

NOVEMBER 2025

# Rural Health Transformation Program

Summary of State RHTP Applications



# Executive Summary

The Rural Health Transformation Program (RHTP) is a landmark \$50 billion federal initiative designed to stabilize rural health systems, expand access to care, modernize infrastructure, and ensure long-term sustainability. **States were invited to submit detailed applications, and all 50 did so.** Most states have requested \$1B over the five program years (as advised by CMS). Most states propose to fund four to seven initiatives, but some are outliers, such as Tennessee with 17 initiatives and Alabama with its 11-initiative plan. Several states have not released their application or have released high-level summaries. Accordingly, this document provides a high-level summary of the publicly available applications to date from 35 states.



## | National Themes Across State Applications

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

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

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

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

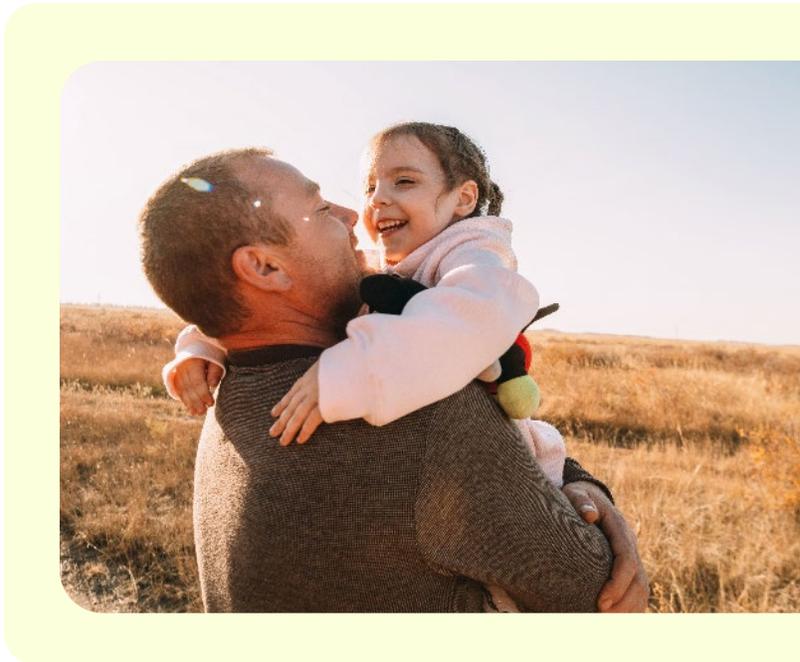
**Primary Care Access and FQHC Networks:** Hub-and-spoke networks, mobile units, chronic disease programs, and maternal health services anchored in Federally Qualified Health Centers (FQHCs) and rural clinics are included in many proposals. For example, California plans to build regional care collaboratives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

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

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

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

The summaries that follow provide an overview of states’ priorities, initiatives, and investment strategies, including identified partners, where such information is available. Sellers Dorsey team members are available to discuss the RHTP Program, and we will continue to monitor the release of additional applications, updates from CMS, and other developments in the months ahead.



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## Alabama

TOTAL REQUEST: **\$900M**

<p><b>Distinctive Elements</b></p>	<ul style="list-style-type: none"> <li>Proposes 11 initiatives: 1. Collaborative EHR, IT, and Cybersecurity; 2. Rural Health (for specialty and emergent care); 3. Maternal and Fetal Health Initiative – Obstetric Digital Regionalization; 4. Rural Workforce; 5. Cancer Digital Regionalization Initiative - Prevention, Screening and Treatment; 6. Simulation Training; 7. Statewide EMS Trauma and Stroke; 8. EMS Treat-in-place; 9. Mental Health; 10. Community Medicine; and 11. Rural Health Practice (expanding networked rural health clinics in rural, underserved areas).</li> <li>Comprehensive statewide transformation program targeting all 58 rural counties and 1.6 million rural residents.</li> <li>Organized under the Alabama Rural Health Transformation Program (ARHTP) with guiding principles of transformation, sustainability, and accountability.</li> <li>Coordinated across Alabama Medicaid, ADPH, ADECA, and academic medical partners.</li> </ul>
<p><b>Goals &amp; Metrics</b></p>	<ul style="list-style-type: none"> <li>Establish <math>\geq 5</math> regional IT/cybersecurity hubs and connect <math>\geq 40</math> rural hospitals to ALOHR—Alabama One Health Record<sup>®</sup>: Alabama’s health information exchange system.</li> <li>Reduce rural emergency transfers by <math>\geq 15\%</math>.</li> <li>Increase new students in rural training programs by 1000.</li> <li>Expand telehealth access statewide with <math>\geq 100</math> new endpoints.</li> </ul>
<p><b>Sub-Awarding</b></p>	<ul style="list-style-type: none"> <li>Competitive grants and procurements through ADECA in coordination with Alabama Medicaid and ADPH. Executive order establishes an ARHTP Advisory Group to guide legislative and regulatory reforms (telehealth parity, EMS reimbursement, CCBHC certification).</li> </ul>
<p><b>Sustainability Plan</b></p>	<ul style="list-style-type: none"> <li>Long-term transition to self-funded regional networks supported by telehealth billing and value-based payment reforms. Legislative actions to ensure telehealth parity, CCBHC certification, Treat-in-Place reimbursement, and licensure compacts. Shared-service IT hubs create sustainable cost savings; continued support from Alabama Medicaid, ADPH, and ADECA ensures integration into ongoing state operations.</li> </ul>
<p><b>Health Centers &amp; FQHCs</b></p>	<p><b>Plan Highlights:</b> Strengthen care access via regional networks linking hospitals, FQHCs, and clinics; expand primary, maternal, and behavioral health access; and implement data-driven care coordination using Alabama One Health Record (ALOHR).</p> <p><b>Planned Investment:</b> Included within \$275M Rural Health Initiative and \$24M Maternal &amp; Fetal Health Initiative.</p> <p><b>Partners Identified:</b> Alabama Department of Public Health (ADPH), Alabama Medicaid, FQHCs, Rural Health Clinics, UAB, USA Health, and Alabama Primary Health Care Association.</p>
<p><b>EMS</b></p>	<p><b>Plan Highlights:</b> Expand EMS capacity through Statewide Trauma and Stroke Initiative and Treat-in-Place model, integrating telehealth consults and diversion routing to reduce avoidable transports.</p> <p><b>Planned Investment:</b> \$20M (Trauma and Stroke Initiative) + \$25M (Treat-in-Place).</p> <p><b>Partners Identified:</b> Birmingham Regional EMS System (BREMSS), ADPH, regional EMS agencies, hospitals, and community partners.</p>

<p><b>BH/MH/SUD</b></p>	<p><b>Plan Highlights:</b> Integrate behavioral health and primary care across rural clinics; expand tele-behavioral health and school-based mental health via CCBHC conversions and tele-mental health pilots; embed behavioral health in primary care.</p> <p><b>Planned Investment:</b> Incorporated in \$275M Rural Health Initiative and \$15.5M Simulation Training Initiative.</p> <p><b>Partners Identified:</b> ADPH, Department of Mental Health, CCBHCs, community mental health centers, and local education agencies.</p>
<p><b>Workforce</b></p>	<p><b>Plan Highlights:</b> Build robust pipelines through the Alabama School of Healthcare Sciences (Demopolis), expand Graduate Medical Education (GME) in rural regions, and launch statewide simulation training and tele-learning for EMS, nursing, and allied health. Provide incentives for rural practice.</p> <p><b>Planned Investment:</b> \$309.75M for 5 years.</p> <p><b>Partners Identified:</b> Alabama Department of Workforce Development, ASHS, community colleges, UAB, Faulkner University, and rural hospitals and clinics.</p>
<p><b>Data Analytics &amp; Tech</b></p>	<p><b>Plan Highlights:</b> Modernize health IT through Collaborative EHR, IT, and Cybersecurity Initiative creating regional hubs for interoperability and data exchange; integrate ALOHR statewide; deploy telehealth endpoints and data dashboards.</p> <p><b>Planned Investment:</b> \$125M for 5 years.</p> <p><b>Partners Identified:</b> Alabama Medicaid Agency (ALOHR), ADECA, regional hospitals, CHPL vendors, cybersecurity and IT providers.</p>
<p><b>Other Key Investments</b></p>	<p><b>Plan Highlights:</b> Cancer Digital Regionalization Initiative (\$25M) expanding mobile cancer screening (building on Operation Wipe Out); Simulation Training Initiative (\$15.5M) expanding specialty simulation programs; and maternal health regionalization with telerobotic ultrasound and emergency L&amp;D carts.</p> <p><b>Partners Identified:</b> ADPH, Children’s of Alabama, Faulkner University, local hospitals, and community organizations.</p>
<p><b>Public Documents</b></p>	<p><a href="https://www.alabamapublichealth.gov/ruralhealth/">https://www.alabamapublichealth.gov/ruralhealth/</a></p>

## Alaska

TOTAL REQUEST: **TOTAL NOT SPECIFIED**

<b>Distinctive Elements</b>	<ul style="list-style-type: none"> <li>• Six-initiative, statewide framework tailored to rural, remote, and frontier Alaska.</li> <li>• Emphasis on maternal/child health, access across the care continuum, prevention and community health, value-based payment, workforce pipelines, and technology/innovation.</li> </ul>
<b>Goals &amp; Metrics</b>	<ul style="list-style-type: none"> <li>• Measurable improvements in health outcomes and lifelong well-being for rural, remote, and frontier Alaskans.</li> <li>• Expanded access to a full continuum of care and reduced avoidable hospitalizations through prevention and chronic disease management.</li> <li>• Long-term financial stability for rural providers via value-based and alternative payment models.</li> <li>• Increased use of data, telehealth, and digital tools to track outcomes and manage population health.</li> </ul>
<b>Sub-Awarding</b>	<ul style="list-style-type: none"> <li>• State of Alaska Department of Health as primary applicant; funds awarded to entities statewide.</li> <li>• Subrecipients include healthcare delivery organizations, Tribal Health Organizations, community-based entities, education/workforce institutions, technology vendors, provider/trade associations, consulting firms, and state/local governments.</li> <li>• Competitive projects under six initiatives; extensive technical assistance to help eligible entities develop applications and implement projects.</li> </ul>
<b>Sustainability Plan</b>	<ul style="list-style-type: none"> <li>• Dedicated Pay for Value: Fiscal sustainability initiative to transition from fee-for-service to value-based and alternative payment models.</li> <li>• Investments in IT, analytics, and HIE to support ongoing measurement and reporting.</li> <li>• Transitional grants to bridge financial risk while new models mature.</li> <li>• Workforce pipelines, housing, and child care supports to stabilize rural staffing.</li> </ul>
<b>Health Centers &amp; FQHCs</b>	<p><b>Plan Highlights:</b> Invest in primary care and health center workforce, facility renovations, and IT upgrades to extend hours, telehealth, integrated primary/behavioral/oral health, and chronic disease management. Mobile and community-based preventive services and wellness centers support early intervention and healthier lifestyles.</p> <p><b>Planned Investment:</b> Not available.</p> <p><b>Partners Identified:</b> Clinics and health centers, Tribal Health Organizations and regional health systems, and schools, local employers, and community organizations supporting preventive and primary care.</p>
<b>EMS</b>	<p><b>Plan Highlights:</b> Transform statewide EMS and trauma systems by upgrading and expanding equipment, supporting treat-in-place, community paramedicine, mobile integrated healthcare, alternate destination transport, and enhanced training to improve assessment, triage, and transport in rural and frontier areas.</p> <p><b>Planned Investment:</b> Not specified.</p> <p><b>Partners Identified:</b> Rural and frontier EMS agencies and trauma provider; hospitals and regional systems, and state and local governments or authorities engaged in emergency medical response.</p>

<p><b>BH/MH/SUD</b></p>	<p><b>Plan Highlights:</b> Expand access to the full spectrum of behavioral health services, including community behavioral health, crisis services, acute inpatient and partial hospitalization care, EmPATH models, and SUD services; integrate BH into primary care, use tele-behavioral health, and strengthen youth and family resilience through school and community programs.</p> <p><b>Planned Investment:</b> Not specified.</p> <p><b>Partners Identified:</b> Community behavioral health providers; Certified Community Behavioral Health Clinics or similar models; Tribal entities; and schools and community organizations supporting youth and family mental health.</p>
<p><b>Workforce</b></p>	<p><b>Plan Highlights:</b> Build rural health workforce pipelines through high school-to-career and adult reskill programs; expand training and certification for CHA/Ps, BHAs, DHATs, direct care workers, and other roles; develop and expand residencies and rotations in rural settings; implement recruitment and retention strategies with structured incentives, housing, and child care supports.</p> <p><b>Planned Investment:</b> Not specified.</p> <p><b>Partners Identified:</b> Education and workforce development institutions; Tribal Health Organizations; healthcare delivery organizations; and state and local partners supporting housing and child care.</p>
<p><b>Data Analytics &amp; Tech</b></p>	<p><b>Plan Highlights:</b> Deploy consumer-facing digital tools, remote monitoring, and patient portals; expand telehealth and appropriate AI tools; strengthen cybersecurity and interoperable EHRs; integrate data into the statewide HIE; build analytics capabilities across multi-payer data to support population health management and value-based care.</p> <p><b>Planned Investment:</b> Not specified.</p> <p><b>Partners Identified:</b> Technology and innovation vendors; HIE and IT partners; Tribal and regional health systems; and providers participating in value-based care.</p>
<p><b>Other Key Investments</b></p>	<p><b>Plan Highlights:</b> Develop complex care homes and multidisciplinary teams for individuals with co-occurring needs; expand home and community-based services, skilled nursing/long-term care, and post-acute transition programs; invest in transportation networks, home modifications (e.g., water/sanitation), Traditional Healing, pharmacy capacity, and rural health infrastructure and technology catalyst funds.</p> <p><b>Planned Investment:</b> Not specified.</p> <p><b>Partners Identified:</b> Tribal Health Organizations; local hospitals and clinics; community-based entities; transportation and housing partners; pharmacy networks; and private partners in infrastructure and technology.</p>
<p><b>Public Documents</b></p>	<p><a href="https://health.alaska.gov/en/education/obbba-ak-impacts/">https://health.alaska.gov/en/education/obbba-ak-impacts/</a></p>

## Arizona

**TOTAL REQUEST: TOTAL AMOUNT NOT SPECIFIED**

<p><b>Distinctive Elements</b></p>	<ul style="list-style-type: none"> <li>Proposed four sets of initiatives, including the Making Rural Healthcare Accessible and Resilient initiatives, Rural Health Workforce Development and Training Program, and the Priority Health Initiatives Grants Portfolio (Behavioral Health &amp; SUD, Chronic Disease Prevention, and Maternal-Fetal Health).</li> <li>Arizona’s Rural Health Transformation Plan integrates statewide strategies through the Office of Economic Opportunity (OEO), AHCCCS, and ADHS, uniting access, workforce, and innovation under one framework.</li> <li>Arizona’s governance aligns with the Governor’s Workforce Cabinet and uses data-driven, cross-agency oversight to achieve measurable outcomes.</li> </ul>
<p><b>Goals &amp; Metrics</b></p>	<ul style="list-style-type: none"> <li>100% of birthing hospitals implementing <math>\geq 3</math> AIM bundles.</li> <li><math>\geq 200</math> providers using the perinatal clinical help line.</li> <li>Increased naloxone distribution.</li> <li>Increased chronic disease screening rates.</li> <li>Measurable increases in rural clinician retention and training participation.</li> </ul>
<p><b>Sub-Awarding</b></p>	<ul style="list-style-type: none"> <li>Funds are sub-awarded primarily through AHCCCS and ADHS to OEO, county health departments, Tribal authorities, and local providers.</li> <li>Processes include RFPs, IGAs, and cooperative contracts managed under federal audit standards.</li> </ul>
<p><b>Sustainability Plan</b></p>	<ul style="list-style-type: none"> <li>Arizona’s sustainability strategy embeds RHTP initiatives into ongoing state frameworks, including the Governor’s Workforce Cabinet and AzHIP 2026–2030.</li> <li>Behavioral health and telehealth services will transition to Medicaid reimbursement; maternal health programs (AIM, help lines) integrated into ADHS and AHCCCS operations; and counties supported to build sustainable billing systems for preventive care.</li> </ul>
<p><b>Health Centers &amp; FQHCs</b></p>	<p><b>Plan Highlights:</b> Expansion of telehealth, mobile/satellite clinics, and regional care coordination to improve access and continuity of care. Support for local screening and prevention outreach through the Priority Health Initiatives Portfolio.</p> <p><b>Investment Amount:</b> Approx. \$27M/year (across chronic disease, behavioral health, and maternal-fetal grants).</p> <p><b>Partners Identified:</b> ADHS, AHCCCS, county health departments, FQHCs, Tribal partners, and rural hospitals.</p>
<p><b>EMS</b></p>	<p><b>Plan Highlights:</b> Coordination through the ADHS Bureau of EMS and Trauma System, integrating telehealth, mobile crisis units, and expanded EMS interoperability.</p> <p><b>Investment Amount:</b> Not specified.</p> <p><b>Partners Identified:</b> ADHS, EMS Councils, Arizona Fire District Association, Arizona Ambulance Association, and BEMSTS committees.</p>

<b>BH/MH/SUD</b>	<p><b>Plan Highlights:</b> Behavioral Health &amp; Substance Use Disorder Expansion Grant funds mobile crisis units, detox centers, and naloxone distribution. Emphasis on rural youth prevention and tele-behavioral integration.</p> <p><b>Investment Amount:</b> \$10M annually.</p> <p><b>Partners Identified:</b> AHCCCS, ADHS, AZ REACH, behavioral health plans, and Tribal behavioral health authorities.</p>
<b>Workforce</b>	<p><b>Plan Highlights:</b> The Rural Health Workforce Development and Training Program addresses shortages via rural clinical rotations, educator training, and financial incentives. Operated by OEO, it expands CHW, EMT, nursing, and allied health capacity.</p> <p><b>Investment Amount:</b> \$57M annually.</p> <p><b>Partners Identified:</b> OEO, ADHS, AHCCCS, AHECs, CTEDs, universities, and community colleges.</p>
<b>Data Analytics &amp; Tech</b>	<p><b>Plan Highlights:</b> Telehealth Digital Transformation and HIE Integration initiatives modernize infrastructure and expand remote monitoring. Investments in cybersecurity, interoperability, and digital literacy training support rural technology adoption.</p> <p><b>Investment Amount:</b> Not specified individually (part of Making Rural Healthcare Accessible).</p> <p><b>Partners Identified:</b> AHCCCS, ADHS, state health systems, and HIE vendors.</p>
<b>Other Key Investments</b>	<p><b>Plan Highlights:</b> The Making Rural Healthcare Resilient program reduces administrative burden and scales shared-service models. Includes pilots for value-based payment and alternative care delivery models.</p> <p><b>Investment Amount:</b> Not specified.</p> <p><b>Partners Identified:</b> AHCCCS, ADHS, and rural hospitals.</p>
<b>Public Documents</b>	<p><a href="https://azgovernor.gov/office-arizona-governor/news/2025/11/governor-katie-hobbs-submits-state-application-federal-rural">https://azgovernor.gov/office-arizona-governor/news/2025/11/governor-katie-hobbs-submits-state-application-federal-rural</a></p>

## Arkansas

TOTAL REQUEST: **\$1B**

<b>Distinctive Elements</b>	<ul style="list-style-type: none"> <li>Proposes four initiatives: Healthy Eating, Active Recreation, &amp; Transformation (HEART); Promoting Access, Coordination, and Transformation (PACT); Recruitment, Innovation, Skills, and Education for AR Healthcare (RISE AR); and Telehealth, Health-monitoring, and Response Innovation for Vital Expansion (THRIVE).</li> <li>Focus on prevention, coordinated access, workforce resilience, and technology innovation.</li> <li>Rooted in Governor Sanders’ “Make Rural America Healthy Again” vision, combining public health, technology, and workforce investment into one coordinated model.</li> </ul>
<b>Goals &amp; Metrics</b>	<ul style="list-style-type: none"> <li>≥12,500 residents reached annually through HEART and telehealth.</li> <li>15% reduction in EMS response times.</li> <li>≥100 partnerships to deliver HEART programs by Year 5.</li> <li>≥100 rural clinicians recruited and retained.</li> <li>≥50 rural facilities equipped with telehealth infrastructure.</li> </ul>
<b>Sub-Awarding</b>	<ul style="list-style-type: none"> <li>Administered by Department of Finance and Administration with DHS partnership. Transparent subgrant and RFP process under 2 CFR Part 200.</li> <li>Awards based on need, capacity, and alignment with RHTP goals.</li> </ul>
<b>Sustainability Plan</b>	<ul style="list-style-type: none"> <li>Integrate initiatives into Medicaid and value-based models; maintain CINs, workforce academies, and TECH Fund as ongoing infrastructure.</li> <li>State will continue oversight via DFA and Governor’s Office to ensure continuity.</li> </ul>
<b>Health Centers &amp; FQHCs</b>	<p><b>Plan Highlights:</b> Integrate FQHCs and RHCs in Clinically Integrated Networks (CINs) to share data, workforce, and purchasing. Expand mobile care and specialty access via telehealth hubs and partnerships.</p> <p><b>Planned Investment:</b> \$250M (within PACT).</p> <p><b>Partners Identified:</b> Arkansas Department of Health (ADH), Department of Human Services (DHS), Arkansas Primary Care Association, hospitals, and Heartland Whole Health Institute.</p>
<b>EMS</b>	<p><b>Plan Highlights:</b> Modernize trauma and EMS systems through the THRIVE initiative, including investment in vehicles, equipment, and dispatch systems; create statewide coordination, standard protocols, and digital dashboards.</p> <p><b>Planned Investment:</b> \$350M (THRIVE).</p> <p><b>Partners Identified:</b> ADH Office of EMS, trauma coordinators, hospitals, EMS Compact, and public safety agencies.</p>
<b>BH/MH/SUD</b>	<p><b>Plan Highlights:</b> Integrate behavioral and physical health across initiatives, including through tele-behavioral care.</p> <p><b>Planned Investment:</b> Included within HEART and PACT.</p> <p><b>Partners Identified:</b> ADH Division of Behavioral Health, community mental health centers, faith organizations, and Heartland Whole Health Institute.</p>

