly to underserved populations.

**Shoring Up to Sustainability**– Strengthens rural healthcare systems through targeted investments in workforce recruitment and retention, facility upgrades, and provider training.

**Tech Catalyst Fund**– Supports rural health technology startups and community-based innovations to drive long-term health and economic improvements.

Led by the South Carolina Department of Health and Human Services, South Carolina’s plan and its five initiatives, aligns with the RHT’s five strategic goals: Make Rural America Healthy Again, Sustainable Access, Workforce Development, Innovative Care, and Tech Innovation. The program emphasizes one-time, high-impact investments that remove systemic barriers and build long-term capacity, with a focus on improving chronic disease and maternal health outcomes across all rural counties.

To implement this transformative vision, South Carolina is requesting \$1 billion in federal funding. This investment will enable the State to modernize rural healthcare infrastructure, expand access to essential services, and build a resilient, sustainable healthcare system that delivers measurable improvements in health outcomes for generations to come.

## South Dakota

**Title:** South Dakota Rural Health Transformation Plan

**Abstract:** South Dakota Rural Health Transformation Project Summary

Organization: Office of the Governor, State of South Dakota

Lead Agency: South Dakota Department of Health

Total Budget: \$1,000,000,000 over 5 years

Overview: South Dakota's Rural Health Transformation Plan addresses the State's health access challenges in one of America's most rural States. Rural and frontier residents often face long distances to providers, limited transportation, lower incomes, and workforce shortages that strain hospitals and clinics. These factors contribute to higher rates of suicide and chronic disease. This five-year initiative invests strategically to build capacity and resilience within rural healthcare systems to ensure access to quality care endures far beyond this grant period.

### Strategic Approach & Project Goals

The plan advances four interconnected goals. First, it modernizes South Dakota's health infrastructure through expanded electronic health records, telehealth platforms, and data systems that support smarter resource use. Second, it builds a sustainable healthcare workforce by attracting and retaining professionals and expanding the community health worker network. Third, it strengthens access to quality care close to home through innovative payment models, facility reinvention, and enhanced chronic disease and maternal health services. Fourth, it transforms care delivery by integrating behavioral health into primary care and reinforcing emergency medical services across the State. To achieve these goals, the plan focuses on:

1. **Connecting Technology & Data:** Deploy certified electronic health record (EHR) systems, integrate health information exchange, fund telehealth equipment and platforms, support cybersecurity enhancements, and create a Rural Data Atlas for evidence-based planning.
2. **Advancing the Rural Workforce:** Provide recruitment incentives and retention supports for healthcare professionals, expand Community Health Worker training and certification, and establish a Training and Resource Hub for continuing education.
3. **Keeping Healthcare Local and Strong:** Explore new Medicaid payment models, award Rural Health Access and Quality Grants for facility optimization, strengthen chronic disease management programs, and improve access to maternal care.
4. **Transforming Systems for Sustainability:** Implement Certified Community Behavioral Health Clinics statewide, integrate behavioral health into primary care through the Collaborative Care Model, and establish regional Emergency Medical Services hubs.

Together, these goals create a more connected, capable, and resilient rural health system to improve access, quality, and outcomes for all South Dakotans.

## Tennessee

**Title:** Tennessee Rural Health Transformation Program

### **Abstract:**

#### Project Summary

The State of Tennessee will leverage the Rural Health Transformation Fund (RHTF) to build a comprehensive, outcomes-driven, sustainable care delivery system in its rural communities—anchored in prevention, innovation, workforce capacity, and value-based transformation. Under the guiding principle of “Better Care, Closer to Home,” Tennessee’s plan advances each Strategic Goal and Use of Funds suggested by CMS, centered on five goals.

- Goal 1 – Rural Healthcare Transformation Incentivizing transformative change in rural health by right-sizing rural facilities and investing in outcomes-based payment models that enhance and sustain access in rural communities.
- Goal 2 – Maternal and Child Health Generational investments to ensure strong starts for every rural family
- Goal 3 – Make Rural Tennessee Healthy Again Embedding prevention into health and healthcare delivery by addressing locally identified concerns, expanding early detection, and improving nutrition security
- Goal 4 - Technological Infrastructure Investing in health-tech solutions that enhance operational performance, allow for innovative care solutions, maximize efficiencies, and cut administrative waste.
- Goal 5 – Workforce Development Strengthening a comprehensive healthcare workforce pipeline, training and retaining local talent

Leveraging its proven statewide infrastructure (including the Governor’s Rural Health Taskforce, Rural Health Resiliency Program and County Health Councils), the State is prepared to deploy \$200–500 million annually toward high-impact rural transformation initiatives through FY 2031 and beyond. Sub-awards will be selected through competitive processes, detailed below.