# ARKANSAS

<b>Workforce</b>	<p><b>Plan Highlights:</b> Through RISE AR, create rural pipelines, residencies, and leadership academies (LEAD, PATHWAY, RETAIN, SKILL-UP). Incentives include signing bonuses, relocation aid, and professional mentorship.</p> <p><b>Planned Investment:</b> \$250M.</p> <p><b>Partners Identified:</b> ADH, higher education institutions, hospitals, and rural health consortia.</p>
<b>Data Analytics &amp; Tech</b>	<p><b>Plan Highlights:</b> Under THRIVE, expand broadband, telehealth, AI-assisted monitoring, and interoperability. Create a TECH Fund for telehealth equipment, cybersecurity, and digital integration.</p> <p><b>Planned Investment:</b> \$350M (shared with EMS and THRIVE).</p> <p><b>Partners Identified:</b> ADH, telehealth vendors, broadband providers, and technology firms.</p>
<b>Other Key Investments</b>	<p><b>Plan Highlights:</b> Prevention and lifestyle health (HEART), food-as-medicine programs, school-based wellness (GROW Kids, FARM, MOVE), and community fitness partnerships.</p> <p><b>Planned Investment:</b> \$150 million.</p> <p><b>Partners Identified:</b> Schools, local governments, faith organizations, and community health workers.</p>
<b>Public Documents</b>	<p><a href="https://governor.arkansas.gov/arkansas-rural-health-transformation-program-application/">https://governor.arkansas.gov/arkansas-rural-health-transformation-program-application/</a></p>

## California

TOTAL REQUEST: **\$1B**

<b>Distinctive Elements</b>	<ul style="list-style-type: none"> <li>California published a summary, not its entire application.</li> <li>Creating regional care collaboratives anchored by hub-and-spoke networks, novel workforce and technology initiatives, and a Rural Health Policy Council.</li> <li>Emphasis on person-centered primary, maternity, chronic condition, and specialty care close to home and financial stability of rural providers.</li> </ul>
<b>Goals &amp; Metrics</b>	<ul style="list-style-type: none"> <li>More rural residents receiving primary, maternity, chronic disease, and specialty care locally.</li> <li>Fewer preventable maternal complications.</li> <li>Increased telehealth and e-Consult use with improved health information exchange and cybersecurity.</li> <li>Reduced rural hospital bypass and higher patient engagement.</li> </ul>
<b>Sub-Awarding</b>	<ul style="list-style-type: none"> <li>HCAI is the applicant organization and will manage the statewide program.</li> <li>Project abstract lists “Subrecipients or Sub-awardees: TBD” and does not describe specific competitive procurement, selection criteria, or sub-award processes beyond identifying regional care collaboratives and other rural partners.</li> </ul>
<b>Sustainability Plan</b>	<ul style="list-style-type: none"> <li>Program sustainability focuses on strengthening financial stability of rural providers through targeted transformation payments, regional hub-and-spoke delivery models, and modernized technology and cybersecurity, while building long-term workforce pipelines.</li> <li>Rural Health Policy Council will monitor program progress, guide financing reform, and promote alignment with statewide policy priorities.</li> </ul>
<b>Health Centers &amp; FQHCs</b>	<p><b>Plan Highlights:</b> Transformative Care Model creates regional hub-and-spoke networks anchored by hospital hubs with spokes that include critical access hospitals, clinics, birthing centers, and other providers to expand primary, maternity, chronic disease, and specialty care close to home and reduce rural bypass and travel burden.</p> <p><b>Planned Investment:</b> The application does not specify a distinct dollar amount dedicated solely to health centers or FQHCs within the \$1B request.</p> <p><b>Partners Identified:</b> Rural hospitals, critical access hospitals, clinics, birthing centers, rural health clinics, Federally Qualified Health Centers, Tribal and urban Indian health organizations, and other rural providers are identified as key participants in regional care collaboratives and stakeholder engagement activities.</p>
<b>EMS</b>	<p><b>Plan Highlights:</b> Does not describe specific initiatives or investments focused on EMS or medical transportation beyond general goals to improve timely access to appropriate care in rural communities.</p> <p><b>Planned Investment:</b> Not specified.</p> <p><b>Partners Identified:</b> No specific EMS agencies, emergency transport providers, or similar partners are named in the reviewed California RHTP application materials.</p>

<p><b>BH/MH/SUD</b></p>	<p><b>Plan Highlights:</b> Behavioral health appears as a permissible RHTP use category and as a focus of workforce upskilling through Train-the-Trainer programs in maternal health, chronic disease, behavioral health, and telehealth, but the application does not outline separate, detailed behavioral health or SUD program lines beyond these elements.</p> <p><b>Planned Investment:</b> Not specified.</p> <p><b>Partners Identified:</b> Behavioral health partners are not listed by name; behavioral health is referenced primarily in the context of workforce training and eligible program categories rather than as named organizations or vendors.</p>
<p><b>Workforce</b></p>	<p><b>Plan Highlights:</b> Rural Health Workforce Development initiative builds a Statewide Workforce Mapping and Planning Tool; strengthens education pathways from high school through Community Colleges and 4-year universities with wraparound supports; expands Train-the-Trainer programs; grows Community Health Workers, nurses, doulas, and midwives; and funds pipeline, placement, retention, and relocation supports.</p> <p><b>Planned Investment:</b> Not specified.</p> <p><b>Partners Identified:</b> High schools, community colleges, 4-year universities, rural clinical placement sites, and rural providers participating in Train-the-Trainer programs and regional workforce initiatives are identified generically; specific institutions are not named.</p>
<p><b>Data Analytics &amp; Tech</b></p>	<p><b>Plan Highlights:</b> Rural Health Technology and Tools initiative modernizes infrastructure and connectivity, including Electronic Health Record enhancements, health information exchange, and cybersecurity; operates a Technical Assistance Center; supports shared purchases and services; and deploys patient-centered tools such as Remote Patient Self-Monitoring that integrate person-generated data into clinical workflows.</p> <p><b>Planned Investment:</b> Not specified.</p> <p><b>Partners Identified:</b> Rural health entities participating in regional care models, a Rural Technical Assistance Center, and other technology and service vendors are referenced generically; specific vendors or platforms are not listed by name in the reviewed documents.</p>
<p><b>Other Key Investments</b></p>	<p><b>Plan Highlights:</b> Other priorities include establishing regional care collaboratives and targeted transformation payments to support rural hospitals' capacity to transform systems and improve financial stability, using accelerator partners to incubate workforce, technology, and payment solutions, and creating a Rural Health Policy Council to review progress and guide financing reform.</p> <p><b>Planned Investment:</b> Not specified.</p> <p><b>Partners Identified:</b> Rural Health Policy Council participants include HCAI, sibling departments, rural hospitals and clinics, Tribal leaders, provider offices, health plans, community-based organizations, and other community stakeholders.</p>
<p><b>Public Documents</b></p>	<p><a href="https://hcai.ca.gov/workforce/health-workforce/california-state-office-of-rural-health/">https://hcai.ca.gov/workforce/health-workforce/california-state-office-of-rural-health/</a></p>

## Colorado

TOTAL REQUEST: **\$1B**

<b>Distinctive Elements</b>	<ul style="list-style-type: none"> <li>• Five-goal, \$1B statewide transformation anchored in chronic disease prevention, sustainable access, workforce development, innovative care, and tech-enabled delivery.</li> <li>• Led by HCPF with CDPHE, CRHC, OeHI and other partners, emphasizing rural hospital stability, regional networks, and data-driven, value-based care.</li> </ul>
<b>Goals &amp; Metrics</b>	<ul style="list-style-type: none"> <li>• Tracks rural chronic disease programs and participants; clinics referring to and implementing evidence-based prevention; EMS and access improvements; number of regional partnerships; health workers credentialed; facilities in value-based networks; telehealth and HIE adoption; and standardized dashboards in rural hospitals.</li> </ul>
<b>Sub-Awarding</b>	<ul style="list-style-type: none"> <li>• HCPF serves as applicant and program lead, with CRHC, OeHI and CDPHE as subrecipients.</li> <li>• Contractors and vendors will be selected later through Colorado’s competitive procurement processes (e.g., RFPs, grants) to deliver technical assistance, analytics, financial management, and other implementation support.</li> </ul>
<b>Sustainability Plan</b>	<ul style="list-style-type: none"> <li>• Embed RHTP goals and metrics in the State Health Improvement Plan and public health modernization efforts; transition rural providers to APMs/value-based models; align Medicaid payment and incentives; build durable data and workforce infrastructure; and use ongoing dashboards to monitor financial health and outcomes beyond FFY31.</li> </ul>
<b>Health Centers &amp; FQHCs</b>	<p><b>Plan Highlights:</b> Expand prevention and chronic disease programs delivered through rural clinics and FQHCs; support screening, care coordination, food-as-medicine and other evidence-based interventions; and connect clinics into rural networks and data-sharing platforms to improve access and outcomes.</p> <p><b>Planned Investment:</b> ≈ \$229,950,000 under the Make Rural America Healthy Again goal for prevention, chronic disease, and related infrastructure that heavily involves rural health centers and FQHCs.</p> <p><b>Partners Identified:</b> Rural hospitals and health clinics, rural FQHCs, community-based organizations, regional health alliances, COSHIE hubs, and CDPHE/HCPF as coordinating state partners.</p>
<b>EMS</b>	<p><b>Plan Highlights:</b> Strengthen rural care delivery systems and EMS by expanding coverage, improving response times, coordinating transport, and integrating EMS into regional networks and telehealth-enabled care pathways.</p> <p><b>Planned Investment:</b> ≈ \$106,100,000 under the Sustainable Access goal for rural networks, EMS support, hospital stabilization, and related access initiatives.</p> <p><b>Partners Identified:</b> Rural and critical access hospitals, EMS agencies in rural/frontier counties, regional health alliances, CRHC, and state emergency and public health partners.</p>
<b>BH/MH/SUD</b>	<p><b>Plan Highlights:</b> Address high rural behavioral health needs and suicide rates by expanding behavioral health capacity, telebehavioral health and eConsults, integrating BH into rural clinics and networks, and strengthening crisis response and coordination.</p> <p><b>Planned Investment:</b> Not specified.</p> <p><b>Partners Identified:</b> Community mental health centers, certified community behavioral health clinics, behavioral health providers included among key stakeholders, and state Behavioral Health and human services agencies.</p>

# COLORADO

<p><b>Workforce</b></p>	<p><b>Plan Highlights:</b> Invest in rural workforce pipelines by recruiting, credentialing and cross-training health workers; supporting rural residencies and training on chronic disease and preventive care; and coordinating efforts across agencies and education partners.</p> <p><b>Planned Investment:</b> \$178,450,000 for Workforce Development, including personnel, benefits, and contractual support to administer RHTP and expand rural provider capacity.</p> <p><b>Partners Identified:</b> Rural hospitals and clinics, FQHCs, CDPHE workforce programs, academic and training partners, and other organizations offering credentialing, TA, and education.</p>
<p><b>Data Analytics &amp; Tech</b></p>	<p><b>Plan Highlights:</b> Build data and evaluation infrastructure and expand rural telehealth and technology integration, including dashboards, HIE/COSHIE connectivity, remote monitoring, cybersecurity, and analytics to support prevention, value-based models, and system performance.</p> <p><b>Planned Investment:</b> \$255,500,000 under the Tech Innovation goal plus targeted data infrastructure investments within other initiatives (e.g., chronic disease data dashboards).</p> <p><b>Partners Identified:</b> OeHI, rural safety-net providers, health information exchanges, COSHIE hubs, regional health alliances, and vendors providing IT, analytics, and cybersecurity support.</p>
<p><b>Other Key Investments</b></p>	<p><b>Plan Highlights:</b> Strengthen rural hospital financial solvency and operations, design and pilot rural value-based care models, enhance maternal health and emergency services, and align state policy and payment reforms with long-term rural transformation goals.</p> <p><b>Planned Investment:</b> Components are funded across the Sustainable Access, Innovative Care, and other goal areas; specific amounts for these cross-cutting priorities are not broken out as standalone line items.</p> <p><b>Partners Identified:</b> Rural and critical access hospitals, regional alliances, CDPHE, CRHC, OeHI, Colorado Hospital Association, and other statewide and regional partners engaged in transformation and payment reform.</p>
<p><b>Public Documents</b></p>	<p><a href="https://hcpf.colorado.gov/rural-health-transformation-program">https://hcpf.colorado.gov/rural-health-transformation-program</a></p>

## Connecticut

TOTAL REQUEST: ≈ \$939M

<p><b>Distinctive Elements</b></p>	<ul style="list-style-type: none"> <li>• Four coordinated initiatives: Population Health Outcomes, Workforce, Data &amp; Technology, and Care Transformation &amp; Stability.</li> <li>• Strong focus on rural maternal/child health, school-based services, and multi-agency alignment (DSS, OEC, DMHAS, SDE).</li> <li>• Emphasis on data-driven transformation using statewide HIE, analytics, and staged implementation (Stages 0–5).</li> </ul>
<p><b>Goals &amp; Metrics</b></p>	<ul style="list-style-type: none"> <li>• Improved maternal/child outcomes (e.g., newborn home visiting reach, reduced ED use, strengthened family wellbeing).</li> <li>• Access and utilization metrics for rural behavioral health, crisis stabilization, and school-based services.</li> <li>• Workforce recruitment/retention metrics: new positions created, vacancies reduced, and retention over 5 years.</li> <li>• Data-exchange and quality metrics: percent of rural providers connected to HIE/analytics tools and using shared care plans.</li> </ul>
<p><b>Sub-Awarding</b></p>	<ul style="list-style-type: none"> <li>• DSS serves as lead RHT entity, coordinating with OEC, DMHAS, SDE, and other agencies for implementation and oversight.</li> <li>• State agencies issue procurements and contracts (e.g., implementation sites, evaluation, marketing, sustainability) for specific proposals.</li> <li>• Multiple proposals identify “TBD” implementation contractors, with competitive selection processes described in budget narratives.</li> <li>• Agencies manage subrecipients, reporting, and compliance through standard state grant/contract procedures.</li> </ul>
<p><b>Sustainability Plan</b></p>	<ul style="list-style-type: none"> <li>• Use RHT as catalyst to scale evidence-based programs (e.g., nurse home visiting, school-based BH) into ongoing Medicaid and state funding streams.</li> <li>• Build durable infrastructure (workforce pipelines, HIE, analytics) that outlasts grant period.</li> <li>• Embed reporting, evaluation, and continuous-improvement processes to demonstrate value and support long-term financing.</li> <li>• Leverage cross-agency governance to align policies, payment models, and future appropriations with RHT investments.</li> </ul>
<p><b>Health Centers &amp; FQHCs</b></p>	<p><b>Plan Highlights:</b> Strengthen rural primary care, maternal/child health, and school-linked services through community-based providers, including FQHCs and clinics participating in newborn home visiting and family-support models.</p> <p><b>Planned Investment:</b> Significant share of the \$132.445M Population Health Outcomes and \$673.555M Care Transformation initiatives is directed to community-based and clinic-level services that include FQHC participation.</p> <p><b>Partners Identified:</b> Community health centers/FQHCs, home-visiting implementation sites, school-linked health providers, community-based organizations, and evaluation/marketing/sustainability contractors (e.g., Family Bridge implementation and support contractors).</p>

<p><b>EMS</b></p>	<p><b>Plan Highlights:</b> EMS is supported indirectly through enhanced crisis response networks, care coordination, and data-sharing; the plan emphasizes improved emergency response pathways and integration of EMS data into statewide HIE/analytics infrastructure.</p> <p><b>Planned Investment:</b> EMS-related spending is embedded within larger Data &amp; Technology and Care Transformation investments; no discrete EMS-only budget line was identified in the reviewed materials.</p> <p><b>Partners Identified:</b> Local EMS agencies and emergency care providers are referenced as part of broader rural care teams and data-exchange participants, but no specific EMS-only contractor list is provided.</p>
<p><b>BH/MH/SUD</b></p>	<p><b>Plan Highlights:</b> Expand adult and youth behavioral health access through crisis stabilization units, rural school-based services, and integration of BH supports into primary care and home-visiting programs.</p> <p><b>Planned Investment:</b> Substantial BH funding is embedded within the \$673.555M Care Transformation initiative and proposals such as rural school district behavioral health supports.</p> <p><b>Partners Identified:</b> DMHAS-affiliated providers, rural school districts, behavioral health agencies, and other community partners identified in proposal-specific budgets and scopes of work.</p>
<p><b>Workforce</b></p>	<p><b>Plan Highlights:</b> Dedicated Workforce initiative to recruit, train, and retain rural clinicians and support staff; includes pipelines, incentives, supervision supports, and training tied to new models of care.</p> <p><b>Planned Investment:</b> \$58,150,000 Workforce initiative over 5 years, with funds for salaries, training, supervision, and related supports across agencies and regions.</p> <p><b>Partners Identified:</b> State agencies (DSS, OEC, DMHAS, SDE), rural providers, school districts, and contracted entities supporting training, supervision, and evaluation.</p>
<p><b>Data Analytics &amp; Tech</b></p>	<p><b>Plan Highlights:</b> Data &amp; Technology initiative builds statewide infrastructure (HIE connections, analytic platforms, shared care-plan tools) to support population health, BH, and school-based services in rural areas.</p> <p><b>Planned Investment:</b> \$74,250,000 Data &amp; Technology initiative over 5 years to support HIE connectivity, analytics, and related technical assistance.</p> <p><b>Partners Identified:</b> State HIE/IT entities, evaluation contractors, and rural providers using new tools; specific vendors to be selected via state procurement processes.</p>
<p><b>Other Key Investments</b></p>	<p><b>Plan Highlights:</b> Investments in universal nurse home visiting (Family Bridge), family-support services, rural school behavioral health, and other targeted proposals addressing social drivers and child/family wellbeing.</p> <p><b>Planned Investment:</b> Proposal-level budgets (e.g., \$25M Family Bridge nurse home visiting) roll up into the broader \$132.445M Population Health Outcomes and \$673.555M Care Transformation initiatives.</p> <p><b>Partners Identified:</b> Implementation site contractors, evaluation/marketing/sustainability contractors, and rural school districts engaged through specific RHT proposals.</p>
<p><b>Public Documents</b></p>	<p><a href="https://www.ruralhealthct.org/">https://www.ruralhealthct.org/</a></p>

## Georgia

TOTAL REQUEST: **\$1B**

<b>Distinctive Elements</b>	<ul style="list-style-type: none"> <li>• The Georgia Rural Enhancement and Transformation of Health (GREAT Health) Program aims to modernize rural systems across 126 rural counties.</li> <li>• Anchored in the CMS AHEAD model, advancing value-based care and system sustainability.</li> <li>• Five focus areas: system transformation, care continuum, connection to care, workforce, and technology.</li> <li>• Led by DCH with collaboration from Public Health, Human Services, Behavioral Health, and Workforce Boards.</li> <li>• Guided by a GREAT Health Advisory Council (≥60% rural members).</li> </ul>
<b>Goals &amp; Metrics</b>	<ul style="list-style-type: none"> <li>• 10% increase in rural access (telehealth use &amp; reduced travel)</li> <li>• 15% decrease in all-cause mortality</li> <li>• 75% reduction in rural hospital readmissions</li> <li>• 20% increase in rural primary care ratio</li> <li>• 10% increase in preventive screening compliance.</li> </ul>
<b>Sub-Awarding</b>	<ul style="list-style-type: none"> <li>• Administered by DCH and SORH via competitive RFPs and subrecipient agreements, guided by the GREAT Health Advisory Council for equitable distribution across 126 rural counties.</li> </ul>
<b>Sustainability Plan</b>	<ul style="list-style-type: none"> <li>• Self-sustaining IT &amp; workforce infrastructure</li> <li>• Telehealth integration into statewide payment systems</li> <li>• Transition to value-based AHEAD model</li> <li>• Public-private revenue diversification and global payment adoption</li> <li>• Embedded sustainability requirements in grants and AHEAD transition by FY29</li> </ul>
<b>Health Centers &amp; FQHCs</b>	<p><b>Plan Highlights:</b> Prepare FQHCs and RHCs for value-based contracting and AHEAD participation; expand preventive screening and integrated chronic-care coordination. Investment: Redacted from public release.</p> <p><b>Planned Investment:</b> Not specified.</p> <p><b>Partners Identified:</b> Georgia Primary Care Association, DCH, Rural Health Clinics, hospital partners, local FQHC networks.</p>
<b>EMS</b>	<p><b>Plan Highlights:</b> Implement 'Treat vs Transport' (EMS-TVT) telehealth model for non-emergency 911 calls; expand EMS training, coordination, and telehealth integration. Investment: Redacted from public release.</p> <p><b>Planned Investment:</b> Not specified.</p> <p><b>Partners Identified:</b> DPH, EMS agencies, rural hospitals, Starlink/broadband providers.</p>

<b>BH/MH/SUD</b>	<p><b>Plan Highlights:</b> Expand tele-behavioral health, postpartum psychiatry, crisis stabilization, and school-based behavioral programs; support Building Bridges initiative. Investment: Redacted from public release.</p> <p><b>Planned Investment:</b> Not specified.</p> <p><b>Partners Identified:</b> DBHDD, community providers, academic institutions.</p>
<b>Workforce</b>	<p><b>Plan Highlights:</b> Strengthen rural recruitment &amp; retention via GME expansion, EMS scholarships, nursing faculty development; partner with AHECs for pipeline and preceptor incentives. Investment: Graduate medical education, tuition assistance, provider incentives.</p> <p><b>Planned Investment:</b> Not specified.</p> <p><b>Partners Identified:</b> Georgia Board of Health Care Workforce, AHECs, universities, DCH, Dept of Labor.</p>
<b>Data Analytics &amp; Technology</b>	<p><b>Plan Highlights:</b> Invest in EMR upgrades, cybersecurity, statewide HIE; launch ARCHER Tech Catalyst Fund for AI analytics &amp; telehealth innovation. Investment: Redacted from public release.</p> <p><b>Planned Investment:</b> Not specified.</p> <p><b>Partners Identified:</b> DCH Office of eHealth, ARCHER Fund, technology vendors, Georgia State University.</p>
<b>Other Key Investments</b>	<p><b>Plan Highlights:</b> Infrastructure modernization; maternal &amp; nutrition health programs. Investment: Integrated across initiatives.</p> <p><b>Planned Investment:</b> Not specified.</p> <p><b>Partners Identified:</b> GA General Assembly, Composite Medical Board, Dental Board, Governor’s Office, DCH.</p>
<b>Public Documents</b>	<p><a href="https://dch.georgia.gov/rural-health-transformation-program">https://dch.georgia.gov/rural-health-transformation-program</a></p>