Governor Lee has made Rural Health a top priority since his first executive order, and Tennessee’s strategy is built on years of collaboration, a strong evidence base, and knowing what works: Tennessee’s competitive grant model (Healthcare Resiliency Program) and TennCare Shared Savings framework will drive innovation, measurable outcomes and scalability across all rural counties. To match this opportunity, in addition to RHTF funds, Tennessee will leverage an additional \$125m Shared Savings for capital investments in rural health facilities. We will empower rural communities to invest in health-tech, engage new care pathways, and benefit from coordinated, value-based care close to home. For federal partners valuing urgency, impact and accountability, rural Tennessee presents a compelling opportunity to demonstrate how state-led, data-driven transformation can redefine rural health access and outcomes nationwide. With RHTF support, Tennessee is positioned to become the archetypal model in the nation for how rural systems can sustainably deliver high-quality, accessible care—anchored in prevention, technology, and value.

## Texas

**Title:** Rural Texas Strong: Supporting Health and Wellness

**Abstract:** The Texas Health and Human Services Commission (HHSC) submits on behalf of rural Texans a request for \$1,000,000,000 (\$200,000,000 per year)\* for Rural Texas Strong: Supporting Health and Wellness.

Texas has filtered the federal Rural Health Transformation program notice of funding opportunity (NOFO) into six (6) distinctly Texan initiatives. The fragility of Texas' rural health systems of care is profound. Rural healthcare providers provide care across large geographic areas to save and change lives. The Rural Texas Strong initiatives will support rural Texas as they strive for a future state of technology-supported vitality and longevity. Powered by a revitalized workforce and technological investments that will be sustained through aggregation and collaboration, Texas aims to launch a new era of rural wellness. Harnessing the synergy of our increasingly connected world, improvements in community health outcomes, and the desirable features of small-town living, rural Texas will be a global model for how to live a well-balanced life.

Rural Texans are the backbone of the Texas economy and culture. To reside – and thrive – in rural Texas, families need access to high-quality healthcare providers and services, freedom to select nutrition and wellness that makes sense, and innovative consumer-facing technology that connects with provider systems, regardless of location. When a Texas dairy farmer in his 30s is diagnosed with cancer, he should be able to get treatment close to home. His son, decades later, should have the ability to pursue educational and career opportunities in health professions so he can care for other families. And the healthcare workers in that community should have first-rate technology to coordinate his care. These are the simple, but very impactful, goals of the Texas plan. Through the Texas plan, we will implement the following initiatives:

1. Make Rural Texans Healthy Again
2. Rural Texas Patients in the Driver's Seat
3. Lone Star Advanced AI and Telehealth
4. The Next Generation of The Small Town Doctor and Team
5. Unified Care Infrastructure and Rural Cyber Protection
6. Infrastructure and Capital Investments for Rural Texas

Texas will use rural transformation funds to develop proactive wellness and nutrition programs (sub-awards to rural providers); to educate and attract health professionals to rural towns (sub-awards to rural providers); to protect health data and elevate technology in rural healthcare (subcontractors to provide services to rural providers). When implemented, we will add more than a thousand rural health professionals, mitigate chronic disease, and reduce duplicative health costs. The resilient Texas rural health system will be reinforced by this project. And, at the conclusion of our project, Texas will be able to show how all rural Texans have been uplifted by this program. Our rural health systems of care and rural Texas communities will be strengthened for the future generations of Texans who will thrive in rural Texas.

\*Texas uses the budget of \$1,000,000,000 in accordance with the instructions in the Notice of Funding Opportunity, but requests the maximum possible amount of funding available. Texas is prepared to scale projects to utilize all funds awarded to the State.

## Utah

**Title:** Utah Rural Health Transformation Program: A bold, multi-faceted innovative effort aimed at generational investments to build resilient, sustainable rural health systems.

**Abstract:** Utah geographically is the 13th largest State and 77% rural. Rural residents in Utah face persistent healthcare barriers including geographic isolation, provider shortages, aging infrastructure, and economic hardships. These challenges contribute to higher rates of chronic disease, behavioral health issues, and poor maternal and child health outcomes. Addressing these challenges requires building a sustainable, patient-centered system of care to improve outcomes and ensure the long-term viability of rural healthcare in Utah.

Utah's Rural Health Transformation Program (RHTP) is a bold, multi-faceted innovative effort aimed at generational investments to build resilient, sustainable rural health systems. This outcome-focused program will be guided by four strategic pillars—Making Rural Utahns Healthy, Workforce Development, Innovation and Access, and Technology Innovation. Within these strategic pillars, Utah will implement seven integrated initiatives in collaboration with State, local, Tribal, and community partners to create a rural health ecosystem designed to improve health outcomes: PATH (Preventive Action and Transformation for Health); RISE (Rural Incentive and Skill Expansion); SHIFT (Sustaining Health Infrastructure for Transformation); FAST (Financial Approaches for Sustainable Transformation); LIFT (Leveraging Innovation for Facilitated Telehealth); SUPPORT (Shared Utilities for Partnered Provider Operational Resources and Technology); and LINC (Leveraging Interoperability Networks to Connect Services).

Combined, these initiatives will create financially sustainable health systems while supporting healthy lifestyles for rural Utahns, beginning in childhood and extending across the lifespan. PATH fosters lifelong wellness through improved nutrition, physical activity, and healthy environments. RISE strengthens the rural workforce through early and alternative career pathways, education, training, and structured provider incentives. SHIFT strategically invests in preventive care infrastructure to advance proactive, community-based health delivery systems, while strengthening public health capacity. FAST drives high-quality care, cost efficiency, and financial stability in rural health systems. LIFT expands access to care through telehealth to overcome geographic barriers. SUPPORT modernizes digital and administrative systems to enhance operational efficiency. And LINC improves and optimizes data sharing across clinics, hospitals, behavioral health providers, and community organizations to enable coordinated care. Created through robust stakeholder engagement, these initiatives aim to unite rural providers, community partners, and public health entities to transform healthcare delivery, strengthen patient-centered care, and drive measurable improvements in health, coordination, and financial sustainability across rural Utah. Utah's RHTP framework ascribes to a core Utah financing principle: to use one-time funding to convert short-term investments into lasting operational efficiencies and policy reforms. By aligning financial incentives, modernizing infrastructure, expanding telehealth capacity, and addressing workforce shortages, Utah is positioned to cultivate a data-driven, patient-centered rural health system that supports providers to thrive and ensures rural Utahns have consistent access to high-quality care for generations to come.

Lead organization: Utah Department of Health and Human Services

Subrecipients/sub-awardees: Post Notice of Award, the State will select subrecipients.

Total budget amount requested: \$1,000,000,000

## Vermont

**Title:** Vermont's Rural Health Transformation Plan

**Abstract:** Sub-Recipients/Sub-Awardees: More information on subrecipients and sub-awardees for all projects within each initiative will be provided to CMS at a later date following completion of State procurement processes. Sub-recipients and awardees will include health care providers (e.g., hospitals, federally qualified health centers, primary care clinics, etc.), housing developers, workforce training and clinical residency programs, among others. The State will also procure consultants and contractors to implement various projects as well as an independent evaluator to assess the outcomes of the State's RHT Program according to defined metrics. Total Budget Amount: \$200 million per budget year.

**Project Goals and Description of Funding Uses:** The Vermont RHT Program seeks to advance a cohesive suite of health care innovations and reforms that address the State's rural health care access, quality, and affordability challenges. The Program is designed to ensure long-term health care system sustainability in the face of rising costs and population health needs, workforce and housing shortages, and other challenges. Vermont's RHT Program goals are to:

1. Strengthen the State's rural health care workforce
2. Increase access to timely care across rural communities
3. Expand innovative strategies to increase quality and reduce health care costs.