## Idaho

TOTAL REQUEST: **\$1B**

<b>Distinctive Elements</b>	<ul style="list-style-type: none"> <li>• Five-initiative framework: Make Rural America Healthy Again (MAHA), Sustainable Access, Workforce Development, Innovative Care, Tech Innovation.</li> <li>• Led by Idaho Department of Health &amp; Welfare (IDHW) with Governor’s RHTP Task Force and three Regional Rural Health Transformation Networks.</li> <li>• Strong focus on rural tech modernization, workforce pipelines, chronic disease prevention, behavioral health, and a 3.5% Tribal set-aside.</li> </ul>
<b>Goals &amp; Metrics</b>	<ul style="list-style-type: none"> <li>• Telehealth utilization increase (+50%)</li> <li>• ≥80% rural physicians enrolled in new Health Alert Network (HAN)</li> <li>• ≥10 facilities with new/updated EHRs</li> <li>• paid EMS FTE coverage in ≥97% rural counties</li> <li>• 8 rural hospitals adopt new perinatal initiatives</li> <li>• –25% behavioral health mortality</li> </ul>
<b>Sub-Awarding</b>	<ul style="list-style-type: none"> <li>• Competitive solicitations under five initiatives, managed by IDHW and the Governor’s RHTP Task Force.</li> <li>• Subawards/contracts require alignment with Idaho priorities, transparency, sustainability, and compliance with Idaho and federal requirements.</li> </ul>
<b>Sustainability Plan</b>	<ul style="list-style-type: none"> <li>• One-time federal investment with glide path to local ownership: shared infrastructure and economies of scale; reimbursement transition with Medicaid/private payers;</li> <li>• Quarterly run-chart reporting and third-party validation</li> <li>• Capital investments (facilities/equipment)</li> <li>• Workforce retention via 5-year service.</li> </ul>
<b>Health Centers &amp; FQHCs</b>	<p><b>Plan Highlights:</b> Expand telehealth, EHR upgrades, digital health tools, and facility renovations for rural clinics, CAHs, FQHCs, and Tribal health centers.</p> <p><b>Planned Investment:</b> \$209,000,000 (Tech Innovation) and \$387,000,000 (Infrastructure &amp; Partnerships).</p> <p><b>Partners Identified:</b> RHCs, CAHs, FQHCs, Tribal health centers, Idaho Office of Emergency Management, Bureau of EMS.</p>
<b>EMS</b>	<p><b>Plan Highlights:</b> Expand CHEMS, improve EMS coverage and integration, shared resources, remote monitoring, and mobile health units in rural/frontier counties.</p> <p><b>Planned Investment:</b> \$125,000,000 (Innovative Care).</p> <p><b>Partners Identified:</b> EMS agencies, Idaho Bureau of EMS, rural hospitals/clinics, Tribal governments.</p>

<p><b>BH/MH/SUD</b></p>	<p><b>Plan Highlights:</b> Pediatric Psychiatry Access Line, mobile crisis plus MAT linkage, school-site space for parent-selected behavioral health providers; prevention/education via community and faith-based partners.</p> <p><b>Planned Investment:</b> \$75,000,000 (MAHA).</p> <p><b>Partners Identified:</b> Behavioral health clinics/providers, school systems, Tribal governments, community organizations.</p>
<p><b>Workforce</b></p>	<p><b>Plan Highlights:</b> Ladder payments with 5-year service, recruitment/retention bonuses, scholarships, “learn-in-place/grow-your-own,” preceptorships, rural GME (OB/GYN, BH, geriatrics).</p> <p><b>Planned Investment:</b> \$172,500,000.</p> <p><b>Partners Identified:</b> Junior high/high schools, pathway programs, post-secondary institutions, professional associations, Tribal governments.</p>
<p><b>Data Analytics &amp; Tech</b></p>	<p><b>Plan Highlights:</b> Telehealth expansion, EHR implementation/upgrades, interoperability, AI and cybersecurity modernization, NG911, analytics, and statewide HAN.</p> <p><b>Planned Investment:</b> \$209,000,000 (Tech Innovation).</p> <p><b>Partners Identified:</b> IDHW, hospital/provider networks, technology vendors.</p>
<p><b>Other Key Investments</b></p>	<p><b>Plan Highlights:</b> Facility renovations, pharmacy solutions (clinical space, lockers), clinical equipment (imaging/lab/compounding, remote monitoring), vehicles/mobile units, code compliance, and 3.5% Tribal set-aside.</p> <p><b>Planned Investment:</b> \$387,000,000 (Infrastructure &amp; Partnerships).</p> <p><b>Partners Identified:</b> Healthcare systems and clinics, pharmacies, Tribal governments.</p>
<p><b>Public Documents</b></p>	<p><a href="https://healthandwelfare.idaho.gov/providers/rural-health-transformation-program-grant/about-rural-health-transformation-program-grant">https://healthandwelfare.idaho.gov/providers/rural-health-transformation-program-grant/about-rural-health-transformation-program-grant</a></p>

## Iowa

TOTAL REQUEST: **\$1B**

<b>Distinctive Elements</b>	<ul style="list-style-type: none"> <li>• Uses five core initiatives to drive transformation: Hometown Connections, Combat Cancer, Communities of Care, Health Information Exchange, and EMS Community Care Mobile.</li> <li>• The Healthy Hometowns program represents Iowa’s comprehensive Rural Health Transformation framework—focused on health hubs, cancer prevention, workforce recruitment, and community-based care models.</li> <li>• The program builds on Governor Kim Reynolds’ Centers of Excellence model, linking rural providers into formalized regional networks.</li> </ul>
<b>Goals &amp; Metrics</b>	<ul style="list-style-type: none"> <li>• Significant reduction in ED hospital visits for ambulatory care sensitive conditions (ACSCs) in rural areas</li> <li>• Increase in the number of rural residents receiving care locally through new or expanded service lines.</li> <li>• Increase provider to population ratios in rural Iowa.</li> <li>• Increase in the number of telehealth consultations delivered to rural residents.</li> <li>• Increase in the number of rural providers or facilities participating in HIE with active data exchange.</li> </ul>
<b>Sub-Awarding</b>	<ul style="list-style-type: none"> <li>• Iowa HHS will issue competitive grants for several strategy areas; awards determined through formal procurement under state guidance, emphasizing local and regional collaboration.</li> </ul>
<b>Sustainability Plan</b>	<ul style="list-style-type: none"> <li>• Sustain through continued state and provider participation in Health Hubs and HIE.</li> <li>• Integrate workforce and cancer-prevention programs into Medicaid and public health funding streams.</li> <li>• Create long-term infrastructure for chronic disease and telehealth delivery.</li> </ul>
<b>Health Centers &amp; FQHCs</b>	<p><b>Plan Highlights:</b> Expand local service capacity through Health Hubs and co-location of hospitals, RHCs, and clinics; integrate chronic disease prevention, maternal health, and community navigation.</p> <p><b>Planned Investment:</b> Not specified.</p> <p><b>Partners Identified:</b> Iowa HHS, rural hospitals, RHCs, FQHCs, academic and community partners.</p>
<b>EMS</b>	<p><b>Plan Highlights:</b> EMS Community Care Mobile initiative invests in telehealth-enabled transport for high-risk obstetric and neonatal patients and mobile integrated healthcare for chronic disease and post-surgical follow-up.</p> <p><b>Planned Investment:</b> Not specified.</p> <p><b>Partners Identified:</b> Iowa HHS Bureau of EMS, local EMS providers, rural hospitals.</p>

<p><b>BH/MH/SUD</b></p>	<p><b>Plan Highlights:</b> Behavioral health incorporated via community-based prevention, chronic disease self-management, and telehealth within Communities of Care. Focus on mental health access in school and home-based settings.</p> <p><b>Planned Investment:</b> Not specified.</p> <p><b>Partners Identified:</b> Iowa HHS, local public health agencies, behavioral health providers.</p>
<p><b>Workforce</b></p>	<p><b>Plan Highlights:</b> Best and Brightest sub-initiative under Hometown Connections expands recruitment and retention, offering rural placements, education pipelines, and provider incentives.</p> <p><b>Planned Investment:</b> Not specified.</p> <p><b>Partners Identified:</b> Iowa HHS, academic medical centers, hospital associations, community colleges.</p>
<p><b>Data Analytics &amp; Tech</b></p>	<p><b>Plan Highlights:</b> Health Information Exchange connects rural hospitals, FQHCs, and specialists statewide for seamless data sharing; integrates cancer and chronic disease tracking.</p> <p><b>Planned Investment:</b> Not specified.</p> <p><b>Partners Identified:</b> Iowa HHS, Health Information Network, technology vendors, hospitals.</p>
<p><b>Other Key Investments</b></p>	<p><b>Plan Highlights:</b> Combat Cancer—Prevent and Treat initiative funds cancer screening, treatment access, and supportive care. Focus on lung (radon mitigation), breast (mammograms and MRIs), colorectal (FIT/colonoscopy), skin (tele-dermatology), and prostate screening.</p> <p><b>Planned Investment:</b> Not specified.</p> <p><b>Partners Identified:</b> Iowa HHS, academic cancer centers, local hospitals, public health partners.</p>
<p><b>Public Documents</b></p>	<p><a href="https://hhs.iowa.gov/initiatives/rural-health-transformation-rht#iowa-application">https://hhs.iowa.gov/initiatives/rural-health-transformation-rht#iowa-application</a></p>

## Kansas

TOTAL REQUEST: **\$1B**

<b>Distinctive Elements</b>	<ul style="list-style-type: none"> <li>Organized around 5 pillars: Prevention, Sustainable Access, Workforce Development, Innovative Care, Tech Innovation.</li> <li>Branded as the Kansas Rural Health Transformation Plan (KRHTP) – built on KU Care Collaborative, a statewide clinically integrated network across 79 counties.</li> <li>Statewide reach: all 85 rural counties; coordinated via KDHE and the Kansas Rural Health Innovation Alliance.</li> <li>Focus: hospital stabilization, value-based care adoption, behavioral health integration, and telehealth expansion.</li> </ul>
<b>Goals &amp; Metrics</b>	<ul style="list-style-type: none"> <li>100% of rural Medicare/Medicaid beneficiaries in accountable care arrangements by 2031</li> <li>No more than 20% of rural hospitals with negative operating margin by 2031</li> <li>50% decrease in reported restrictions or limits on behavioral health access</li> <li>Year-over-year statistically significant reductions in nursing and allied health staff turnover rates</li> </ul>
<b>Sub-Awarding</b>	<ul style="list-style-type: none"> <li>Competitive RFP/RFA process managed by KDHE with Care Collaborative support.</li> <li>Grant programs (Regional Partnerships, REH Conversion, Workforce Scholarships) administered via contracted entities; state retains final authority.</li> </ul>
<b>Sustainability Plan</b>	<ul style="list-style-type: none"> <li>Embed programs into Medicaid value-based payment and MCO contracts; maintain Care Collaborative as project manager; continue data and workforce pipelines through KDHE budget and private partnerships.</li> </ul>
<b>Health Centers &amp; FQHCs</b>	<p><b>Plan Highlights:</b> Expand primary and secondary prevention through Accountable Food is Medicine, CHW deployment, and rural public health integration. Support clinic modernization, care coordination, and telehealth adoption.</p> <p><b>Planned Investment:</b> ≈ \$204M (Initiative 1).</p> <p><b>Partners Identified:</b> Kansas Dept. of Health &amp; Environment (KDHE), University of Kansas Health System (Care Collaborative), Kansas Hospital Association, local health departments.</p>
<b>EMS</b>	<p><b>Plan Highlights:</b> Mobile Integrated Health (MIH) pilot and expanded EMS reimbursement for treat-in-place and alternative transport; behavioral health transport network; interfacility teams to reduce wait times.</p> <p><b>Planned Investment:</b> ≈ \$251M (Access pillar).</p> <p><b>Partners Identified:</b> Kansas EMS Bureau, county governments, local hospitals.</p>

<b>BH/MH/SUD</b>	<p><b>Plan Highlights:</b> Expand behavioral health integration in primary care; launch behavioral health services in nursing facilities and ED hubs; pediatric psychiatric access; statewide SUD referral network.</p> <p><b>Planned Investment:</b> Included in Prevention pillar (≈ \$200M portion).</p> <p><b>Partners Identified:</b> KDADS, Care Collaborative, community mental health centers, CCBHCs.</p>
<b>Workforce</b>	<p><b>Plan Highlights:</b> Physician Pipeline (5 new residency tracks, rural incentives), Education &amp; Training for high-need roles, Rural Nurse Residencies, apprenticeships, and career pathways in schools.</p> <p><b>Planned Investment:</b> ≈ \$133M.</p> <p><b>Partners Identified:</b> University of Kansas Medical Center, KDADS, colleges and universities.</p>
<b>Data Analytics &amp; Tech</b>	<p><b>Plan Highlights:</b> Develop All-Payer Claims Database, Kansas Data Trust, and CCBHC Data Center; connect rural providers to HIE; support AI and telehealth navigator deployment.</p> <p><b>Planned Investment:</b> ≈ \$110M (Tech Innovation pillar).</p> <p><b>Partners Identified:</b> Care Collaborative, Kansas Health Information Network, broadband providers, technology vendors.</p>
<b>Other Key Investments</b>	<p><b>Plan Highlights:</b> Tribal health programs (through KATCH), mobile cancer screening, maternal and child health initiatives, and direct-to-employer contracting support.</p> <p><b>Planned Investment:</b> ≈ \$100M.</p> <p><b>Partners Identified:</b> Tribal 638 clinics, Kansas Masonic Cancer Alliance, K-State Extension offices.</p>
<b>Public Documents</b>	<p><a href="https://www.kdhe.ks.gov/2361/Rural-Health-Transformation-Program">https://www.kdhe.ks.gov/2361/Rural-Health-Transformation-Program</a></p>

# Maine

TOTAL REQUEST: **\$1B**

<b>Distinctive Elements</b>	Five-initiative plan spanning 1. Population Health, 2. Workforce, 3. Technology Innovation, 4. Access, and 5. Sustainable Rural Ecosystems, with emphasis on mobile units, community paramedicine, nutrition infrastructure, AI/telehealth, and rural hospital financial stability.
<b>Goals &amp; Metrics</b>	<p>The state goals include:</p> <ul style="list-style-type: none"> <li>• 10% relative increase in well-controlled blood pressure among rural residents with hypertension.</li> <li>• 10% relative reduction in 30-day all-cause readmissions among rural patients.</li> <li>• 10% relative reduction in adults delaying care for non-cost reasons.</li> <li>• Increase share of rural hospitals with <math>\geq 1\%</math> operating margins from 57% to 75%.</li> </ul>
<b>Sub-Awarding</b>	<ul style="list-style-type: none"> <li>• Maine DHHS (including the Office of MaineCare Services and Maine CDC) administers RHTP.</li> <li>• Funds flow via provider payments, MaineCare rate changes, targeted hospital investments, and contracts with vendors and community partners.</li> <li>• Documents do not describe a separate, detailed competitive sub-award program beyond these mechanisms.</li> </ul>
<b>Sustainability Plan</b>	<ul style="list-style-type: none"> <li>• Initiative 5 (addressing financial instability of rural providers) focuses on long-term rural ecosystem stability through hospital management support, regional planning, and multi-payer alternative payment models.</li> <li>• Rural Regional Planning Groups and the RHTP Advisory Committee guide community-driven service right-sizing.</li> <li>• Sustainability section emphasizes durable infrastructure and financing that outlast RHTP funds.</li> </ul>
<b>Health Centers &amp; FQHCs</b>	<p><b>Plan Highlights:</b> FQHCs, rural health clinics, and CCBHCs are core access points for primary, oral, behavioral, and chronic disease care; initiatives expand school-based clinics, co-located primary care in CCBHCs, mobile units, and nutrition/CHW supports in rural communities.</p> <p><b>Planned Investment:</b> FQHC-related investments are embedded in Initiative 1 (promoting timely access to high-quality care) population health (~\$183M in the \$1B scenario) and in provider payment activities under Initiative 4; FQHC-only amounts are not separately broken out.</p> <p><b>Partners Identified:</b> Maine Primary Care Association; rural FQHCs; schools; Maine CDC; community health workers and peer programs; Wabanaki Public Health &amp; Wellness and tribal health partners.</p>
<b>EMS</b>	<p><b>Plan Highlights:</b> Expand and coordinate mobile units and Community Paramedicine to bring care closer to home; create or expand CP programs in every county; strengthen rural emergency response and link EMS with behavioral health and primary care.</p> <p><b>Planned Investment:</b> Community Paramedicine expansion is funded within Initiative 1 (~\$30.7M in the \$1B scenario); EMS-related transport improvements also appear in Initiative 5; EMS-only totals are not itemized.</p> <p><b>Partners Identified:</b> Maine EMS; local EMS agencies; home health providers; Wabanaki Public Health &amp; Wellness; tribal partners and community-based organizations engaged in CP and mobile care.</p>

<p><b>BH/MH/SUD</b></p>	<p><b>Plan Highlights:</b> Expand CCBHC model and co-located primary care; increase mobile and tele-behavioral health, school-based BH, OTPs, and crisis services; invest in peer support and SUD treatment, including tribal medically supervised withdrawal and treatment beds and traditional healing services.</p> <p><b>Planned Investment:</b> BH/MH/SUD investments span Initiative 1 (\$6M for tribal SUD services) and other initiatives; BH-specific totals are not presented separately.</p> <p><b>Partners Identified:</b> CCBHC entities; community mental health and SUD providers; Office of Behavioral Health; Wabanaki Public Health &amp; Wellness and tribal nations; recovery coaches and peer specialists.</p>
<p><b>Workforce</b></p>	<p><b>Plan Highlights:</b> Initiative 2 (strengthening Maine’s rural health workforce) grows rural talent pipelines through school-based career pathways, nursing and allied health training with rural service commitments, preceptor expansion, mobile training labs and simulation centers, and transportation supports for rural workers.</p> <p><b>Planned Investment:</b> ≈\$204M for Initiative 2 in the \$1B scenario (training/recruitment, local pipelines, and innovation/technology models).</p> <p><b>Partners Identified:</b> Maine DHHS; MDOE and rural schools; higher education institutions; workforce boards; health systems and rural providers participating in training and recruitment efforts.</p>
<p><b>Data Analytics &amp; Tech</b></p>	<p><b>Plan Highlights:</b> Initiative 3 (Technology Innovation) modernizes EMRs, expands telehealth and tele-BH, supports secure data exchange and interoperability, deploys consumer-facing tools and remote monitoring, and creates a Maine Rural AI Hub and Rural Health AI Innovation Institute.</p> <p><b>Planned Investment:</b> ≈ \$202.2M for Initiative 3 in the \$1B scenario, including EMR modernization, telehealth expansion, data integration, consumer technology, and AI innovation.</p> <p><b>Partners Identified:</b> Northeast Telehealth Resource Center (NETRC)/MCD; rural providers; Maine DHHS; technology and AI vendors working with rural practices.</p>
<p><b>Other Key Investments</b></p>	<p><b>Plan Highlights:</b> Initiative 4 issues provider payments for uncompensated care and essential health benefits, improves MaineCare provider enrollment and transportation coordination, and enhances consumer coverage tools; Initiative 5 stabilizes rural hospitals, advances regional planning, multi-payer APMs, interfacility transport, and high-acuity BH step-down care for children.</p> <p><b>Planned Investment:</b> Access and ecosystem investments are concentrated in Initiatives 4 and 5 within the \$1B scenario; the application does not state stand-alone dollar amounts for each sub-component.</p> <p><b>Partners Identified:</b> Office of MaineCare Services; Maine Hospital Association; Office of Affordable Health Care; Maine Health Data Organization; Sweetser and other BH providers; Rural Regional Planning Groups; New England Rural Health Association and RHTP Advisory Committee members.</p>
<p><b>Public Documents</b></p>	<p><a href="https://www.maine.gov/dhhs/ruralhealth">https://www.maine.gov/dhhs/ruralhealth</a></p>

## Maryland

TOTAL REQUEST: **\$1B**

<b>Distinctive Elements</b>	Three-pillar plan: Workforce; Sustainable Access & Innovative Care; Eat for Health. Two funding methods—Immediate Impact and competitive transformation funds. Builds on MD hospital global budgets, CRISP/HIE connectivity, telehealth centralization, and food-as-health infrastructure. SORH leads with multi-agency partners (HSCRC, BHA, MD Labor, MDA, CRISP).
<b>Goals &amp; Metrics</b>	The state designed its RHT program to: reduce potentially avoidable hospital utilization, improve diabetes control, increase follow-up for acute behavioral health needs, expand primary and behavioral care capacity and HIE connections, and grow rural provider participation in advanced care models.
<b>Sub-Awarding</b>	<ul style="list-style-type: none"> <li>Two tracks: Immediate Impact grants to shovel-ready projects; Transformation Funds via competitive RFP/RFA.</li> <li>Administered by MDH/SORH with partner agencies (e.g., MD Labor, HSCRC, BHA, LHDs).</li> <li>Committees review and recommend awards; strongest sustainability plans prioritized.</li> </ul>
<b>Sustainability Plan</b>	<ul style="list-style-type: none"> <li>Emphasis on one-time infrastructure.</li> <li>Ongoing sustainability via billing, value-based arrangements/ACOs, hospital contracts, MCO partnerships, CRISP assessments/user fees.</li> <li>RFPs/RFAs require sustainability; performance evaluation informs scale-up.</li> </ul>
<b>Health Centers &amp; FQHCs</b>	<p><b>Plan Highlights:</b> Expand primary care capacity; integrate BH; SBHC expansion; partnerships with FQHCs; mobile and telehealth-enabled models.</p> <p><b>Planned Investment:</b> Not specified for this category (included within Initiative Two total).</p> <p><b>Partners Identified:</b> FQHCs; MDH/SORH; HSCRC; LHDs; schools; CRISP; hospitals.</p>
<b>EMS</b>	<p><b>Plan Highlights:</b> Strengthen emergency trauma response; pilot pre-hospital whole blood transfusion; expand mobile integrated health/community paramedicine.</p> <p><b>Planned Investment:</b> Not specified (pilot and related activities within Initiative Two).</p> <p><b>Partners Identified:</b> MIEMSS; MHCC; EMS providers; hospitals; LHDs.</p>
<b>BH/MH/SUD</b>	<p><b>Plan Highlights:</b> Behavioral Health Transformation Fund to expand prevention, integration (e.g., Collaborative Care), urgent/acute, MOUD, youth services; tele-behavioral health scaling.</p> <p><b>Planned Investment:</b> Not specified by sub-area (included within Initiative Two total).</p> <p><b>Partners Identified:</b> BHA; local behavioral health authorities; providers; LHDs; CRISP.</p>

<p><b>Workforce</b></p>	<p><b>Plan Highlights:</b> Apprenticeships, AHEC expansion including new Southern AHEC, workforce data clearinghouse; provider recruitment/retention; pipeline training.</p> <p><b>Planned Investment:</b> \$139,118,329 (five years).</p> <p><b>Partners Identified:</b> MD Labor; AHECs/University of Maryland; MDH Office of Population Health Improvement; MHCC; Maryland DoIT; employers; boards; schools.</p>
<p><b>Data Analytics &amp; Tech</b></p>	<p><b>Plan Highlights:</b> CRISP/HIE connectivity; AI-enabled alerts/search; closed-loop referrals; behavioral health data improvements; centralized telehealth infrastructure; remote monitoring and wearables.</p> <p><b>Planned Investment:</b> Not specified by sub-area (included within Initiative Two total).</p> <p><b>Partners Identified:</b> CRISP; MHCC; MDH; providers; CBOs; EMS.</p>
<p><b>Other Key Investments</b></p>	<p><b>Plan Highlights:</b> Food-as-health infrastructure: post-harvest cold storage; small grocer/mobile markets (NourishMD); nutrition education; regional food coordination; aggregation hubs; institutional purchasing pivots.</p> <p><b>Planned Investment:</b> \$88,017,624 (Initiative Three total).</p> <p><b>Partners Identified:</b> MDA; DHCD; MDEM; Rural Maryland Council; LHDs; institutions; producers.</p>
<p><b>Public Documents</b></p>	<p><a href="https://health.maryland.gov/pophealth/Pages/Rural-Health-Transformation-Program.aspx">https://health.maryland.gov/pophealth/Pages/Rural-Health-Transformation-Program.aspx</a></p>

## Massachusetts

TOTAL REQUEST: **\$1B**

<b>Distinctive Elements</b>	Seven-initiative framework (Population Health, Rural Care Models, THRIVE workforce, Healthy Rural Communities, EMS Integration, Tech Interoperability, Facility Modernization). Emphasis on mobile/telehealth, HIE/ACORN/CMED connectivity, EMS reimbursement pilot, and capital upgrades. EOHHS-led governance with interagency partners and Community Advisory Council.
<b>Goals &amp; Metrics</b>	The state intends for its RHT program to achieve: <ul style="list-style-type: none"> <li>• 90% of rural residents within 30 minutes of key services.</li> <li>• 100% rural entities on interoperable data-sharing.</li> <li>• Reduce heart disease/diabetes mortality.</li> <li>• Increase preventive visits and RPM use.</li> <li>• Workforce stability targets (e.g., PCPs per 100k).</li> </ul>
<b>Sub-Awarding</b>	<ul style="list-style-type: none"> <li>• Competitive procurements for initiatives/activities.</li> <li>• Interagency Governance Team with Initiative leads.</li> <li>• Vendor/provider selection via RFPs.</li> <li>• Cohorted awards with ongoing monitoring.</li> <li>• Community Advisory Council input.</li> <li>• Specific sub-award mechanics described per-initiative; no single centralized Program Office named.</li> </ul>
<b>Sustainability Plan</b>	<ul style="list-style-type: none"> <li>• One-time infrastructure and capital</li> <li>• Shift to value-based payment, Medicaid/ACO incentives, braided financing</li> <li>• Technology shared services (HIE, cybersecurity, LPH EHR)</li> <li>• EMS reimbursement pilot to inform policy</li> <li>• Programs designed to be reimbursable or tuition-supported post-grant</li> </ul>
<b>Health Centers &amp; FQHCs</b>	<p><b>Plan Highlights:</b> Stand up chronic disease networks (RHCs/FQHCs), integrated specialty networks, telehealth expansion; facility modernization grants for primary care sites.</p> <p><b>Planned Investment:</b> Not itemized solely for FQHCs; included across initiatives.</p> <p><b>Partners Identified:</b> FQHCs, RHCs, EOHHS/DPH/MassHealth, MeHI, local public health, community-based orgs.</p>
<b>EMS</b>	<p><b>Plan Highlights:</b> Community paramedicine support; pilot reimbursement for non-ED transports, on-scene care; statewide CMED radio modernization; protocol/dosing mobile app.</p> <p><b>Planned Investment:</b> \$63,279,097 (Initiative V total).</p> <p><b>Partners Identified:</b> EMS agencies, EOHHS/DPH OEMS, hospitals, municipalities, MassHealth.</p>

# MASSACHUSETTS

<b>BH/MH/SUD</b>	<p><b>Plan Highlights:</b> Expand tele-behavioral health (school-based), integrated specialty networks, expand OTP sites; population programs in Healthy Rural Communities.</p> <p><b>Planned Investment:</b> Not broken out separately; included within Initiatives II &amp; IV totals.</p> <p><b>Partners Identified:</b> Community Behavioral Health Centers, BSAS/MassHealth, schools, CBOs.</p>
<b>Workforce</b>	<p><b>Plan Highlights:</b> THRIVE—rural recruitment, training networks, NP residencies, housing supports, field placement incentives, virtual training platform.</p> <p><b>Planned Investment:</b> \$123,084,335 (five years).</p> <p><b>Partners Identified:</b> EOHHS, DPH State Office of Rural Health, AHECs, providers, schools, workforce boards.</p>
<b>Data Analytics &amp; Tech</b>	<p><b>Plan Highlights:</b> HIE onboarding hub; ACORN occupancy data; CMED radio upgrades; Local Public Health EHR; cybersecurity grants; TA for interoperability/FHIR.</p> <p><b>Planned Investment:</b> \$83,198,412 (Initiative VI total).</p> <p><b>Partners Identified:</b> MeHI, MassCyberCenter, MassHIway, EMS/hospitals, public health departments.</p>
<b>Other Key Investments</b>	<p><b>Plan Highlights:</b> Facility Modernization &amp; Re-Use—capital upgrades for rural hospitals, primary care, nursing facilities; specialized BH/SUD units.</p> <p><b>Planned Investment:</b> \$238,159,940 (Initiative VII total).</p> <p><b>Partners Identified:</b> Rural hospitals, CAHs, FQHCs/RHCs, nursing facilities; EOHHS/DPH.</p>
<b>Public Documents</b>	<p><a href="https://www.mass.gov/doc/rural-health-transformation-program-application">https://www.mass.gov/doc/rural-health-transformation-program-application</a></p>

## Michigan

TOTAL REQUEST: **\$1B**

<b>Distinctive Elements</b>	<ul style="list-style-type: none"> <li>• Four initiatives: Partnerships, Workforce for Wellness, Interoperability in Action, Care Closer to Home.</li> <li>• Community health worker (CHW)-led hubs and CIE/HIE infrastructure shift low-acuity care from EDs and link community partners.</li> <li>• Targets 75 rural or partially rural counties and reserves 5% of RHT funds for 13 tribal governments.</li> </ul>
<b>Goals &amp; Metrics</b>	<p>Goals include these and other targets:</p> <ul style="list-style-type: none"> <li>• 10% increase in rural residents with access to coordinated care services by year 3.</li> <li>• 8% reduction in hospital readmission rates among rural residents participating in partnership programs by year 3.</li> <li>• 15% net increase in rural workforce.</li> <li>• 100 certified CHWs/CPs deployed by Year 5.</li> <li>• 50% increase in active rural provider participation in HIE/data sharing networks.</li> <li>• 400 patients served annually by mobile medication units.</li> </ul>
<b>Sub-Awarding</b>	<ul style="list-style-type: none"> <li>• MDHHS administers competitive funds.</li> <li>• Uses open applications, readiness review, and phased implementation to select and support awardees. Scores proposals on partnerships, feasibility, impact, compliance, and sustainability.</li> </ul>
<b>Sustainability Plan</b>	<ul style="list-style-type: none"> <li>• Builds billing-ready CHW models, expanded workforce, and efficiencies that reduce avoidable ED use and support revenue.</li> <li>• Supplies TA, shared tools, and technology so rural hubs can sustain models after RHT funding.</li> <li>• Uses governance and data infrastructure with rural and tribal representation to embed models in Medicaid and state programs.</li> </ul>
<b>Health Centers &amp; FQHCs</b>	<p><b>Plan Highlights:</b> Hubs anchored by FQHCs, RHCs, health departments, CAHCs, school clinics, and Family Resource Centers deliver integrated primary, behavioral, and chronic disease care</p> <p><b>Planned Investment:</b> Part of the \$26M Partnerships initiative.</p> <p><b>Partners Identified:</b> FQHCs, RHCs, local health departments, CAHCs and school clinics, Family Resource Centers, AAAs, rural and Critical Access hospitals, and primary care associations and regional alliances.</p>
<b>EMS</b>	<p><b>Plan Highlights:</b> Workforce for Wellness targets EMS as a high-need provider group for rural recruitment, retention, and training. Care Closer to Home links EMS, community paramedics, and CHWs to manage low-acuity needs outside EDs and support home-based care.</p> <p><b>Planned Investment:</b> Consolidated amount not specified.</p> <p><b>Partners Identified:</b> Rural hospitals and health systems, EMS agencies and community paramedics, transportation partners, and community organizations in hub-and-spoke models.</p>

<p><b>BH/MH/SUD</b></p>	<p><b>Plan Highlights:</b> BH integration spans initiatives, with CHW-supported workflows and workforce supports for rural BH providers. Care Closer to Home includes Advancing Rural Behavioral Health and mobile or community-based BH and SUD services closer to residents.</p> <p><b>Planned Investment:</b> BH/MH/SUD investments are cross-cutting; A distinct total is specified.</p> <p><b>Partners Identified:</b> Behavioral health providers, FQHCs, rural and Critical Access hospitals, CAHCs and school clinics, tribal health providers, and community and faith-based organizations.</p>
<p><b>Workforce</b></p>	<p><b>Plan Highlights:</b> Workforce for Wellness builds rural pipelines using grants, scholarships, stipends, and competitive recruitment and retention funds. Supports top-of-license, team-based care.</p> <p><b>Planned Investment:</b> Consolidated amount not specified.</p> <p><b>Partners Identified:</b> Labor and Economic Opportunity, universities and training programs, rural hospitals and systems, FQHCs, local health departments, primary care and rural health associations, and workforce and apprenticeship partners.</p>
<p><b>Data Analytics &amp; Tech</b></p>	<p><b>Plan Highlights:</b> Interoperability in Action funds EHRs, clinical and administrative tools, HIE/CIE connectivity, secure messaging, and telehealth for rural providers. Public dashboards track outcomes, workforce, access, and non-medical factors, supported by TA and onboarding to statewide health information networks.</p> <p><b>Planned Investment:</b> ≈ \$53,000,000</p> <p><b>Partners Identified:</b> Rural hospitals and clinics; CHWs, community paramedics, and other frontline providers; and community and regional data partners.</p>
<p><b>Other Key Investments</b></p>	<p><b>Plan Highlights:</b> Reserves 5% of RHT resources for tribally designed investments across 13 federally recognized tribal governments. Promoting Healthy Aging and related efforts address housing, environment, transportation, and aging in place.</p> <p><b>Planned Investment:</b> Tribal investment is a 5% carve-out of overall RHT resources.</p> <p><b>Partners Identified:</b> Tribal governments; rural health providers; community organizations focused on chronic disease, aging, housing, and transportation; and statewide and regional alliances engaged through RHT governance.</p>
<p><b>Public Documents</b></p>	<p><a href="https://www.michigan.gov/mdhhs/assistance-programs/medicaid/rural-health-transformation-program">https://www.michigan.gov/mdhhs/assistance-programs/medicaid/rural-health-transformation-program</a></p>

## Minnesota

TOTAL REQUEST: **\$1B**

<b>Distinctive Elements</b>	<ul style="list-style-type: none"> <li>• Minnesota published a summary, not its entire application.</li> <li>• Five-initiative, statewide plan grounded in actionable data and strong rural/Tribal partnerships.</li> <li>• Centers on (1) community care hubs and upstream drivers of health, (2) rural workforce pipelines and clinical training, (3) frontline workers, telehealth access points, and mobile care, (4) EMS-led treatment-in-place and regional urgent/emergency behavioral health models, and (5) financial solvency, data analytics, and clinically integrated networks for rural providers.</li> </ul>
<b>Goals &amp; Metrics</b>	<p>Minnesota’s RHT program aims to attain measurable results in these areas:</p> <ul style="list-style-type: none"> <li>• Increase rural telehealth utilization across commercial, Medicare Advantage, and Medicaid.</li> <li>• Boost rural provider retention (intent to continue working in rural areas).</li> <li>• Reduce avoidable hospital utilization/readmissions in rural areas.</li> <li>• Improve cardiometabolic disease management and expand rural providers’ value-based care capacity.</li> </ul>
<b>Sub-Awarding</b>	<ul style="list-style-type: none"> <li>• MDH leads RHTP design, oversight, and accountability.</li> <li>• Eligible rural organizations and Tribal Nations apply for grants and must select required initiatives/activities.</li> <li>• Sub-awardees submit detailed spending/work plans and regular progress reports on initiative and program metrics.</li> </ul>
<b>Sustainability Plan</b>	<ul style="list-style-type: none"> <li>• Invests in clinically integrated networks, data infrastructure, and revenue cycle tools for long-term viability.</li> <li>• Builds durable rural workforce and clinical training pipelines.</li> <li>• Embeds telehealth, mobile units, frontline workers, and community care hubs into routine care to sustain access.</li> </ul>
<b>Health Centers &amp; FQHCs</b>	<p><b>Plan Highlights:</b> FQHCs are treated as essential rural access points and are eligible across initiatives for community-based screening, chronic disease management, telehealth hubs, and mobile care in trusted rural and Tribal settings.</p> <p><b>Planned Investment:</b> No stand-alone dollar amount specified; FQHCs can receive grants under multiple initiatives within the overall \$1 billion request.</p> <p><b>Partners Identified:</b> Federally Qualified Health Centers statewide, including those outside the Twin Cities metro; Minnesota Association of Community Health Centers is listed among supporting organizations.</p>
<b>EMS</b>	<p><b>Plan Highlights:</b> Invests in EMS-led treatment-in-place programs, community paramedicine, and regional care models linking EMS, emergency departments, rural providers, and telehealth partners; mobile units extend access to urgent, maternal, and behavioral health care.</p> <p><b>Planned Investment:</b> EMS-related investments occur within Initiatives 3 and 4; the application does not provide a separate EMS dollar total.</p> <p><b>Partners Identified:</b> Rural ambulance services, Tribal EMS programs, emergency departments, behavioral health providers, and the Minnesota Office of Emergency Medical Services supporting the overall application.</p>

<p><b>BH/MH/SUD</b></p>	<p><b>Plan Highlights:</b> Addresses high rural suicide and opioid burden; builds regional models linking EMS, EDs, rural and Tribal providers, and telehealth MOUD; supports CCBHC- and CMHC-led postvention, Mental Health First Aid, and behavioral health ECHO trainings.</p> <p><b>Planned Investment:</b> Behavioral health investments are interwoven across initiatives (e.g., regional care models, community telehealth, frontline workforce); no discrete BH/MH/SUD dollar amount is specified.</p> <p><b>Partners Identified:</b> Certified Community Behavioral Health Clinics, Community Mental Health Centers, National Alliance on Mental Illness (NAMI) Connect postvention trainers, rural hospitals, EMS, and Tribal health programs.</p>
<p><b>Workforce</b></p>	<p><b>Plan Highlights:</b> Initiative 2 builds rural workforce pipelines via Scrubs Camps and HOSA chapters, earn-and-train apprenticeships, expanded rural clinical rotations and residencies, APP fellowships, a technical assistance center for rural clinical training, and a Healthy Workplace pilot.</p> <p><b>Planned Investment:</b> Initiative 2 is estimated to cost \$12.9–\$31.6 million annually and ≈ \$107.6 million over five years.</p> <p><b>Partners Identified:</b> HealthForce Minnesota and Minnesota State Colleges and Universities, University of Minnesota Medical School, rural health systems and hospitals, FQHCs, Tribal health facilities, and rural high schools.</p>
<p><b>Data Analytics &amp; Tech</b></p>	<p><b>Plan Highlights:</b> Expands telehealth and remote patient monitoring; funds AI-enabled care coordination, high-fidelity simulation training, and data analytics platforms to support earlier identification of risks, targeted interventions, and value-based care participation.</p> <p><b>Planned Investment:</b> Technology and data investments span initiatives (especially Initiatives 1, 3, 4, and 5); the application does not assign a separate dollar total solely to data/tech.</p> <p><b>Partners Identified:</b> Rural and Tribal providers adopting telehealth, RPM, and analytics tools, plus statewide technical assistance vendors and clinically integrated networks supported under Initiative 5.</p>
<p><b>Other Key Investments</b></p>	<p><b>Plan Highlights:</b> Community care hubs and upstream driver-of-health referrals; mobile physical and oral health units; community telehealth access points in schools and pharmacies; treatment-in-place and regional whole-person care models; support for rural obstetric services and value-based collaborations.</p> <p><b>Planned Investment:</b> These activities are funded within initiative allocations, including an estimated \$239 million for Initiative 1 and \$107.6 million for Initiative 2 over five years; no separate line item is presented.</p> <p><b>Partners Identified:</b> Community care hubs, local public health agencies, schools, pharmacies, FQHCs, Tribal Nations, rural hospitals and clinics, and collaborative provider networks.</p>
<p><b>Public Documents</b></p>	<p><a href="https://www.health.state.mn.us/facilities/ruralhealth/ruraltrans.html">https://www.health.state.mn.us/facilities/ruralhealth/ruraltrans.html</a></p>

## Montana

TOTAL REQUEST: ≈ \$970M

<b>Distinctive Elements</b>	<ul style="list-style-type: none"> <li>• Five-initiative, statewide plan covering all 51 rural counties and rural areas of 5 metro counties.</li> <li>• Initiatives align to CMS goals: Make Rural America Healthy Again (prevention), Sustainable Access (facility restructuring), Workforce Development, Innovative Care (EMS/telehealth/value-based models), and Tech Innovation (EHRs, interoperability, analytics).</li> </ul>
<b>Goals &amp; Metrics</b>	<p>Montana seeks to achieve these and other measurable outcomes:</p> <ul style="list-style-type: none"> <li>• Rural facility operating margin from about -14.5% to breakeven.</li> <li>• 30 percentage point increase in staffed-bed utilization.</li> <li>• 10% reduction in average ED length-of-stay.</li> <li>• 15 percentage point increase in telehealth share of Medicaid visits.</li> <li>• Workforce density and turnover improving toward national averages.</li> </ul>
<b>Sub-Awarding</b>	<ul style="list-style-type: none"> <li>• DPHHS deploys RHTP funds through grants, incentive payments, shared-service arrangements, and vendor contracts aligned to each initiative.</li> <li>• Incentive payments (~10% of net patient service revenue) reward facilities that implement restructuring recommendations.</li> <li>• One-time community grants and vendor contracts include reporting and SLAs; narrative does not detail a separate competitive sub-award process.</li> </ul>
<b>Sustainability Plan</b>	<ul style="list-style-type: none"> <li>• Sustainability framed as a top priority; initiatives grouped as: time-limited with lasting impact, up-front investments intended to be self-sustaining, and initiatives that transfer ongoing costs to third parties.</li> <li>• Uses ROI thresholds, PPS rates, value-based contracts, and local upkeep commitments to avoid State “budget cliffs” after FY2031.</li> </ul>
<b>Health Centers &amp; FQHCs</b>	<p><b>Plan Highlights:</b> Expand community-based and school-based care, mobile vans, and preventive services in rural and tribal communities; FQHC service sites and other rural clinics are key access points for chronic disease, maternal/infant, and primary care.</p> <p><b>Planned Investment:</b> Portion of the ~\$969.8M total request across Initiatives 3 and 4; FQHC-specific amounts are not separately broken out.</p> <p><b>Partners Identified:</b> Montana Primary Care Association; Montana Healthcare Foundation; community partner organizations; tribal governments, UIOs, and Indian Health Service.</p>
<b>EMS</b>	<p><b>Plan Highlights:</b> Strengthen EMS and crisis response through enhanced stroke and time-sensitive care capabilities, improved transport coordination, and perinatal EMS support; EMS is central to Innovative Care and maternal/child health goals. Includes a treat-in-place/no-transfer initiative to enable EMS services to provide on-site treatment when clinically appropriate.</p> <p><b>Planned Investment:</b> Embedded in facility restructuring, community care, and innovative care initiatives; EMS-specific dollar amounts are not itemized.</p> <p><b>Partners Identified:</b> EMS Advisory Committee; Montana Ambulance Association; Montana Stroke Workgroup; local EMS agencies and rural hospitals.</p>