Funds will be allocated across five core initiatives:

- **Regionalization and Innovative Care Strategies:** Absent regionalizing services, reducing business efficiencies, and modernizing the system of care, it is likely that over the next 5 years Vermont will see significant erosion of health and social services. To address this challenge, the State will implement a statewide transformation planning initiative to ensure that Vermonters can access the right care, at the right time, at the right place, and at an affordable cost. The State's vision is that certain essential services are available in local communities, while other services are in either regional hubs around the State or, for the most complex care, a single location statewide. Regionalization protects access to care over the long term by ensuring non-duplication of services and redirection of resources to high-value, essential services.
- **Establishing a Clinically Integrated Network of Shared Services:** The State will foster collaboration and partnerships across the continuum of independent providers in the State to produce operational efficiencies that facilitate patient choice and market competition. The State also seeks to promote adoption of patient-facing technologies that facilitate delivery of care closer to home.
- **Strengthening Primary Care:** The State will enhance its outdated, foundational primary care reform initiative, Blueprint for Health, to improve team-based chronic disease care, deliver workforce training, provide transformation assistance to primary care practices, and create a statewide quality improvement and learning network.
- **Health Care Workforce Development:** To address significant provider shortages, the State will make strategic investments in workforce programs that strengthen its rural health care workforce pipeline, while simultaneously addressing housing shortages. The State will also invest in enabling providers to practice at the top of their license.



- Price Transparency and Insurance Competition: The State aims to address rising health care costs and affordability barriers through investments in new accountability tools and strategies.

## Virginia

**Title:** VA Rural Vitality – transforming health access and outcomes for more than 1.5 million rural residents through technological innovation, workforce development, wellness, and sustainable access

**Abstract:** Applicant Organization: Virginia Department of Medical Assistance Services (DMAS)  
Subrecipient Organizations: Virginia Innovation Partnership Corporation; Virginia Health Care Foundation; Virginia Hospital Research and Education Foundation; Virginia Foundation for Community College Education; Virginia Works; Virginia Department of Education; and Virginia Center for Health Innovation (evaluation partner).

Additional subrecipients will be competitively selected among rural providers, hospitals and health systems, federally qualified health centers, free clinics, federally recognized Tribes, digital health innovators, community-based organizations, and other key partners across Virginia's rural health landscape.

**Project Goals:** Virginia's rural communities face persistent challenges that limit access to high-quality care and contribute to poor health outcomes. Outdated technology constrains preventive care, provider shortages strain rural health systems, limited access forces long travel distances for care, and high rates of chronic disease remain a leading cause of morbidity.

Through VA Rural Vitality, the Commonwealth seeks to transform health outcomes for Virginia's more than 1.5 million rural residents by addressing these barriers and aligning with CMS's Rural Health Transformation priorities. The initiative will:

- Modernize health technology to support preventive care and data-driven decision-making
- Strengthen and expand the rural health workforce to sustain local care delivery
- Improve access to primary, specialty, and maternal care close to home
- Advance prevention and wellness to reduce chronic disease and improve quality of life

Together, these goals reflect Virginia's commitment to helping rural communities thrive and making the Commonwealth the best place to live, work, and raise a family.

**Total Budget:** \$1 billion over five years

**Uses of Funds:** Funds will be allocated across four integrated initiatives and central program administration:

1. CareIQ (CMS Goal: Tech Innovation) (\$282.6M) Invest in early-stage health technology startups, modernize electronic health records and productivity tools, and expand remote patient monitoring capacity. These investments will strengthen care coordination, reduce administrative burden, and support value-based care transformation.
2. Homegrown Health Heroes (CMS Goal: Workforce Development) (\$132.0M) Address provider shortages by funding rural medical residencies, allied health apprenticeships, and community college programs, and expanding high school pathways into healthcare. This initiative will create long-term workforce sustainability and stimulate rural economic growth.
3. Connected Care, Closer to Home (CMS Goal: Sustainable Access) (\$412.0M) Expand access through mobile health clinics, hub-and-spoke telehealth models, community paramedicine, and improved maternal care networks. These strategies will enhance care continuity and reduce avoidable hospitalizations for rural residents.

## Washington

**Title:** Washington State supporting the innovative development of rural health care across primary and specialty care, hospitals, workforce development, technology investment, and chronic disease management.

**Abstract:** Subrecipients or sub-awardee organizations: Department of Health (including the State Office of Rural Health), Department of Social and Health Services, The Rural Collaborative, Rural Health Redesign Center, the Washington State Hospital Association, University of Washington, Washington State University (WSU), Project Extension for Community Health Outcomes (ECHO), and Area Agencies on Aging.

### Project goals:

- Create opportunities for health in rural Washington
- Foster partnerships across the rural health care delivery system
- Grow Washington's workforce
- Deploy technology and data-driven solutions to empower communities with healthy opportunities, increased efficiencies, and connectivity
- Improve financial solvency for rural hospitals and providers
- Total budget amount: Washington proposes to spend \$1 billion across the five-year RHT Program. The application allocates \$200 million a year for six initiatives and administrative expenditures.