<p><b>BH/MH/SUD</b></p>	<p><b>Plan Highlights:</b> Expand behavioral health through CCBHC implementation, crisis stabilization sites and “safe places for help,” virtual behavioral health services, school-based behavioral health, and suicide-prevention and post-crisis supports.</p> <p><b>Planned Investment:</b> Substantial shares of Initiatives 2 and 4 plus related data/telehealth investments; BH-specific dollar amounts are not broken out separately.</p> <p><b>Partners Identified:</b> Certified Community Behavioral Health Clinics; CCBHC demonstration grantees; community mental-health providers; schools and local community partners.</p>
<p><b>Workforce</b></p>	<p><b>Plan Highlights:</b> Initiative 1 builds a rural workforce pipeline via early-exposure programs, registered pre-apprenticeships, expanded apprenticeships, micro-credentials, rural training tracks, and supportive services; participants commit to at least five years of rural service.</p> <p><b>Planned Investment:</b> ~\$117.9M over 5 years for workforce-focused Initiative 1.</p> <p><b>Partners Identified:</b> Community Health Support Network; Montana AHEC; Montana Office of Public Instruction; Montana State Workforce Innovation Board; Montana University System; MSU College of Nursing; Rocky Vista and Touro Colleges of Osteopathic Medicine; WWAMI and other training partners.</p>
<p><b>Data Analytics &amp; Tech</b></p>	<p><b>Plan Highlights:</b> Deploy behavioral-health bed registry and population-health analytics hub; modernize rural EHRs via community-connect models; activate telehealth and remote-monitoring tools; expand HIE connectivity; and use dashboards to track access, quality, cost, and equity.</p> <p><b>Planned Investment:</b> ~\$108.2M for data/technology-focused Initiative 5, plus technology components embedded in other initiatives.</p> <p><b>Partners Identified:</b> Big Sky Care Connect (HIE); DPHHS Office of Research and Data Analytics and Data Management Office; technology vendors prioritized for AI-enabled tools; hospitals and rural providers.</p>
<p><b>Other Key Investments</b></p>	<p><b>Plan Highlights:</b> Major investments in rural facility restructuring and shared-services CoE; mobile and school-based clinics; healthy-lifestyles and community-infrastructure projects; tribal health initiatives (including CHAP launch); and supportive legislative/regulatory actions.</p> <p><b>Planned Investment:</b> ~\$473.7M for facility restructuring (Initiative 2), ~\$150.0M for community prevention and infrastructure (Initiative 4), plus related funds in other initiatives.</p> <p><b>Partners Identified:</b> Montana Hospital Association; Yellowstone High Value Network; Billings Clinic/ Logan Health and other CAH collaboratives; Montana Healthcare Foundation; tribal governments and Urban Indian Organizations; community partners and municipalities.</p>
<p><b>Public Documents</b></p>	<p><a href="https://dphhs.mt.gov/RuralHealthTransformationProgramRFI">https://dphhs.mt.gov/RuralHealthTransformationProgramRFI</a></p>

## Nevada

TOTAL REQUEST: **ROUGHLY \$1B**

<b>Distinctive Elements</b>	<ul style="list-style-type: none"> <li>• Four-initiative, \$1B rural transformation plan led by Nevada Health Authority.</li> <li>• Targets chronic disease, behavioral health, maternal/infant health, system solvency, and digital innovation.</li> <li>• Combines value-based payment, flex capital fund, workforce pipeline, and tech grants for frontier and Tribal communities.</li> </ul>
<b>Goals &amp; Metrics</b>	<p>The state seeks these measurable outcomes:</p> <ul style="list-style-type: none"> <li>• No new rural CAH closures after H.R.1 changes through FY2031.</li> <li>• 25% increases in rural primary care, APRN, PA, and RN workforce by 2031.</li> <li>• ≥25% increase in Medicaid telehealth claims for rural enrollees.</li> <li>• Improved HEDIS preventive and well-care scores for rural adults and children.</li> </ul>
<b>Sub-Awarding</b>	<ul style="list-style-type: none"> <li>• Nevada Health Authority administers RHT. Uses competitive procurements and subawards for discrete projects, vendors, and providers, following 2 CFR 200 and state law.</li> <li>• Scores proposals higher for regional partnerships and strong sustainability plans.</li> </ul>
<b>Sustainability Plan</b>	<ul style="list-style-type: none"> <li>• Fiscal-sustainability strategy integrates value-based payment, facility right-sizing, and revenue diversification to reach solvency beyond FFY2031.</li> <li>• Requires applicants to show long-term sustainability without relying on unapproved new state funds.</li> <li>• RHT Steering Committee monitors progress and recommends mid-course corrections.</li> </ul>
<b>Health Centers &amp; FQHCs</b>	<p><b>Plan Highlights:</b> Rural system includes 14 rural/frontier hospitals, 20 provider-based RHCs, 11 FQHCs, 3 CCBHCs, and 13 Tribal/IHS clinics. RHOAP and Flex Fund will support innovative hybrid care models, capital and equipment, and telehealth to shore up these access points.</p> <p><b>Planned Investment:</b> Year-one examples include \$30M RHOAP and \$40M Flex Fund; FQHC-specific amounts are not broken out.</p> <p><b>Partners Identified:</b> Nevada Rural Hospital Partners, Nevada Primary Care Association, Nevada Tribal Health Authority, rural hospitals, FQHCs, CCBHCs, and Tribal/IHS clinics.</p>
<b>EMS</b>	<p><b>Plan Highlights:</b> Flex Fund supports emergency services, mobile units, and regional rural medical transport (ambulances, airlift, non-emergency medical transportation). RHOAP can fund community paramedicine and hybrid care models that extend EMS-linked care.</p> <p><b>Planned Investment:</b> EMS and transport are eligible under the \$40M Flex Fund and portions of the \$30M RHOAP; EMS-only totals are not specified.</p> <p><b>Partners Identified:</b> Rural EMS providers, regional transport vendors, and a designated EMS representative on the Rural Health Transformation Steering Committee.</p>

<p><b>BH/MH/SUD</b></p>	<p><b>Plan Highlights:</b> RHOAP prioritizes behavioral health, suicide, and SUD among pregnant women and youth, and maternal/infant health. Supports collaborative care, virtual behavioral health, and connections to community resources for rural children and families.</p> <p><b>Planned Investment:</b> Behavioral health is a core focus of the \$30M RHOAP; BH-specific dollar amounts are not separately itemized.</p> <p><b>Partners Identified:</b> Division of Public and Behavioral Health, rural CCBHCs, Tribal health providers, and behavioral health representatives on the RHT Steering Committee.</p>
<p><b>Workforce</b></p>	<p><b>Plan Highlights:</b> Workforce Recruitment &amp; Rural Access Program creates sustainable pipeline via incentives to live and serve in rural areas, tuition aid with rural commitments, residency program, advanced training, apprenticeships, and other education strategies.</p> <p><b>Planned Investment:</b> \$80M in year one for Workforce Recruitment &amp; Rural Access Program, with ongoing multi-year support within the \$1B total.</p> <p><b>Partners Identified:</b> Nevada Health Authority, higher education and training programs, Nevada System of Higher Education, and workforce representatives on the RHT Steering Committee.</p>
<p><b>Data Analytics &amp; Tech</b></p>	<p><b>Plan Highlights:</b> Rural Health Innovation &amp; Technology Grant funds innovative tech-enabled remote care models, digital health and AI tools, telehealth and remote monitoring, EHR/data modernization, and cybersecurity aligned with the CMS Digital Health Ecosystem.</p> <p><b>Planned Investment:</b> \$30M in year one for RHIT grants; technology and data components also appear under RHOAP and Flex Fund.</p> <p><b>Partners Identified:</b> Rural providers, technology vendors, cybersecurity partners, and data/IT experts engaged through competitive procurements and the RHT Steering Committee.</p>
<p><b>Other Key Investments</b></p>	<p><b>Plan Highlights:</b> Policy levers to improve rural health, including reinstating Presidential Fitness Test regulations, SNAP food restriction waiver, expanding nutrition CME, and joining additional licensure compacts; robust Medicaid telehealth coverage and remote-care policies.</p> <p><b>Planned Investment:</b> These policy initiatives complement, rather than replace, the \$1B investment; discrete dollar amounts are not specified.</p> <p><b>Partners Identified:</b> Nevada Health Authority, Governor’s Office, school districts, USDA, professional licensing boards, Medicaid, and other state agencies advancing these policy changes.</p>
<p><b>Public Documents</b></p>	<p><a href="https://nvha.nv.gov/uploadedFiles/nvhanvgov/content/Community/Project%20Narrative.pdf">https://nvha.nv.gov/uploadedFiles/nvhanvgov/content/Community/Project%20Narrative.pdf</a></p>

# New Hampshire

TOTAL REQUEST: **TOTAL AMOUNT NOT SPECIFIED**

<b>Distinctive Elements</b>	<ul style="list-style-type: none"> <li>• New Hampshire published a summary, not its entire application.</li> <li>• “Granite Strong. Future Ready” theme with five strategic goals (health, access, workforce, payment, technology).</li> <li>• Creation of GO-NORTH in the Governor’s Office to lead rural transformation.</li> <li>• Strong emphasis on prevention, school fitness, and integrated behavioral, perinatal, oral, and chronic disease care.</li> </ul>
<b>Goals &amp; Metrics</b>	<p>The state seeks these measurable results:</p> <ul style="list-style-type: none"> <li>• More rural healthcare workers and clinicians.</li> <li>• Increased use of telehealth services.</li> <li>• Financial stability of rural hospitals and health centers.</li> <li>• Better access to primary, oral, and behavioral health; fewer avoidable ED visits; reliable EMS services.</li> </ul>
<b>Sub-Awarding</b>	<ul style="list-style-type: none"> <li>• GO-NORTH identified as the state structure to deliver transformational initiatives.</li> <li>• Summary does not describe specific RFPs, sub-award processes, or which agencies will administer awards.</li> </ul>
<b>Sustainability Plan</b>	<ul style="list-style-type: none"> <li>• Promote financial sustainability via new technology, operational efficiencies, and payment models.</li> <li>• Design rural hospital payment model tied to primary care and reduced avoidable ED/inpatient use.</li> <li>• Expand value-based arrangements and care management payments for children with complex behavioral health needs.</li> </ul>
<b>Health Centers &amp; FQHCs</b>	<p><b>Plan Highlights:</b> Support small rural hospitals and community health centers; expand access to primary and preventive care, chronic disease management, maternal health, behavioral health, and oral health; integrate team-based models and expanded CCBHC network.</p> <p><b>Planned Investment:</b> Not specified in the New Hampshire RHTP Summary document.</p> <p><b>Partners Identified:</b> Specific health centers, FQHCs, or vendors are not named in this summary document.</p>
<b>EMS</b>	<p><b>Plan Highlights:</b> Establish new EMS units in rural areas; ensure reliable EMS access; expand mobile integrated health (MIH) services and implement a 9-1-1 Rural Emergency Access to Care and Telehealth (REACT) system linking a clinician-led triage team with dispatch.</p> <p><b>Planned Investment:</b> Not specified in the New Hampshire RHTP Summary document.</p> <p><b>Partners Identified:</b> No individual EMS agencies, hospitals, or vendors are named in this summary document.</p>
<b>BH/MH/SUD</b>	<p><b>Plan Highlights:</b> Expand CCBHC network and CMHC capacity; improve integrated behavioral health and SUD treatment, crisis response, and perinatal behavioral health; establish care management payment model for children with complex behavioral health needs.</p> <p><b>Planned Investment:</b> Not specified in the New Hampshire RHTP Summary document.</p> <p><b>Partners Identified:</b> Specific behavioral health providers or vendors are not named in this summary document.</p>

<p><b>Workforce</b></p>	<p><b>Plan Highlights:</b> Attract, train, and retain rural workforce via career pathways, Governor’s Health Scholars Awards, simulation labs, mobile learning units, earn-to-learn programs, rural residency at White Mountains Medical Education Consortium, and supportive infrastructure (childcare, transportation, equipment).</p> <p><b>Planned Investment:</b> Not specified in the New Hampshire RHTP Summary document.</p> <p><b>Partners Identified:</b> Regional partnerships among local providers, high school CTE programs, CCSNH, USNH, and rural employers are described conceptually; specific entities are not itemized as sub-award recipients.</p>
<p><b>Data Analytics &amp; Tech</b></p>	<p><b>Plan Highlights:</b> Modernize digital health infrastructure and EMRs; expand interoperability and care coordination; deploy remote patient monitoring, AI-powered tools, and cybersecurity initiatives; expand MIH and establish the REACT system to connect dispatch with clinicians.</p> <p><b>Planned Investment:</b> Not specified in the New Hampshire RHTP Summary document.</p> <p><b>Partners Identified:</b> Summary references rural facilities, CMHCs, CCBHCs, and technology adoption generally; specific vendors are not named.</p>
<p><b>Other Key Investments</b></p>	<p><b>Plan Highlights:</b> Policy adoption efforts such as implementing the President’s Physical Fitness Program in schools, expanding pharmacists’ scope of practice, and reducing red tape and regulatory barriers; investments in local infrastructure for transportation, nutrition, physical activity, mental well-being, and technology.</p> <p><b>Planned Investment:</b> Not specified in the New Hampshire RHTP Summary document.</p> <p><b>Partners Identified:</b> State agencies, schools, pharmacists, and community organizations are referenced at a high level; specific entities are not listed as named partners.</p>
<p><b>Public Documents</b></p>	<p><a href="https://www.dhhs.nh.gov/programs-services/medicaid/rural-health-transformation-program">https://www.dhhs.nh.gov/programs-services/medicaid/rural-health-transformation-program</a></p>

## New Mexico

TOTAL REQUEST: **\$1B**

<b>Distinctive Elements</b>	<ul style="list-style-type: none"> <li>• Five-initiative plan branded across: Healthy Horizons; Rooted in New Mexico; Rural Health Innovation Fund; Bridge to Resilience; Rural Health Data Hub.</li> <li>• Lead agency: Health Care Authority (HCA); RHSIC as statewide hub; strong rural, frontier, tribal focus; community-led grants; tech-enabled care; data transparency.</li> </ul>
<b>Goals &amp; Metrics</b>	<p>Increase rural specialty consults; reduce 30-day readmissions; grow rural trainees and tele-mentoring; reduce fully designated HPSAs; improve rural hospital operating margins; expand HIE/CLRS participation.</p>
<b>Sub-Awarding</b>	<ul style="list-style-type: none"> <li>• HCA leads and allocates via direct subawards and competitive procurements/applications.</li> <li>• Clear criteria, deliverables, reporting; 95% to programmatic uses.</li> </ul>
<b>Sustainability Plan</b>	<ul style="list-style-type: none"> <li>• RHSIC builds provider capacity; consider revenue-sharing for ongoing TA.</li> <li>• Medicaid policy (telehealth/RPM) and value-based incentives; legislative/appropriation options; subgrantee sustainability plans; embed lessons into state policy.</li> </ul>
<b>Health Centers &amp; FQHCs</b>	<p><b>Plan Highlights:</b> Regional specialty/maternal networks with FQHCs and tribal health; preventive/chronic programs; EHR upgrades; school-based health support.</p> <p><b>Planned Investment:</b> \$393,290,280 (via Healthy Horizons) plus related supports across initiatives.</p> <p><b>Partners Identified:</b> Hospitals, clinics, FQHCs, tribal health centers; DOH; HCA; academic partners; technology vendors.</p>
<b>EMS</b>	<p><b>Plan Highlights:</b> ED tele-consults; maintain/enhance emergency departments; explore EMS mobile integrated health; treat-in-place; telehealth-supported procedures.</p> <p><b>Planned Investment:</b> Not separately broken out; supported within Healthy Horizons and Bridge to Resilience.</p> <p><b>Partners Identified:</b> Rural hospitals/EDs, EMS agencies, RHSIC TA partners.</p>
<b>BH/MH/SUD</b>	<p><b>Plan Highlights:</b> Behavioral health integrated into chronic/maternal models; perinatal mental health screening; SUD/ODD programs via Innovation Fund; crisis services alignment.</p> <p><b>Planned Investment:</b> Included across initiatives (not always itemized).</p> <p><b>Partners Identified:</b> HCA Behavioral Health Services Division; CCBHCs; tribal providers; community organizations.</p>

<p><b>Workforce</b></p>	<p><b>Plan Highlights:</b> K-12 pathways, rural rotations/residencies, scholarships with 5-year service, tele-supervision/Project ECHO, housing/retention incentives.</p> <p><b>Planned Investment:</b> \$243,166,440.</p> <p><b>Partners Identified:</b> Schools (K-12, colleges, universities), providers, professional associations, tribal leaders.</p>
<p><b>Data Analytics &amp; Tech</b></p>	<p><b>Plan Highlights:</b> Rural Health Data Hub; HIE and CLRS participation; dashboards; EHR upgrades; cybersecurity; RPM and e-consults; public-facing transparency.</p> <p><b>Planned Investment:</b> \$53,390,620 (Data Hub) plus tech within Healthy Horizons.</p> <p><b>Partners Identified:</b> HCA, DOH, SYNCRONYS (HIE), MCOs, providers, technology vendors.</p>
<p><b>Other Key Investments</b></p>	<p><b>Plan Highlights:</b> RHSIC technical assistance; provider education; partnerships; value-based/incentive models; DOH clinic remodels; community-led projects via Innovation Fund.</p> <p><b>Planned Investment:</b> Bridge to Resilience \$122,644,440; Rural Health Innovation Fund \$187,508,220.</p> <p><b>Partners Identified:</b> Rural hospitals/clinics/FQHCs/tribal health; community-based organizations; vendor TA partners.</p>
<p><b>Public Documents</b></p>	<p><a href="https://www.hca.nm.gov/rural-health-transformation-program/">https://www.hca.nm.gov/rural-health-transformation-program/</a></p>

# North Carolina

TOTAL REQUEST: **\$1B**

<b>Distinctive Elements</b>	<ul style="list-style-type: none"> <li>• Six integrated initiatives anchored in NC ROOTS regional Hub model across 85 rural counties.</li> <li>• Cross-division NCDHHS leadership with statewide steering committee and key subrecipients (e.g., Duke-Margolis and UNC Sheps).</li> <li>• Strong emphasis on AI-enabled, digital-forward care, value-based payment, and rural-tailored prevention and chronic disease strategies.</li> </ul>
<b>Goals &amp; Metrics</b>	<p>Goals include these and other targets:</p> <ul style="list-style-type: none"> <li>• By PY2, establish six NC ROOTS Hubs and engage representative rural safety-net providers in each region.</li> <li>• By PY5, raise rural first-trimester prenatal care to 80% and reduce adults with three or more chronic conditions by roughly 9–10%.</li> <li>• By PY5, reduce ED occupancy for mental health, cut opioid-overdose ED visits, and expand access to healthy food and prevention programs.</li> </ul>
<b>Sub-Awarding</b>	<ul style="list-style-type: none"> <li>• NCDHHS (through the Office of Rural Health) serves as lead agency and will implement NCRHTP via NC ROOTS Hubs.</li> <li>• State will competitively procure up to six Hub Leads, requiring proposals that describe Hub governance, networks, budgets, monitoring, and sustainability plans.</li> <li>• Hub Leads manage regional grantmaking and oversight, subgranting funds to Hub Network partners; a Rural Health Innovation Fund (RHIF) will also solicit annual applications from rural providers for innovation projects.</li> </ul>
<b>Sustainability Plan</b>	<ul style="list-style-type: none"> <li>• Hub Lead proposals must include sustainability plans that leverage public–private partnerships and avoid duplicating existing funding or supports.</li> <li>• NCRHTP is designed as a catalyst to move rural providers toward multi-payer, value-based and globally budgeted payment models and long-term financial stability.</li> <li>• ROOTS Hubs and linked initiatives build durable workforce pipelines, regional training hubs, and digital/HIE infrastructure intended to persist beyond the grant period.</li> </ul>
<b>Health Centers &amp; FQHCs</b>	<p><b>Plan Highlights:</b> NC ROOTS Hubs leverage North Carolina’s extensive rural infrastructure—including FQHCs, critical access hospitals, rural health clinics, and local health departments—to expand primary care, chronic disease management, cancer screening, and prevention. Initiative 2 portfolios (e.g., chronic disease and cancer projects) emphasize community-based, provider-linked programs and electronic referral workflows..</p> <p><b>Planned Investment:</b> Consolidated amount not specified.</p> <p><b>Partners Identified:</b> Rural-serving facilities such as FQHCs, CAHs, rural health clinics, and local health departments; academic partners including ECU, UNC, and MAHEC; and other community-based organizations participating in ROOTS Hub networks.</p>

<p><b>EMS</b></p>	<p><b>Plan Highlights:</b> Perinatal projects scale simulation-based emergency obstetric training and emergency medical services obstetric training, with ED staff trained on standardized postpartum risk protocols. Workforce initiatives prioritize paramedics and EMTs through rural training hubs and pipelines into high-need EMS roles.</p> <p><b>Planned Investment:</b> Consolidated amount not specified.</p> <p><b>Partners Identified:</b> Specific EMS agencies are not individually named; the narrative references EMS providers, paramedics, EMTs, emergency departments, and regional perinatal nurse champions as key participants in training and care models.</p>
<p><b>BH/MH/SUD</b></p>	<p><b>Plan Highlights:</b> Initiative 3 expands and integrates behavioral health and SUD services through new and expanded CCBHCs, crisis centers, school-based and telehealth-delivered care, NC MATTERS and NC CARE 360 linkages, mobile opioid treatment, postpartum call lines, and paramedic-initiated medication-assisted treatment with peer support.</p> <p><b>Planned Investment:</b> Consolidated amount not specified.</p> <p><b>Partners Identified:</b> Regional Certified Community Behavioral Health Clinics (CCBHCs) are designated anchors for mental health and SUD services. Other participating entities include crisis centers, school-based providers, and rural health and hospital partners described in Initiative 3 activities.</p>
<p><b>Workforce</b></p>	<p><b>Plan Highlights:</b> Initiative 4 builds a robust workforce via rural training hubs, expansion of the Rural Behavioral Health Workforce Development Certification Program, the Social Work Rural Scholars Program, and a community doula/community health worker model—linking high schools, community colleges, apprenticeships, and rural placements with multi-year service commitments.</p> <p><b>Planned Investment:</b> ≈\$136M</p> <p><b>Partners Identified:</b> NC Community College System (NCCCS), NCWorks career centers, high schools and community colleges (including tribal communities), and rural clinical sites; behavioral health agencies and community-based organizations that host trainees and graduates.</p>
<p><b>Data Analytics &amp; Tech</b></p>	<p><b>Plan Highlights:</b> NCRHTP invests in HIE connectivity for rural providers, digital literacy projects, AI-enabled clinical tools (e.g., ultrasound decision support), and statewide digital health and data activities coordinated through NCRDHDC. Initiatives emphasize EHR-integrated referral workflows and remote monitoring to support prevention and chronic disease management.</p> <p><b>Planned Investment:</b> Consolidated amount not specified.</p> <p><b>Partners Identified:</b> NCRDHDC (state rural digital health/data activities), the state HIE, NC ROOTS Hubs, and participating rural providers and health systems implementing digital literacy, AI tools, and HIE connectivity projects.</p>
<p><b>Other Key Investments</b></p>	<p><b>Plan Highlights:</b> Cross-cutting investments include NC ROOTS Hub infrastructure, Rural Health Innovation Fund projects, perinatal/postpartum safety initiatives (e.g., bracelet-based ED alert model), and non-medical drivers of health (e.g., healthy food and chronic disease prevention programs) layered onto clinical care.</p> <p><b>Planned Investment:</b> At least \$349M.</p> <p><b>Partners Identified:</b> NC ROOTS Hub Leads and Hub Networks, rural hospitals and health systems, FQHCs and other safety-net providers, academic partners (ECU, UNC, MAHEC), and community-based organizations engaged through RHIF and initiative-specific projects.</p>
<p><b>Public Documents</b></p>	<p><a href="https://www.ncdhhs.gov/divisions/office-rural-health/rural-health-transformation-program">https://www.ncdhhs.gov/divisions/office-rural-health/rural-health-transformation-program</a></p>