### How Washington will use the funds:

The RHT Program offers Washington an unparalleled opportunity to invest in rural access to quality health care, and the long-term vitality of Washington's rural communities. Washington's RHT Program seeks to build a healthier, more resilient, and financially sustainable rural health system by investing \$1 billion over five years to ignite innovation in rural hospitals, prevent disease and manage care in community settings, invest in the health of Native families, increase provider adoption of technology and data solutions, develop Washington's rural workforce, and expand and sustain the rural behavioral health system.

Each initiative supports the State's goals through activities, which include increasing training capacity for Tribal providers, nurses and long-term care workers; investing in artificial intelligence and cybersecurity technology; and supporting payment transformation for rural hospitals and behavioral health clinics.

Washington's spending plan focuses on investments that can be sustained past the duration of the RHT Program. Where practical, funded activities leverage expansion of existing programs, such as proposed investments in Project ECHO or WSUs rural provider training. Other activities will directly support providers and facilities through distribution of RHT funds for technology, provider recruitment, and infrastructure investments.

## West Virginia

**Title:** The WV Rural Health Transformation Program launches a once-in-a-generation effort to improve healthcare outcomes, build a healthy and long-lasting rural workforce, and develop a more vibrant economy.

**Abstract:**

Lead Applicant: West Virginia Department of Health

Total Estimated Budget: \$1 billion (as directed by CMS for Application development)

Sub-Awards: Distributed through a mix of competitive grants and direct State agency awards

The West Virginia Rural Health Transformation (WV RHT) Program launches a once-in-a-generation effort to dramatically improve our healthcare outcomes to facilitate the creation of a larger, more productive, and healthier workforce. Enabled by strategic investments in technology and unprecedented collaboration with our rural communities, improved healthcare outcomes will serve as the foundation of West Virginia's new economic strength and our comeback story. West Virginia will build upon the indomitable spirit of its people and ignite transformational opportunities to grow our workforce, strengthen rural health, and improve our standard of living—overcoming decades of barriers to productivity.

West Virginia faces the nation's toughest rural health and economic challenges. Poor health and disability are the top reasons that West Virginians cite for not working. Reversing that reality is at the heart of this plan. The State will tackle foundational health barriers that hold back workforce participation (including addiction, diabetes, hypertension, cardiovascular disease, COPD, and asthma), make West Virginia a hub for rural health innovation, and modernize care delivery and payment systems to drive healthcare value and ensure long-term sustainability. The RHT Plan will center on seven flagship initiatives:

1. Connected Care Grid will bring healthcare access directly to people—both in person and digitally—by integrating telehealth, remote monitoring, and local care coordination.
2. Rural Health Link will unify medical and community transportation into a one-stop system so distance and mobility are never barriers to care.
3. Mountain State Care Force will attract top clinical talent while training and retaining West Virginia's own future providers.
4. Smart Care Catalyst will equip rural providers with payment and data tools that free time for patients and sustain provider viability.
5. Health to Prosperity Pipeline will connect recovery, care management, and employment programs to help every West Virginian find work and prosperity.
6. Personal Health Accelerator will use education and incentives to empower West Virginians to lead healthy, productive lives through prevention, nutrition, and exercise.
7. HealthTech Appalachia will incubate leap-frog technologies that improve outcomes and generate growth, establishing West Virginia as a hub for health innovation.

Building on the State's leadership in advancing Make America Healthy Again priorities, this WV RHT Plan invests in proactive care to prevent the very conditions that lead to public spending. As access and outcomes improve, more residents will rejoin the workforce, healthcare systems will stabilize financially, and private investment will flow—reversing the decades-long trend of poor health and poverty and creating a durable cycle of health and prosperity across the State.

## Wisconsin

**Title:** The Rural Health Transformation Program – Wisconsin

**Abstract:** From the shores of the Great Lakes to the banks of the Mississippi, from the vast Northwoods to the rugged bluffs of the Driftless southwest, rural Wisconsin holds immense strength, tradition, and sense of community. And though all Wisconsinites deserve access to high quality and timely health care, rural residents face major challenges due to geographic barriers and a fragmented health care system. We imagine a future where geography doesn't determine your health, and where communities can work together to improve care for themselves and their neighbors.

To bring this vision closer to reality, the State of Wisconsin Department of Health Services, as directed by Governor Tony Evers, is applying for the Rural Health Transformation (RHT) Program. The Department will partner with rural communities to transform health care, while strengthening our economy, our workforce, and our communities. This \$1 billion investment will focus on rural capacity, sustainability, and innovation across three major initiatives:

**Strengthen Rural Health Care Workforce - \$337 million.** Recruiting and retaining an adequate health care workforce is a challenge in rural areas, making access to quality, timely care for rural residents difficult. RHT funds will provide grants for innovative workforce projects in rural communities, support career pathways for rural health care providers, and fund services provided by community health workers.

**Drive Rural Technology and Innovation - \$329 million.** Rural Wisconsin needs technology to support and reach residents, such as closed-loop referral systems and telehealth capabilities. Wisconsin will invest RHT funds to upgrade rural provider systems and digital infrastructure and develop a digital rural health care collaborative.

**Transform Rural Care through Partnerships - \$279 million.** Rural Wisconsinites experience fragmented coordination across primary care, specialty care, behavioral health, chronic disease prevention, and community social supports. Wisconsin will stand up a competitive grant program for rural regions to create coordinated systems of care where multi-sector partnerships show a clear path to sustainability.

Each region of Wisconsin has unique challenges and strengths. Wisconsin's RHT application recognizes this variation and leans on partnerships and flexibility for local expertise to solve problems. A wide range of organizations across the State will be involved in this work:

Health care providers, such as rural hospitals, community health centers, dental providers, behavioral health clinics, long-term care providers, pharmacies, and emergency medical service agencies.

Local and Tribal governments, such as local and Tribal health departments, county human services agencies, school districts, colleges and universities.

Other private and public sector partners based on community strengths and needs, such as businesses, transportation companies, food pantries, and libraries.



We see a day when rural Wisconsin has the resources, technologies, and partnerships needed to connect everyone to the care they need, when they need it. This is a future worth fighting for, and the once-in-a-generation investment of the RHT Program will help us get there. Wisconsin is ready for the challenge.

## Wyoming

**Title:** State of Wyoming - Rural Health Transformation Application

**Abstract:** Wyoming's proposal for Rural Health Transformation, as developed and submitted by the Department of Health (WDH) and the Governor's Office, is intended to directly address the health care priorities of our rural communities.

We collected those priorities in a series of eleven (11) town hall meetings, and had them ranked by 1,316 Wyomingites in an online survey. The priorities that came out on top aren't extravagant. Most center on access to the basics: hospitals that can effectively treat emergencies, ambulances that show up quickly when you dial 911, and primary care that treats the whole person.

When combined with the federal objectives articulated in the One Big Beautiful Bill Act, these priorities informed the four (4) major goals of our proposal. With supporting components listed under each, these are:

1. To increase sustainable access to right-sized and coordinated rural medical care.
  - Encouraging smaller Critical Access Hospitals to focus on doing the basics well, and creating incentives for small ambulance services to consolidate around sustainable regional funding bases
  - Expansion of primary care that integrates behavioral health and preventative medicine
  - Building an affordable major medical plan for people priced out of health insurance
2. To build a durable workforce pipeline.
  - Individual education support for people looking to become nurses, primary care providers, behavioral health clinicians and emergency medical technicians
  - Grants for institutions to build career pipelines in these fields, starting in high school
  - Loosening scope of practice for physician assistants, dental hygienists, and pharmacists.
3. To improve metabolic, cardiovascular, and behavioral health outcomes.
  - Exercise and diet promotion
  - Restricting the use of SNAP/food stamps to buy unhealthy food
  - Statewide telepsychiatry and crisis intervention services
4. To use technology and payment models to improve chronic disease management and bring care closer to home.
  - Clinically-integrated care coordination for people at high risk of chronic disease
  - Non-emergency transportation coordination.

We were requested to assume a hypothetical \$200,000,000 total budget for this proposal. Depending on the amount Wyoming actually receives, 48% of the funding will support access to emergency medical care, 25% will increase rural workforce supply, 16% is targeted at improving health outcomes, 10% will help providers acquire innovative new technology, and less than 1% will cover State administrative costs. Although this funding is time-limited, all of our initiatives are intentionally built for the long-term. Rural Health Transformation is a once-in-a-generation opportunity to strengthen how care is delivered in Wyoming, and we will not let it go to waste.