## North Dakota

TOTAL REQUEST: **\$1B**

<b>Distinctive Elements</b>	<ul style="list-style-type: none"> <li>• Four-initiative plan: Workforce, Make North Dakota Healthy Again, Bring Care Closer to Home, Connect Tech/Data.</li> <li>• Strong “Make North Dakota Healthy Again,” Eat Well ND, and ND Moves Together prevention focus.</li> <li>• Clinics Without Walls telehealth/mobile model and explicit emphasis on Tribal and frontier communities.</li> </ul>
<b>Goals &amp; Metrics</b>	<ul style="list-style-type: none"> <li>• Increase rural provider retention and reduce HPSA counties.</li> <li>• Expand remote monitoring and AI-assisted care.</li> <li>• Increase telehealth and remote monitoring use and improve timeliness of care.</li> <li>• Reduce chronic disease, obesity, and suicide through Eat Well ND and ND Moves Together.</li> </ul>
<b>Sub-Awarding</b>	<ul style="list-style-type: none"> <li>• NDHHS leads RHTP with dedicated procurement, budget, compliance, coordinator, and evaluation staff.</li> <li>• Funds flow via contracts and subgrants to health systems, CAHs, clinics, Tribes, schools, and community partners.</li> <li>• Compliance lead monitors subrecipients and expenditures; RHTP steering and initiative teams provide oversight.</li> </ul>
<b>Sustainability Plan</b>	<ul style="list-style-type: none"> <li>• Workforce projects sustained through GME financing, tuition-based Train-In-Place programs, and billing for residency services.</li> <li>• Prevention initiatives align with multipayer models and Medicaid coverage.</li> <li>• Tech and data investments (EHR, RPM, CIE) become core infrastructure that supports value-based care, cost savings, and long-term viability.</li> </ul>
<b>Health Centers &amp; FQHCs</b>	<p><b>Plan Highlights:</b> Rural CAHs, rural health clinics, and community health center sites serve as hubs for primary care, prevention, chronic disease management, and telehealth access; Clinics Without Walls, mobile clinics, and remote monitoring extend services into frontier and Tribal communities.</p> <p><b>Planned Investment:</b> Health center/CHC support is embedded across Initiatives 2 and 3; no stand-alone CHC/FQHC dollar amount is specified.</p> <p><b>Partners Identified:</b> Critical Access Hospitals, rural health clinics, community health center locations, and Tribal health providers are cited as core rural access points and implementation partners.</p>
<b>EMS</b>	<p><b>Plan Highlights:</b> Strengthen rural EMS through recruitment and training, community paramedicine, emergency preparedness training, and integration with telehealth, mobile crisis response, hospital-at-home, and remote monitoring to reduce avoidable transports and improve safety in severe-weather, frontier settings.</p> <p><b>Planned Investment:</b> EMS enhancements are supported within Initiative 3 “Bring High-Quality Health Care Closer to Home” (\$583.8M total); EMS-specific dollars are not broken out.</p> <p><b>Partners Identified:</b> Rural EMS agencies and law-enforcement partners using mobile crisis technology, working with CAHs and NDHHS; individual EMS entities are not itemized.</p>

<p><b>BH/MH/SUD</b></p>	<p><b>Plan Highlights:</b> Expand and transform state Behavioral Health Clinics toward the CCBHC model; strengthen crisis stabilization, recovery centers, mobile crisis teams, transitional living, and residential SUD treatment; integrate behavioral health into Clinics Without Walls, remote monitoring, and care-coordination models.</p> <p><b>Planned Investment:</b> Behavioral health activities are woven through Initiatives 2 and 3; the application does not assign a single BH/MH/SUD dollar total.</p> <p><b>Partners Identified:</b> State-operated Behavioral Health Clinics (Community Mental Health Centers), regional crisis stabilization units and recovery centers, transitional living and residential SUD programs, and the State Hospital.</p>
<p><b>Workforce</b></p>	<p><b>Plan Highlights:</b> Initiative 1 builds rural pipelines via expanded residencies (IM, FM, psychiatry, surgery, NP, psychiatric pharmacy), Train-In-Place degree/certificate programs, CHW training, Rural Rotations, preceptor development, Scrubs Camps/Academies, HOSA, tuition waivers, and shadowing/mentoring for middle- and high-school students.</p> <p><b>Planned Investment:</b> \$162.4M under Initiative 1 “Strengthen and Stabilize Rural Health Workforce.”</p> <p><b>Partners Identified:</b> NDHHS; UND School of Medicine and Health Sciences; NDSU; UND Center for Rural Health (SORH/AHEC); Mayville State University; health systems (Essentia, Sanford); CAHs, rural health clinics, Tribes, universities, and community colleges.</p>
<p><b>Data Analytics &amp; Tech</b></p>	<p><b>Plan Highlights:</b> Initiative 4 modernizes tech and data: statewide telehealth network and Clinics Without Walls access points; interoperable EHR and data warehouse; community information exchange; remote monitoring and smart home technologies; exploration of robotics and AI; shared infrastructure and cooperative purchasing to reduce cost.</p> <p><b>Planned Investment:</b> \$168.0M under Initiative 4 “Connect Tech, Data and Providers for a Stronger North Dakota.”</p> <p><b>Partners Identified:</b> NDHHS, ND Medicaid and other payers, health systems, CAHs, community providers, and community organizations engaged in CIE and tech adoption; specific vendors are not named.</p>
<p><b>Other Key Investments</b></p>	<p><b>Plan Highlights:</b> Initiative 2 “Make North Dakota Healthy Again” launches Eat Well ND and ND Moves Together to embed evidence-based nutrition, physical activity, and behavioral health supports into daily life; supports long-term care stabilization, Clinics Without Walls, mobile clinics, hospital-at-home, and long-term care and hospital right-sizing efforts.</p> <p><b>Planned Investment:</b> \$85.9M under Initiative 2; portions of Initiative 3 (\$583.8M) also support long-term care and facility transformation.</p> <p><b>Partners Identified:</b> NDHHS; Physical Activity and Wellness team; long-term care facilities; nursing, basic care, and assisted-living providers; schools and community organizations implementing ND Moves Together and Eat Well ND.</p>
<p><b>Public Documents</b></p>	<p><a href="https://www.hhs.nd.gov/rural-health-transformation">https://www.hhs.nd.gov/rural-health-transformation</a></p>

## Ohio

TOTAL REQUEST: \$1B

<b>Distinctive Elements</b>	<ul style="list-style-type: none"> <li>Interlocking initiatives: Rural Health Innovation Hubs (CINs/RHRCEs), Rural EMS ADT/TIP, School-Based Health Centers, OH SEE mobile vision/hearing/dental, Maternal &amp; Infant Home Visiting, EMR Access for Pharmacies, Workforce pipeline.</li> <li>Strong legislative/policy track (PFT reintroduction; pharmacist test-to-treat; EMS compact).</li> <li>Heavy emphasis on school-based access, remote monitoring, and regional clinical integration.</li> </ul>
<b>Goals &amp; Metrics</b>	<ul style="list-style-type: none"> <li>Reduce HbA1c by 10%; manage hypertension to guideline levels.</li> <li>30+ new SBHCs; 50% of rural school districts in OH SEE; EMS diversions to non-ED targets.</li> <li>CIN/RHRCE membership growth; EMR/OARRS pharmacy integration; CHW deployment.</li> </ul>
<b>Sub-Awarding</b>	<ul style="list-style-type: none"> <li>Competitive selections for subrecipients across initiatives (e.g., SBHCs, OH SEE vendors, Innovation Hubs).</li> <li>State agencies lead oversight (ODH, Board of Pharmacy, EMS/Public Safety) with vendor TA and quarterly reporting.</li> </ul>
<b>Sustainability Plan</b>	<ul style="list-style-type: none"> <li>One-time start-up paired with billable services (SBHCs, pharmacies, EMS ADT).</li> <li>Regional networks to create shared services and value-based models; annual RHT summit for CQI; private co-investment for workforce.</li> </ul>
<b>Health Centers &amp; FQHCs</b>	<p><b>Plan Highlights:</b> SBHCs operated by FQHCs or networks; primary/preventive/behavioral care, telehealth, ASD screening pilots; hubs align hospitals/FQHCs/clinics.</p> <p><b>Planned Investment:</b> SBHCs \$20M–\$25M/yr; hubs \$90M–\$125M/yr.</p> <p><b>Partners Identified:</b> FQHCs, hospitals, CINs, ODH, school districts.</p>
<b>EMS</b>	<p><b>Plan Highlights:</b> Alternate destination transport and treat-in-place; dispatcher triage, protocols, training, tech upgrades.</p> <p><b>Planned Investment:</b> \$12M–\$18M/yr.</p> <p><b>Partners Identified:</b> EMS agencies, 911 centers, urgent care/primary care/BH providers; Public Safety; Medicaid.</p>
<b>BH/MH/SUD</b>	<p><b>Plan Highlights:</b> BH services in SBHCs and hubs; pharmacy OARRS integration to reduce overdoses; crisis mobile options in EMS pathways.</p> <p><b>Planned Investment:</b> Embedded across initiatives.</p> <p><b>Partners Identified:</b> Behavioral health providers, Ohio Board of Pharmacy, OPA, community agencies.</p>

<b>Workforce</b>	<p><b>Plan Highlights:</b> K–12/college pipelines, rural rotations, 5-year service commitments, housing stipends, CHW/pharmacist upskilling, CME on nutrition.</p> <p><b>Planned Investment:</b> \$10M–\$15M/yr.</p> <p><b>Partners Identified:</b> Universities, community colleges, employers, ODH/ODM/ODEW, associations.</p>
<b>Data Analytics &amp; Tech</b>	<p><b>Plan Highlights:</b> Remote monitoring; EMR access for pharmacies; HIE (CliniSync) integration; telehealth expansion; dispatcher decision support.</p> <p><b>Planned Investment:</b> Pharmacy EMR/OARRS \$3M–\$4.5M/yr; tech embedded elsewhere.</p> <p><b>Partners Identified:</b> HIE vendor (CliniSync), Board of Pharmacy, providers, schools.</p>
<b>Other Key Investments</b>	<p><b>Plan Highlights:</b> Maternal &amp; Infant nurse home visiting statewide expansion; Rural Hospital Training &amp; TA Center; Healthy Ohio lifestyle initiatives (six pillars).</p> <p><b>Planned Investment:</b> Home visiting \$6M–\$8M; TA Center \$0.8M–\$1.5M; Healthier Ohio \$15M–\$25M/yr.</p> <p><b>Partners Identified:</b> DCY, hospitals/LHDs/schools/faith-based orgs; associations.</p>
<b>Public Documents</b>	<p><a href="https://odh.ohio.gov/know-our-programs/state-office-of-rural-health/welcome-to-the-state-office-of-rural-health">https://odh.ohio.gov/know-our-programs/state-office-of-rural-health/welcome-to-the-state-office-of-rural-health</a></p>

## Oregon

TOTAL REQUEST: \$1B

<b>Distinctive Elements</b>	<ul style="list-style-type: none"> <li>• Five-initiative plan (Regional Partnerships, Healthy Communities &amp; Prevention, Workforce Capacity &amp; Resilience, Technology &amp; Data Modernization, Tribal Initiative).</li> <li>• Led by OHA with a Tribal set-aside and two-phase funding (Catalyst Awards/Immediate Impact, then Regional Sustainability and sustained awards).</li> </ul>
<b>Goals &amp; Metrics</b>	<ul style="list-style-type: none"> <li>• 15% increase in new rural preventive and social-health access points.</li> <li>• 75% of participating providers in VBP show improved performance on <math>\geq 1</math> quality metric.</li> <li>• 75% of participating organizations report improved workforce stability and health IT.</li> <li>• 75% of rural counties engaged in formal regional partnerships.</li> </ul>
<b>Sub-Awarding</b>	<ul style="list-style-type: none"> <li>• OHA distributes funds via Catalyst Awards, Immediate Impact grants, and Regional Sustainability investments.</li> <li>• Phase 1 uses RFAs and subcontracts to rural providers, Tribes, and TA partners.</li> <li>• Phase 2 uses competitive grant processes for regional consortia and sustained awards.</li> </ul>
<b>Sustainability Plan</b>	<ul style="list-style-type: none"> <li>• Two-phase design moves from early pilots to regional, multi-year awards.</li> <li>• Regional partnerships, hub-and-spoke infrastructure, and shared services reduce costs and stabilize key service lines.</li> <li>• Alternative payment models, PMPM team-based care, and right-sizing facilities support long-term financial solvency.</li> </ul>
<b>Workforce Capacity &amp; Resilience</b>	<p><b>Plan Highlights:</b> 37 rural hospitals, 108 RHCs, 98 FQHC facilities, and 28 rural community mental health centers anchor access. Healthy Communities &amp; Prevention expands nurse home visiting, school nursing, chronic disease programs, telehealth, and pharmacy services in rural and frontier communities.</p> <p><b>Planned Investment:</b> Healthy Communities &amp; Prevention estimated at \$50–\$75M per year; Catalyst Awards and Immediate Impact grants also fund projects led by FQHCs, rural clinics, and community partners. No FQHC-only line-item total is specified.</p> <p><b>Partners Identified:</b> Rural hospitals; rural health clinics; FQHC facilities; rural community mental health centers; Tribes; local public health authorities; community-based organizations; Oregon Office of Rural Health.</p>
<b>Other Key Investments</b>	<p><b>Plan Highlights:</b> Regional Partnerships &amp; System Transformation invests in EMS modernization, regional coordination, advisory structures, and shared planning for triage and interfacility transfers; Healthy Communities &amp; Prevention supports older-adult treat-in-place models and mobile care that rely on EMS linkage.</p> <p><b>Planned Investment:</b> EMS work is funded within Regional Partnerships &amp; System Transformation (\$40–\$55M/year) and Healthy Communities &amp; Prevention (\$50–\$75M/year). The application does not state a separate EMS-only dollar total.</p> <p><b>Partners Identified:</b> Rural EMS agencies; regional advisory structures; rural hospitals and trauma centers; OHA Public Health Division; school and community partners collaborating on treat-in-place and mobile models.</p>

<p><b>Regional Partnerships &amp; System Transformation</b></p>	<p><b>Plan Highlights:</b> Responds to high rural behavioral health and SUD burden by expanding teletherapy, school and recovery programs, ED-initiated MOUD, crisis and outpatient services, naloxone distribution, and integrated BH in primary care and regional hubs across the lifespan.</p> <p><b>Planned Investment:</b> Behavioral health and SUD investments span Healthy Communities &amp; Prevention, Workforce Capacity &amp; Resilience, Technology &amp; Data Modernization, and the Tribal Initiative. Behavioral health-specific dollars are not isolated beyond initiative-level budgets.</p> <p><b>Partners Identified:</b> Rural community mental health centers; SUD providers; OHSU-PSU School of Public Health; Oregon Alcohol and Drug Policy Commission; Tribes; local public health departments and community-based organizations.</p>
<p><b>Healthy Communities &amp; Prevention</b></p>	<p><b>Plan Highlights:</b> Workforce Capacity &amp; Resilience expands rural pipelines, residencies, simulation and tele-mentoring, CME, and “Grow Your Own” models, with financial supports tied to five-year rural service commitments and supports for housing, childcare, and family stability.</p> <p><b>Planned Investment:</b> Budget Narrative “Totals by Initiative” table allocates roughly \$30–45M per year to Workforce Capacity &amp; Resilience over the five-year budget, plus workforce-related Catalyst Awards and Immediate Impact investments.</p> <p><b>Partners Identified:</b> Rural hospitals and clinics; academic health centers; training programs; Oregon Office of Rural Health; professional associations; subcontractors providing simulation, tele-mentoring, and technical assistance.</p>
<p><b>Technology &amp; Data Modernization</b></p>	<p><b>Plan Highlights:</b> Technology &amp; Data Modernization and cross-cutting strategies invest in rural EHR and health IT upgrades, telehealth and RPM, digital tools and patient apps, interoperability, cybersecurity, and community-led data convenings to support targeted, data-driven investments.</p> <p><b>Planned Investment:</b> Technology &amp; Data Modernization receives a dedicated share of the \$200M/year budget plus support through Catalyst Awards and Immediate Impact grants. The narrative and budget tables do not break out tool- or vendor-specific amounts in detail.</p> <p><b>Partners Identified:</b> Rural hospitals and clinics; Tribes; health information exchange and data/IT vendors; referral platforms; community-based organizations; OHA data and analytics teams.</p>
<p><b>Tribal Initiative</b></p>	<p><b>Plan Highlights:</b> Dedicated Tribal Initiative and set-aside; maternity and perinatal access projects; regional collaboration infrastructure; financial solvency work; and policy levers around nutrition CME, EMS licensure compact, and pharmacist scope aligned with RHT goals.</p> <p><b>Planned Investment:</b> Budget Narrative sets aside 10% of annual RHT funds (\$20M/year) for the Tribal Initiative and maintains consistent funding for Tribal and administrative costs alongside the five initiatives and sustained/competitive awards.</p> <p><b>Partners Identified:</b> Nine Federally Recognized Tribes of Oregon; Oregon Perinatal Collaborative; coordinated care organizations; Oregon Medical Board and Oregon Medical Association; Board of Pharmacy and Public Health &amp; Pharmacy Formulary Advisory Committee; regional partners engaged in policy and solvency efforts.</p>
<p><b>Public Documents</b></p>	<p><a href="https://www.ohsu.edu/oregon-office-of-rural-health">https://www.ohsu.edu/oregon-office-of-rural-health</a></p>

## Pennsylvania

TOTAL REQUEST: ~\$900M

<b>Distinctive Elements</b>	<ul style="list-style-type: none"> <li>• Six coordinated initiatives spanning technology/infrastructure, workforce, maternal health, behavioral health, aging, and EMS across all rural counties.</li> <li>• Partnerships for Regional Economic Performance (PREP)-based Rural Care Collaboratives (RCCs) as regional conveners/implementers.</li> </ul>
<b>Goals &amp; Metrics</b>	<p>Goals include these and other targets:</p> <ul style="list-style-type: none"> <li>• &gt; 85% of rural residents get a routine PC appointment within 4 weeks and urgent appointment within 1 week.</li> <li>• &gt;85% of rural hospitals and clinics with broadband and telehealth functionality.</li> <li>• Reduce rural hospital vacancy rates by 10% for key direct care roles.</li> <li>• &gt;60% of rural hospitals partnered with rural CHCs for specialty care.</li> <li>• 20% reduction in rural pregnant women with inadequate prenatal care.</li> </ul>
<b>Sub-Awarding</b>	<ul style="list-style-type: none"> <li>• Dept of Human Services (DHS) “Health Hub” agencies handle statewide program, contracts, and CMS liaison.</li> <li>• PREP regional entities launch RCCs, lead regional implementation, and prioritize strategies.</li> <li>• Hubs/RCCs design targeted grant programs (e.g., birth center start-up grants) for local providers.</li> <li>• Application does not specify competitive procurement processes.</li> </ul>
<b>Sustainability Plan</b>	<ul style="list-style-type: none"> <li>• Builds on rural hospital redesign and Pennsylvania Rural Health Redesign Center APM work.</li> <li>• Leverages Medicaid managed care, value-based models, and subscription-supported technology.</li> <li>• Positions RCCs as lasting regional networks integrated with PA Navigate, HIEs, and workforce pipelines.</li> <li>• Links workforce training and fellowships to rural service obligations and revenue-generating roles.</li> </ul>
<b>Health Centers &amp; FQHCs</b>	<p><b>Plan Highlights:</b> CHCs, FQHCs, and rural health clinics are treated as core rural access points across maternal, behavioral, chronic disease, and aging initiatives, with RCCs and hubs coordinating prevention, chronic disease management, behavioral health integration, and telehealth-supported care.</p> <p><b>Planned Investment:</b> Consolidated amount not specified.</p> <p><b>Partners Identified:</b> Pennsylvania Association of Community Health Centers (PACHC), community health centers, rural health clinics, rural hospitals, and other safety-net providers cited as key stakeholders and implementation partners.</p>

<p><b>EMS</b></p>	<p><b>Plan Highlights:</b> EMS/Transportation initiative modernizes fleets and equipment, stabilizes the EMS workforce, expands paramedicine and mobile integrated health, and strengthens MATP/NEMT for preventive and routine care in rural communities.</p> <p><b>Planned Investment:</b> ≈\$86.5M</p> <p><b>Partners Identified:</b> EMS agencies and regional councils; FQHCs, rural health clinics, and primary care clinics; Pennsylvania Emergency Health Services Council, PSAPs, rural hospitals and health systems; training institutions, high schools, shared-ride providers, transit authorities, and county MATP administrators.</p>
<p><b>BH/MH/SUD</b></p>	<p><b>Plan Highlights:</b> Behavioral Health initiative expands 988 crisis services, remote consultation (TIPS, CoCM), peer/recovery specialist scholarships, statewide SUD bridge clinics with rapid MOUD access, and the Mental Health Training Management System to scale training for behavioral health and related providers.</p> <p><b>Planned Investment:</b> ≈\$61M</p> <p><b>Partners Identified:</b> Community health centers, primary care and hospital clinics, obstetrical practices and birthing centers, rural hospitals and EDs, pharmacies, EMS, rural long-term care facilities, mental health/SUD providers, county behavioral health/SUD agencies, DDAP helplines, 988 centers, human service agencies, faith communities, schools, veterans’ organizations, and other community partners.</p>
<p><b>Workforce</b></p>	<p><b>Plan Highlights:</b> Workforce initiative addresses shortages in primary care, behavioral health, maternal, oral, EMS, and allied health through recruitment of rural students, expanded rural clinical training sites and rotations, new workforce models, and rural residencies, fellowships, and leadership/advocacy programs with service obligations.</p> <p><b>Planned Investment:</b> ≈\$239.2M</p> <p><b>Partners Identified:</b> State health, labor, and economic development agencies; Pennsylvania Office of Rural Health; Pennsylvania AHEC; Pennsylvania Coalition for Oral Health; community coalitions; school districts, career/technical schools, community colleges; Pennsylvania State System of Higher Education and state-related institutions; pre-apprenticeship and apprenticeship programs; rural hospitals and CHCs.</p>
<p><b>Data Analytics &amp; Tech</b></p>	<p><b>Plan Highlights:</b> Infrastructure &amp; Technology initiative invests in CMS-aligned health data infrastructure (CMS HTE-aligned network, FHIR exchanges, endpoint directory, consent/ authorization), digital front doors, AI-enabled documentation and analytics, remote monitoring, telehealth access points, mobile/digital health, community wellness hubs, and local data tracking for population health.</p> <p><b>Planned Investment:</b> ≈\$243.3M</p> <p><b>Partners Identified:</b> Hospitals and health systems; CHCs and rural health clinics; long-term care and behavioral health providers; home health agencies; health information organizations and the state HIE; community-based organizations (libraries, YMCAs, faith-based groups, community action agencies); pharmacies; broadband offices; AI/IT partners; and statewide platforms such as PA Navigate.</p>

<p><b>Other Key Investments</b></p>	<p><b>Plan Highlights:</b> Other priority investments include Aging &amp; Access (hospital-to-home community paramedics, LTSS Quality Investment Program, nurse aide training hubs, duals integration, rural PACE/LIFE expansion, ADRC redesign); comprehensive Maternal Health hubs and digital tools; and RCC development as foundational regional conveners.</p> <p><b>Planned Investment:</b> ≈\$77.6M for Aging &amp; Access and \$187.4M for Maternal Health</p> <p><b>Partners Identified:</b> Community paramedic programs, long-term care providers, PACE/LIFE organizations, ADRCs, maternal care hubs and birth centers, PREP regional organizations, Pennsylvania Office of Rural Health, Medicaid Research Center, and other regional stakeholders engaged through RCCs.</p>
<p><b>Public Documents</b></p>	<p><a href="https://www.pa.gov/agencies/dhs/programs-services/healthcare/rural-health">https://www.pa.gov/agencies/dhs/programs-services/healthcare/rural-health</a></p>

## Rhode Island

TOTAL REQUEST: **\$1B**

<b>Distinctive Elements</b>	<ul style="list-style-type: none"> <li>• 13 integrated initiatives built around Community Clinical Care Hubs and Rural Community Health Networks.</li> <li>• Targeted strategies for Block Island and the Narragansett Indian Tribe.</li> <li>• Statewide health data and workforce tracking system to support continuous, data-driven rural planning.</li> </ul>
<b>Goals &amp; Metrics</b>	<p>Goals include these and other targets:</p> <ul style="list-style-type: none"> <li>• Mixed-methods evaluation with initiative-specific outcomes and high-level objectives.</li> <li>• Metrics will track access, utilization, quality, workforce, payment reform, and technology adoption over the 5-year period.</li> </ul>
<b>Sub-Awarding</b>	<ul style="list-style-type: none"> <li>• EOHHS to serve as the cooperative agreement lead, working with RIDOH and other agencies through an Executive Committee, Interagency Leadership Team, and Project Management Team.</li> <li>• Core initiatives will be implemented via competitive procurements and subaward agreements.</li> <li>• Hubs, Networks, CLC/school-based partners, and other contractors will receive time-limited funds to stand up infrastructure, with contracts phased in over the 5-year period.</li> </ul>
<b>Sustainability Plan</b>	<ul style="list-style-type: none"> <li>• Long-term sustainability relies on aligning Hubs, Networks, and other initiatives with Medicaid ACOs, managed care, Medicare, and commercial payment.</li> <li>• Expanding value-based models; leveraging ongoing public health and workforce funding; and requiring each funded entity to submit a sustainability plan describing how activities and costs will be absorbed beyond the grant period.</li> </ul>
<b>Health Centers &amp; FQHCs</b>	<p><b>Plan Highlights:</b> FQHCs as core partners in the Hubs and Networks model, supporting mobile/telehealth services in schools and CLCs and participate in practice transformation and value-based payment efforts.</p> <p><b>Planned Investment:</b> Consolidated amount not specified.</p> <p><b>Partners Identified:</b> FQHCs; hospitals and health systems; behavioral health providers; community non-profit organizations; home care providers; academic medical institutions; school districts and CLC operators; and family support programs.</p>
<b>EMS</b>	<p><b>Plan Highlights:</b> A Rural EMS Health Access and Integration initiative will collaborate with community paramedics and Hubs to provide preventive and follow-up care, extend services to hard-to-reach residents, and integrate EMS into chronic disease management and care coordination.</p> <p><b>Planned Investment:</b> ≈\$47M</p> <p><b>Partners Identified:</b> Local EMS agencies and community paramedics; hospitals and Hubs; rural municipalities and emergency response partners.</p>

<p><b>BH/MH/SUD</b></p>	<p><b>Plan Highlights:</b> Two 24/7 walk-in crisis and stabilization centers, up to four recovery community centers, a SUD bridge clinic, and peer navigators in rural EDs. Behavioral health and SUD services with primary care and community supports.</p> <p><b>Planned Investment:</b> ≈\$55M</p> <p><b>Partners Identified:</b> State behavioral health authorities; CCBHCs; FQHCs; hospitals and EDs; recovery community organizations; peer navigators; and community-based organizations.</p>
<p><b>Workforce</b></p>	<p><b>Plan Highlights:</b> Family Medicine residency with a rural track, expanded financial incentives for rural practice, and strengthened partnerships with educational institutions to support practice at the top of license.</p> <p><b>Planned Investment:</b> ≈\$251M</p> <p><b>Partners Identified:</b> Department of Labor and Training; medical schools and academic medical centers; nursing and allied health training programs; FQHCs; hospitals; and rural clinical training sites.</p>
<p><b>Data Analytics &amp; Tech</b></p>	<p><b>Plan Highlights:</b> Launches a Rural HIT Modernization Program with a state-sponsored, interoperable EHR platform; rural HIT infrastructure grants for EHR upgrades, telehealth platforms, workflow tools, and responsible AI; and a statewide health data and workforce tracking system to support dashboards, planning, and evaluation.</p> <p><b>Planned Investment:</b> ≈\$140M</p> <p><b>Partners Identified:</b> Rhode Island Quality Institute (HIE operator); FQHCs; CCBHCs; RHCs; hospitals; small practices; and community-based organizations.</p>
<p><b>Other Key Investments</b></p>	<p><b>Plan Highlights:</b> Hospital-at-home capacity to deliver acute care in patients’ homes; teledentistry and a special dentistry clinic for rural oral health; targeted support for Block Island Health Services and modernization of care for the Narragansett Indian Tribe.</p> <p><b>Planned Investment:</b> Consolidated amount not specified.</p> <p><b>Partners Identified:</b> Block Island Health Services; Narragansett Indian Tribe; hospitals and health systems; dental providers; rural municipalities; schools and CLCs; community-based organizations; and state agencies overseeing aging, disability, and social services.</p>
<p><b>Public Documents</b></p>	<p><a href="https://eohhs.ri.gov/initiatives/rural-health-transformation-grant">https://eohhs.ri.gov/initiatives/rural-health-transformation-grant</a></p>

## South Dakota

TOTAL REQUEST: **\$1B**

<b>Distinctive Elements</b>	<ul style="list-style-type: none"> <li>• Four-goal framework: connect technology and data, advance the rural workforce, keep healthcare local and strong, and transform systems for sustainability.</li> <li>• Emphasizes statewide infrastructure (Rural Data Atlas, EMS hubs, CCBHCs) rather than isolated pilots.</li> <li>• Anchored in the Governor’s office with SD DOH lead, reflecting a cross-agency rural focus.</li> </ul>
<b>Goals &amp; Metrics</b>	<p>Goals include these and other targets:</p> <ul style="list-style-type: none"> <li>• Health IT &amp; Data Integration: 80% of funded Tier 1 facilities using certified EHRs by Year 3; 100% of EMS agencies connected to the state HIE within 12 months.</li> <li>• Quality &amp; Safety: Reduce chronic disease readmissions and improve Health Home quality metrics; cut HAIs by 15% and medication errors by 10% in funded Tier 2 facilities by Year 3.</li> <li>• Access &amp; Utilization: Increase Medicaid beneficiaries accessing primary care within 30 miles by 15% from baseline by 2023; increase child and adolescent preventive visits by 15%; achieve statistically significant reductions in unnecessary ED visits by Dec 2028, with continued year-over-year declines through 2030.</li> <li>• Workforce &amp; Behavioral Health: By 2030, recruit 500 professionals to rural communities and certify 300 CHWs/CHRs; by Dec 2027, meet 60% same-day behavioral health access standards and complete/document 75% 7-day follow-ups across certified CCBHCs.</li> </ul>
<b>Sub-Awarding</b>	<ul style="list-style-type: none"> <li>• Overall ownership sits with the SD DOH Office of Rural Health; SD DOH and SD DSS lead individual initiatives.</li> <li>• Consultants are engaged to administer and manage most initiatives and reporting, supporting state leaders.</li> <li>• Several initiatives use RFP or grant processes for providers (e.g., maternal hubs, Rural Health Forward, technology and equipment grants).</li> </ul>
<b>Sustainability Plan</b>	<ul style="list-style-type: none"> <li>• Alternative payment models (Medicaid Primary Accountable Care; behavioral health PPS options) create ongoing, value-based revenue streams.</li> <li>• Technology investments (Rural Data Atlas, HIE, shared EHR/IT systems) support continuous monitoring, quality improvement, and performance-based incentives.</li> <li>• Workforce initiatives (CHW/CHR reimbursement support, Rural Health Forward training hub) build durable pipelines and financial sustainability for rural providers.</li> </ul>
<b>Health Centers &amp; FQHCs</b>	<p><b>Plan Highlights:</b> Chronic disease and maternal health initiatives fund evidence-based programs, remote monitoring, and hub-and-spoke prenatal/postpartum models that serve rural hospitals, Rural Health Clinics (RHCs), FQHCs, and community providers.</p> <p><b>Planned Investment:</b> At least \$45M.</p> <p><b>Partners Identified:</b> Rural hospitals, RHCs, FQHCs, primary care clinics and practices, integrated health systems, Indian/Tribal Health Services, and community organizations involved in chronic disease and maternal health efforts.</p>

<p><b>EMS</b></p>	<p><b>Plan Highlights:</b> Enhancing Sustainable Emergency Medical Services establishes regional EMS hubs, expands workforce training, integrates telemedicine and real-time data, and improves operational efficiency so rural, Tribal, and frontier residents receive timely, high-quality emergency care closer to home.</p> <p><b>Planned Investment:</b> ≈\$56M</p> <p><b>Partners Identified:</b> EMS agencies and associations, city and county officials, law enforcement and first responders, healthcare providers and telemedicine partners, educators and technical colleges, and rural and frontier community leaders.</p>
<p><b>BH/MH/SUD</b></p>	<p><b>Plan Highlights:</b> Integrated Behavioral Health through CCBHC &amp; Collaborative Care scales the CCBHC model and expands Collaborative Care in primary care clinics, adding same-day access, 24/7 crisis response, mobile crisis teams and stabilization facilities, and shared EHR/IT and tele-behavioral health supports.</p> <p><b>Planned Investment:</b> Consolidated amount not specified.</p> <p><b>Partners Identified:</b> Behavioral health and primary care providers, crisis teams and stabilization facilities, and other rural and frontier behavioral health partners.</p>
<p><b>Workforce</b></p>	<p><b>Plan Highlights:</b> Workforce initiatives expand and stabilize rural clinicians and support staff through recruitment incentives, long-term service commitments, education-based supports, CHW/CHR expansion, and a Rural Health Forward Training and Resource Hub for continuing education and technical assistance.</p> <p><b>Planned Investment:</b> ≈\$66M</p> <p><b>Partners Identified:</b> Rural healthcare employers, CHW/CHR programs, and training and higher-education organizations supporting recruitment, retention, and skill-building.</p>
<p><b>Data Analytics &amp; Tech</b></p>	<p><b>Plan Highlights:</b> The Technology Innovation/Tech and Data Connection initiative funds certified EHR adoption, HIE integration, telehealth platforms, cybersecurity, infrastructure, and a statewide Rural Data Atlas so providers can analyze rural health trends, target resources, and track outcomes.</p> <p><b>Planned Investment:</b> Consolidated amount not specified.</p> <p><b>Partners Identified:</b> Hospitals and health systems, CAHs, ambulatory and urgent care clinics, FQHCs, RHCs, post-acute and long-term care facilities, community mental health providers, home health agencies, hospice organizations, and pharmacies.</p>
<p><b>Other Key Investments</b></p>	<p><b>Plan Highlights:</b> Other priorities include Rural Health Access and Quality Grants for facility optimization, Medicaid Primary Accountable Care Transformation to test value-based payment for rural practices, and Regional Maternal and Infant Health Hubs using hub-and-spoke care, doula support, and navigation to improve perinatal outcomes.</p> <p><b>Planned Investment:</b> ≈\$29M</p> <p><b>Partners Identified:</b> Rural hospitals and clinics, FQHCs, primary care practices, integrated health systems, Indian/Tribal Health Services, and community organizations engaged in facility optimization, primary care transformation, and maternal health hubs.</p>
<p><b>Public Documents</b></p>	<p><a href="https://doh.sd.gov/healthcare-professionals/rural-health/rural-health-transformation-project/">https://doh.sd.gov/healthcare-professionals/rural-health/rural-health-transformation-project/</a></p>

# Tennessee

TOTAL REQUEST: **TOTAL NOT SPECIFIED**

<p><b>Distinctive Elements</b></p>	<ul style="list-style-type: none"> <li>• 17-initiative plan builds on the Rural Health Care Task Force, TennCare Shared Savings, and the Rural Health Resiliency Program (HRP) to channel capital and program funds to rural hospitals and primary care.</li> <li>• Centralizes oversight through an RHTF Core Team, Governance Committee, and County Health Councils that co-design locally led initiatives across prevention, workforce, technology, and memory/aging supports.</li> </ul>
<p><b>Goals &amp; Metrics</b></p>	<p>Goals include these and other targets:</p> <ul style="list-style-type: none"> <li>• 10% increase in rural residents with an identified primary care provider</li> <li>• 10% increase in rural telehealth encounters.</li> <li>• Workforce metrics: 250 rural residencies, 1,000 students in early exposure, 80 apprenticeships, and 50 rural training or residency programs.</li> </ul>
<p><b>Sub-Awarding</b></p>	<ul style="list-style-type: none"> <li>• RHTF Core Team and Governance Committee oversee fund deployment, track milestones, and coordinate across agencies.</li> <li>• Many initiatives use statewide Requests for Grant Proposals (RFGPs) and competitive grants (e.g., Rural Health Innovation Catalyst, statewide e-Consult platform, workforce pilots).</li> <li>• Subrecipients such as hospitals, FQHCs, EMS, community partners, and academic institutions are scored on sustainability, measurable impact, and alignment with state priorities.</li> </ul>
<p><b>Sustainability Plan</b></p>	<ul style="list-style-type: none"> <li>• Multi-pronged strategy: capacity building and institutionalization, funding diversification, and policy/regulatory anchoring for long-term viability.</li> <li>• Embeds the RHTF Core Team, Governance Committee, HIE and referral infrastructure, and workforce pipelines into durable state and community systems.</li> <li>• Transitions key initiatives to TennCare/Medicare reimbursement, value-based payments, public-private partnerships, and earned-revenue or subscription models; subrecipients must submit sustainability strategies as a condition of funding.</li> </ul>
<p><b>Health Centers &amp; FQHCs</b></p>	<p><b>Plan Highlights:</b> Expands rural hospital and clinic capacity, including community health centers with extended hours, same-day appointments, telehealth expansion, mobile and in-home teams, and school health nurses. Rural Health Improvement Grants fund County Health Council-led CARE/HBE/PSE projects that can include FQHCs and community health centers.</p> <p><b>Planned Investment:</b> ≈\$150M</p> <p><b>Partners Identified:</b> Rural hospitals and health systems, FQHCs, community health centers, County Health Councils, regional healthcare coalitions, and community-based organizations.</p>

<p><b>EMS</b></p>	<p><b>Plan Highlights:</b> Initiative 2: Last Mile Rural Healthcare Teams expands EMS-linked mobile care, community paramedicine, and crisis/behavioral health capacity, including shared coverage models across counties.</p> <p><b>Planned Investment:</b> ≈\$144M</p> <p><b>Partners Identified:</b> EMS agencies, regional healthcare coalitions, rural hospitals, behavioral health providers, County Health Councils, TDH, and community-based partners involved in Last Mile and HRP models.</p>
<p><b>BH/MH/SUD</b></p>	<p><b>Plan Highlights:</b> Initiative 1 strengthens rural primary and behavioral health integration, expanding tele-behavioral health, collaborative care models, and linkages to the TN Community Compass referral system for social needs. HRP and maternal/child health components emphasize postpartum depression screening, treatment capacity, and overdose prevention among women of childbearing age.</p> <p><b>Planned Investment:</b> ≈\$95M</p> <p><b>Partners Identified:</b> Rural primary care and behavioral health providers, FQHCs, TDMHSAS, County Health Councils, maternal health providers, and community-based organizations connected via the closed-loop referral platform.</p>
<p><b>Workforce</b></p>	<p><b>Plan Highlights:</b> The Comprehensive Health Workforce Pipeline builds rural K–12 career pathways, early exposure, paid internships, apprenticeships, clinical training, and residencies/fellowships in priority fields (primary care, OB, dental, behavioral health). Pipeline strategies are linked to RHTF initiatives (e.g., HRP, Last Mile) to retain providers in rural communities.</p> <p><b>Planned Investment:</b> ≈\$52M</p> <p><b>Partners Identified:</b> TDH, TDMHSAS, universities and health profession schools, Academic Health Department partners, rural hospitals and clinics, and community organizations supporting pipeline activities.</p>
<p><b>Data Analytics &amp; Tech</b></p>	<p><b>Plan Highlights:</b> Health-Tech competitive grants to modernize rural digital infrastructure. Additional initiatives support statewide e-Consult for safety net providers, enhanced HIE connectivity, and CLRS/ TN Community Compass referral system expansion.</p> <p><b>Planned Investment:</b> Several investments detailed; aggregated amount not specified.</p> <p><b>Partners Identified:</b> Rural hospitals, clinics, and health systems; safety net providers (including FQHCs); TDH’s Office of Strategic Initiatives; technology vendors; HIE and referral platform operators; and other infrastructure partners.</p>
<p><b>Other Key Investments</b></p>	<p><b>Plan Highlights:</b> Innovative Care initiative (TennCare Shared Savings, Hospital Investment Program, Patient-Centered Dental Home) advances value-based care, dental access, and quality metrics statewide. Rural Health Improvement Grants expand prevention, nutrition security, and healthy built environments via County Health Councils. Additional initiatives address memory health/Alzheimer’s, aging, transportation, and rural innovation projects through the Rural Health Innovation Catalyst.</p> <p><b>Planned Investment:</b> ≈\$225M</p> <p><b>Partners Identified:</b> TennCare health plans and contracted providers, hospitals and dental providers, County Health Councils, aging and disability networks, Alzheimer’s and memory health partners, community-based organizations, and higher-education innovation centers engaged through the Rural Health Innovation Catalyst.</p>
<p><b>Public Documents</b></p>	<p><a href="https://www.tn.gov/health/rural.html">https://www.tn.gov/health/rural.html</a></p>

## Texas

TOTAL REQUEST: **\$1B**

<p><b>Distinctive Elements</b></p>	<ul style="list-style-type: none"> <li>• Six-initiative statewide strategy: Make Rural Texans Healthy Again, Rural Texas Patients in the Driver’s Seat, Lone Star Advanced AI and Telehealth, The Next Generation of the Small Town Doctor and Team, Unified Care Infrastructure and Rural Cyber Protection, Infrastructure and Capital Investments for Rural Texas.</li> <li>• Focus on chronic disease prevention, technology, workforce, and rural hospital sustainability.</li> <li>• Emphasis on local control, sustainability, and leveraging existing state investments.</li> <li>• Multi-agency collaboration: Texas HHSC, DSHS, local governments, advisory committees.</li> <li>• Strong stakeholder engagement: 550+ individuals, regional listening sessions, advisory councils.</li> </ul>
<p><b>Goals &amp; Metrics</b></p>	<p>Goals include these and other targets:</p> <ul style="list-style-type: none"> <li>• Reduction in diabetes-related ED visits (target: -2.5%).</li> <li>• Increase in rural dietitians (+20).</li> <li>• Decrease in obesity prevalence (-1%).</li> <li>• Increase in remote patient monitoring and digital literacy.</li> <li>• Improved ratios of CHWs, EMTs, and primary care physicians in rural counties.</li> <li>• Increased automated quality reporting and cybersecurity participation.</li> <li>• Improved financial stability (cash on hand, reinvestment rates).</li> <li>• Sustainability: Built-in sustainability via local tax revenue, reinvestment of cost savings, and contractual requirements for maintenance and replacement of equipment. Transition to value-based payment, workforce pipelines, and integration with state health IT and policy frameworks.</li> </ul>
<p><b>Sub-Awarding</b></p>	<ul style="list-style-type: none"> <li>• Competitive procurements (RFP, RFA, RFO) managed by HHSC.</li> <li>• Direct awards for some initiatives; others through competitive processes.</li> <li>• Multiple procurement methods and timelines tailored to initiative needs.</li> </ul>
<p><b>Sustainability Plan</b></p>	<ul style="list-style-type: none"> <li>• Built-in sustainability via local tax revenue, reinvestment of cost savings, and contractual requirements for maintenance and replacement of equipment.</li> <li>• Transition to value-based payment, workforce pipelines, and integration with state health IT and policy frameworks.</li> </ul>
<p><b>Health Centers &amp; FQHCs</b></p>	<p><b>Plan Highlights:</b> Grants to rural hospital districts for community-based prevention, wellness, and nutrition programs targeting diabetes, cardiovascular disease, chronic respiratory disease, and obesity. Flexibility for local solutions, including after-hours clinics, pop-up grocery markets, and remote monitoring.</p> <p><b>Planned Investment:</b> ≈\$218M</p> <p><b>Partners Identified:</b> Public hospitals, RHCs, FQHCs, local governments, and community-based organizations.</p>

<p><b>EMS</b></p>	<p><b>Plan Highlights:</b> Investment in EMS equipment, technology, and workforce. Support for alternative site-of-care models, improved coordination with primary care, and expanded telehealth for emergency and non-emergent care.</p> <p><b>Planned Investment:</b> Consolidated amount not specified.</p> <p><b>Partners Identified:</b> Local EMS agencies, DSHS, and regional hospital districts.</p>
<p><b>BH/MH/SUD</b></p>	<p><b>Plan Highlights:</b> Behavioral health integrated across initiatives—telehealth expansion, workforce development, and infrastructure upgrades. Direct investments in CCBHCs and community mental health centers.</p> <p><b>Planned Investment:</b> Consolidated amount not specified.</p> <p><b>Partners Identified:</b> CCBHCs, LMHAs, behavioral health providers, and DSHS.</p>
<p><b>Workforce</b></p>	<p><b>Plan Highlights:</b> Recruitment, training, and retention of rural health professionals. Scholarships, relocation bonuses, new residency programs, and career pathway development for high school students. Emphasis on community health workers, EMTs, and allied health.</p> <p><b>Planned Investment:</b> \$200M</p> <p><b>Partners Identified:</b> Rural hospitals, clinics, academic institutions, local governments, and economic development organizations.</p>
<p><b>Data Analytics &amp; Tech</b></p>	<p><b>Plan Highlights:</b> Statewide patient portal and HIE, remote patient monitoring, AI for administrative and clinical support, cybersecurity upgrades, and unified care infrastructure. Focus on interoperability, digital literacy, and consumer-facing technology.</p> <p><b>Planned Investment:</b> ≈\$250M</p> <p><b>Partners Identified:</b> CINs, ACOs, tech vendors, DIR, HHSC, and rural providers.</p>
<p><b>Other Key Investments</b></p>	<p><b>Plan Highlights:</b> Capital improvements for rural hospitals and clinics, equipment upgrades, minor renovations, and infrastructure modernization. Emphasis on sustainability through local reinvestment and cost savings.</p> <p><b>Planned Investment:</b> \$150M</p> <p><b>Partners Identified:</b> Rural hospitals, clinics, EMS, pharmacies, and public health offices.</p>
<p><b>Public Documents</b></p>	<p><a href="https://www.hhs.texas.gov/providers/medicaid-business-resources/medicaid-supplemental-payment-directed-payment-programs/rural-hospital-finance">https://www.hhs.texas.gov/providers/medicaid-business-resources/medicaid-supplemental-payment-directed-payment-programs/rural-hospital-finance</a></p>

# Utah

TOTAL REQUEST: ≈ \$969M

<b>Distinctive Elements</b>	<ul style="list-style-type: none"> <li>• Four-goal framework aligned with CMS RHT goals: make rural Utahns healthy, workforce, innovation and access, technology innovation.</li> <li>• Seven branded initiatives (PATH, RISE, SHIFT, FAST, LIFT, SUPPORT, LINCS) spanning prevention, workforce, access, finance, telehealth, and data.</li> <li>• Emphasis on sustainable, one-time, generational investments guided by Utah legislative principles.</li> </ul>
<b>Goals &amp; Metrics</b>	<ul style="list-style-type: none"> <li>• Shared metrics across initiatives tied to four outcomes: improved health, access, quality, workforce stability.</li> <li>• County- and community-level data used to assess rural outcomes and system performance.</li> <li>• Annual data collection, analysis, and reporting on progress toward RHT goals.</li> </ul>
<b>Sub-Awarding</b>	<ul style="list-style-type: none"> <li>• Application summary does not describe a formal sub-award or grantmaking structure for RHT funds.</li> <li>• No details provided on competitive procurements, RFPs, or specific entities administering sub-awards.</li> <li>• Only reference to awards is workforce “structured incentive awards for high-need professions.”</li> </ul>
<b>Sustainability Plan</b>	<ul style="list-style-type: none"> <li>• Guided by Utah’s fiscal principle to use one-time funds for one-time expenses.</li> <li>• Legislature directed that initiatives create sustainable positive financial outcomes without future state obligations.</li> <li>• Strategy seeks permanent, systemic, generational change, prioritizing one-time projects and self-sustaining models.</li> <li>• Focus on shifting payment models toward value and efficiency.</li> </ul>
<b>Health Centers &amp; FQHCs</b>	<p><b>Plan Highlights:</b> No dedicated health center/FQHC section; related investments appear in PATH (prevention, community care hubs, integrated primary/behavioral care), SHIFT (capital improvements, rural health clinic networks), and LIFT (telehealth projects including primary and preventive care).</p> <p><b>Planned Investment:</b> Not separately itemized for health centers/FQHCs; funding embedded within Making rural Utahns healthy (~\$155M), Innovation and access (~\$437M), and Technology innovation (~\$190M) pillars.</p> <p><b>Partners Identified:</b> Application summary does not name specific health centers or FQHC organizations; references rural hospitals, clinics, community care hubs, rural health clinic networks, and community-based organizations generally.</p>
<b>EMS</b>	<p><b>Plan Highlights:</b> Strengthens EMS by establishing community paramedicine programs providing non-emergency services in rural areas and developing models that expand mobile services and transportation for medical appointments, supporting prevention and management of chronic disease, cancer, behavioral health, and maternal and child health.</p> <p><b>Planned Investment:</b> EMS investments are included within the Innovation and access pillar (~\$437M across SHIFT, FAST, and LIFT); no separate EMS-specific dollar amount is provided.</p> <p><b>Partners Identified:</b> No specific EMS agencies identified; application refers broadly to rural providers, rural health provider networks, and community stakeholders.</p>

<p><b>BH/MH/SUD</b></p>	<p><b>Plan Highlights:</b> PATH advances maternal and behavioral health and supports integrated behavioral health and primary care using a stepped-care approach; SHIFT and LIFT include models that support prevention and management of behavioral health conditions and substance use disorders via mobile services and telehealth.</p> <p><b>Planned Investment:</b> BH/MH/SUD spending is not broken out as a separate budget line; investments are interwoven across PATH, SHIFT, and LIFT.</p> <p><b>Partners Identified:</b> Application summary does not name specific behavioral health or SUD providers; references public health, behavioral health entities, and community-based organizations generally.</p>
<p><b>Workforce</b></p>	<p><b>Plan Highlights:</b> RISE builds a sustainable rural workforce through rural GME training, expanded rural clinical preceptor capacity, “grow our own” high school-to-certification pathways, public-private training partnerships, and structured incentive awards for high-need professions.</p> <p><b>Planned Investment:</b> ~\$187M dedicated to Workforce development through the RISE initiative (~\$187M   1 initiative).</p> <p><b>Partners Identified:</b> Specific workforce partners are not listed; application references rural healthcare facilities, education partners, and public-private training collaborations.</p>
<p><b>Data Analytics &amp; Tech</b></p>	<p><b>Plan Highlights:</b> SUPPORT funds EHR upgrades, cybersecurity defenses, shared cybersecurity expertise and training, and clinical and consumer-facing technology and AI solutions; LINCS modernizes interoperability, expands patient access to information, and creates a statewide cloud-based data platform harmonizing EHR, claims, and public health data.</p> <p><b>Planned Investment:</b> ~\$190M allocated to Technology innovation (~\$190 million   2 initiatives) for SUPPORT and LINCS, with additional telehealth-related technology in other pillars.</p> <p><b>Partners Identified:</b> Application summary does not identify specific technology vendors or data partners; references clinics, hospitals, public health and behavioral health entities, and community-based organizations.</p>
<p><b>Other Key Investments</b></p>	<p><b>Plan Highlights:</b> Implements and commits to state policy actions on school fitness, SNAP waivers, certificate of need, licensure compacts, scope of practice, short-term limited-duration insurance, and remote care services; explores mobile pharmacy kiosks and faster provider credentialing to support rural access.</p> <p><b>Planned Investment:</b> Policy and regulatory actions, capital and infrastructure investments, and collaboration efforts are integrated across initiatives; no separate dollar amount is specified for these categories.</p> <p><b>Partners Identified:</b> Emphasizes collaboration among state, local, tribal, and community stakeholders; specific partner organizations for policy and collaboration efforts are not named in the summary.</p>
<p><b>Public Documents</b></p>	<p><a href="https://dhhs.utah.gov/ruralhealth/">https://dhhs.utah.gov/ruralhealth/</a></p>

## Virginia

TOTAL REQUEST: **\$1B**

<p><b>Distinctive Elements</b></p>	<ul style="list-style-type: none"> <li>• Virginia published a summary, not its entire application.</li> <li>• Brand-named “VA Rural Vitality” organized around four initiatives—CareIQ, Homegrown Health Heroes, Connected Care, Closer to Home, and Live Well, Together.</li> <li>• Built on 12 rural listening sessions, input from 200+ organizations, and recent measurable results in behavioral health and maternal outcomes, with a strong AI- and tech-driven transformation focus.</li> </ul>
<p><b>Goals &amp; Metrics</b></p>	<ul style="list-style-type: none"> <li>• Independent evaluation by the Virginia Center for Health Innovation to measure progress toward statewide goals.</li> <li>• Remote Patient Monitoring Fund uses continuous monitoring technologies to track patient outcomes in facilities and at home.</li> <li>• Focus on prevention, chronic disease, and healthy lifestyle change as key outcome domains.</li> </ul>
<p><b>Sub-Awarding</b></p>	<ul style="list-style-type: none"> <li>• DMAS oversees RHT; a 13-member program office manages implementation, engagement, grants, and data.</li> <li>• Designated statewide partners administer initiatives and distribute funds across major investment areas.</li> <li>• These intermediaries make grants to rural providers, hospitals, FQHCs, free clinics, Tribes, and community groups.</li> </ul>
<p><b>Sustainability Plan</b></p>	<ul style="list-style-type: none"> <li>• Vision of a more resilient, self-sustaining rural health system.</li> <li>• Invests in homegrown workforce pipelines via residencies, allied health degrees, apprenticeships, and high school health academies.</li> <li>• Modernizes technology and data infrastructure to support preventive, coordinated care.</li> <li>• Builds community-based models such as mobile care, community paramedicine, and food-as-medicine.</li> </ul>
<p><b>Health Centers &amp; FQHCs</b></p>	<p><b>Plan Highlights:</b> FQHCs participate in locally driven rural care transformation, including expanded access to primary, preventive, and specialty care through mobile and hybrid models and digital tools that support prevention and community-based services.</p> <p><b>Planned Investment:</b> Not specified; FQHCs are eligible across multiple initiatives without a dedicated dollar amount in this overview.</p> <p><b>Partners Identified:</b> Federally qualified health centers are listed among key partners alongside rural providers, hospitals, free clinics, Tribes, digital health innovators, and community-based organizations.</p>
<p><b>EMS</b></p>	<p><b>Plan Highlights:</b> Community Paramedicine funds EMS-led treat-in-place care, preventive visits, and telehealth consultations; mobile and hybrid care expands primary and preventive services via mobile units and telehealth in rural communities.</p> <p><b>Planned Investment:</b> Included within the \$412.0 million Connected Care, Closer to Home initiative; specific EMS allocation is not broken out.</p> <p><b>Partners Identified:</b> EMS organizations are not named individually; community paramedicine and EMS-led services are implemented through rural providers and local health systems.</p>

<p><b>BH/MH/SUD</b></p>	<p><b>Plan Highlights:</b> Builds on transformation of the behavioral health system and large reductions in fentanyl-related and maternal deaths. Innovative Maternal Care expands prenatal and postpartum services, with a focus on mothers with substance use disorders and preventing rural labor and delivery unit closures.</p> <p><b>Planned Investment:</b> Behavioral health and SUD work is embedded across initiatives (e.g., Innovative Maternal Care) rather than assigned a stand-alone RHTP dollar amount in this overview.</p> <p><b>Partners Identified:</b> Specific behavioral health providers are not listed; however, BH/MH/SUD initiatives engage rural providers, hospitals, and community-based organizations that participate in maternal and prevention programs.</p>
<p><b>Workforce</b></p>	<p><b>Plan Highlights:</b> Homegrown Health Heroes invests in a rural workforce pipeline by expanding rural residency slots, funding allied health degree programs, creating paid Earn to Learn apprenticeships, and building high school health academies.</p> <p><b>Planned Investment:</b> \$132.0 million for the Homegrown Health Heroes initiative.</p> <p><b>Partners Identified:</b> Virginia Hospital Research and Education Foundation (attract and retain physicians), Virginia Foundation for Community College Education (allied health degrees), Virginia Works and Virginia Department of Education (build career pipelines).</p>
<p><b>Data Analytics &amp; Tech</b></p>	<p><b>Plan Highlights:</b> CareIQ supports tech innovation, AI-driven decision-support tools, EHR modernization, cybersecurity, data exchange, and remote patient monitoring to modernize rural care and enable continuous tracking of patient outcomes.</p> <p><b>Planned Investment:</b> \$282.6 million for the CareIQ initiative.</p> <p><b>Partners Identified:</b> Virginia Innovation Partnership Corporation (Tech Innovation Fund), Virginia Health Care Foundation (provider productivity and interoperability), and Virginia Hospital Research and Education Foundation (remote patient monitoring) administer key components with digital health innovators.</p>
<p><b>Other Key Investments</b></p>	<p><b>Plan Highlights:</b> Connected Care, Closer to Home expands mobile and hybrid care, community paramedicine, and innovative maternal care; Live Well, Together supports food-as-medicine programs, consumer digital tools, active community spaces, and integrated care options for dual-eligible seniors.</p> <p><b>Planned Investment:</b> \$412.0 million for Connected Care, Closer to Home; \$124.2 million for Live Well, Together; \$49.2 million for program operations and oversight.</p> <p><b>Partners Identified:</b> Rural providers, hospitals and health systems, FQHCs, free clinics, federally recognized Tribes, digital health innovators, community-based organizations, and other rural health partners are identified as key collaborators.</p>
<p><b>Public Documents</b></p>	<p><a href="https://www.vdh.virginia.gov/health-equity/state-office-of-rural-health/">https://www.vdh.virginia.gov/health-equity/state-office-of-rural-health/</a></p>

## Washington

TOTAL REQUEST: **\$1B**

<b>Distinctive Elements</b>	<ul style="list-style-type: none"> <li>Six-initiative plan: Tribal set-aside; co-designed rural hospital payment model; statewide tech funds (AI, cyber, RPM); Rural Collaborative network; community hubs and WA 211; Project ECHO expansion.</li> </ul>
<b>Goals &amp; Metrics</b>	<ul style="list-style-type: none"> <li>50% hospitals in payment-model co-design.</li> <li>25% hospitals in VBP.</li> <li>No new rural OB closures.</li> <li>+5%/yr mobile health.</li> <li>4 new residencies by 2030.</li> <li>≥2 clinics transition to CCBHC.</li> </ul>
<b>Sub-Awarding</b>	<ul style="list-style-type: none"> <li>Lead: Health Care Authority. Rapid contracts with TRC, RHRC, WSHA, UW/WWAMI, WSU.</li> <li>Competitive RFPs for provider tech funds, EMS IFT, OB/essential services, workforce, BH grants.</li> <li>GIHAC allocates Tribal set-aside via Sovereign Nation Agreements.</li> </ul>
<b>Sustainability Plan</b>	<ul style="list-style-type: none"> <li>Shift to VBP for rural hospitals.</li> <li>Seed funding that converts to payer reimbursement (e.g., CHW, mobile).</li> <li>Tech-driven efficiency and revenue-cycle gains.</li> <li>Grow-your-own pipelines and incentives for governance, monitoring, and legislative alignment.</li> </ul>
<b>Health Centers &amp; FQHCs</b>	<p><b>Plan Highlights:</b> Mobile care, hubs, CHWs/digital navigation, prevention and chronic care in community settings.</p> <p><b>Planned Investment:</b> ~\$25–26M/yr (Initiative 2) plus \$15–18M/yr tech fund (4.2).</p> <p><b>Partners Identified:</b> FQHCs, RHCs, AAAs, WA 211, community orgs.</p>
<b>EMS</b>	<p><b>Plan Highlights:</b> Modernize inter-facility transport; statewide contracts; leverage WMCC/WA Health/WATrac; EMS supports opioid response.</p> <p><b>Planned Investment:</b> \$2.8M/yr (2.3) plus crisis supports in 6.1.</p> <p><b>Partners Identified:</b> EMS agencies; trauma facilities; DOH/HCA; WMCC.</p>
<b>BH/MH/SUD</b>	<p><b>Plan Highlights:</b> Mobile crisis expansion; CCBHC transitions; school-based BH; OTP workforce incentives.</p> <p><b>Planned Investment:</b> \$24M/yr across 6.1–6.4.</p> <p><b>Partners Identified:</b> BH agencies/CMHCs, schools/ESDs, Tribes, EMS, OTPs.</p>

<p><b>Workforce</b></p>	<p><b>Plan Highlights:</b> WWAMI rural residencies; WSU rural programs; Rural Nursing Education Program; grow-your-own and incentives.  <b>Planned Investment:</b> \$33–35M/yr (Initiative 5).  <b>Partners Identified:</b> UW WWAMI, WSU, RNEP, SEIU 775 Benefits Group, rural providers.</p>
<p><b>Data Analytics &amp; Tech</b></p>	<p><b>Plan Highlights:</b> Provider tech funds for AI/analytics/telehealth/RPM; hospital infrastructure fund (AI, cyber, revenue cycle); Project ECHO.  <b>Planned Investment:</b> \$19–22M/yr (Initiative 4) + \$32–42M/yr (1.3).  <b>Partners Identified:</b> WSHA (admin infra fund), UW Project ECHO, TRC, vendors.</p>
<p><b>Other Key Investments</b></p>	<p><b>Plan Highlights:</b> Dedicated Tribal investments (workforce, care coordination agreements, HIE).  <b>Planned Investment:</b> \$20M/yr (Initiative 3).  <b>Partners Identified:</b> Tribal Nations, GIHAC, AIHC, NPAIHB, IHCPs.</p>
<p><b>Public Documents</b></p>	<p><a href="https://www.hca.wa.gov/about-hca/programs-and-initiatives/value-based-purchasing/rural-health-transformation-program">https://www.hca.wa.gov/about-hca/programs-and-initiatives/value-based-purchasing/rural-health-transformation-program</a></p>

## West Virginia

TOTAL REQUEST: **TOTAL AMOUNT NOT SPECIFIED**

<b>Distinctive Elements</b>	<ul style="list-style-type: none"> <li>• West Virginia published a summary, not its entire application.</li> <li>• West Virginia published a summary, not its full application.</li> <li>• Heavily rural population; severe health deficiencies.</li> <li>• Positioned as national laboratory for rural health.</li> </ul>
<b>Goals &amp; Metrics</b>	<ul style="list-style-type: none"> <li>• Reduce chronic disease prevalence.</li> <li>• Improve life expectancy.</li> <li>• Increase workforce participation.</li> <li>• Track prevention and wellness via computerized systems.</li> </ul>
<b>Sub-Awarding</b>	<ul style="list-style-type: none"> <li>• Funds distributed to local providers, schools, libraries.</li> <li>• Partnerships with faith-based and community organizations.</li> <li>• Collaboration with private partners for tech development.</li> </ul>
<b>Sustainability Plan</b>	<ul style="list-style-type: none"> <li>• Transition to value-based care model.</li> <li>• Workforce pipeline for long-term provider supply.</li> <li>• Economic growth through HealthTech Appalachia.</li> <li>• Incentives for healthy lifestyles and employer wellness.</li> </ul>
<b>Health Centers &amp; FQHCs</b>	<p><b>Plan Highlights:</b> Expand community clinics in schools/libraries.</p> <p><b>Planned Investment:</b> Not specified.</p> <p><b>Partners Identified:</b> Local healthcare providers.</p>
<b>EMS</b>	<p><b>Plan Highlights:</b> Train EMTs for expanded local care.</p> <p><b>Planned Investment:</b> Not specified.</p> <p><b>Partners Identified:</b> EMS agencies.</p>
<b>BH/MH/SUD</b>	<p><b>Plan Highlights:</b> Embed wellness in addiction treatment.</p> <p><b>Planned Investment:</b> Not specified.</p> <p><b>Partners Identified:</b> Behavioral health programs.</p>
<b>Workforce</b>	<p><b>Plan Highlights:</b> Mountain State Care Force; Health to Prosperity Pipeline.</p> <p><b>Planned Investment:</b> Not specified.</p> <p><b>Partners Identified:</b> Schools, colleges, employers.</p>
<b>Data Analytics &amp; Tech</b>	<p><b>Plan Highlights:</b> Computerized tracking systems; HealthTech Appalachia.</p> <p><b>Planned Investment:</b> Not specified.</p> <p><b>Partners Identified:</b> Private tech partners.</p>
<b>Other Key Investments</b>	<p><b>Plan Highlights:</b> Personal Health Accelerator; SNAP healthy food incentives.</p> <p><b>Planned Investment:</b> Not specified.</p> <p><b>Partners Identified:</b> Community organizations.</p>
<b>Public Documents</b>	<p><a href="https://governor.wv.gov/article/governor-morrisey-announces-transformational-opportunity-improve-rural-healthcare-outcomes">https://governor.wv.gov/article/governor-morrisey-announces-transformational-opportunity-improve-rural-healthcare-outcomes</a></p>

## Wisconsin

TOTAL REQUEST: **\$1B**

<b>Distinctive Elements</b>	<ul style="list-style-type: none"> <li>• Three-initiative framework: Rural Talent Recruitment &amp; Retention, Interoperability Infrastructure &amp; Modernization, and Population Health Infrastructure.</li> <li>• Focus on workforce expansion, digital modernization, regional care coordination, behavioral health access, and Medicaid reform.</li> </ul>
<b>Goals &amp; Metrics</b>	<ul style="list-style-type: none"> <li>• Decrease avoidable hospitalizations and improve chronic disease management.</li> <li>• Increase depression and diabetes screening rates.</li> <li>• Expand mobile clinics, co-located care sites, and telehealth/remote monitoring.</li> <li>• Use shared data dashboards and academic evaluations to track outcomes.</li> </ul>
<b>Sub-Awarding</b>	<ul style="list-style-type: none"> <li>• DWD administers competitive rural workforce grants to regions and communities.</li> <li>• DHS Office of Grants Management leads implementation, advising on funding allocations and milestones.</li> <li>• Universities and technical colleges solicit applications for training investments across rural campuses.</li> <li>• Care coordination grants competitively fund regional partnerships and innovative models.</li> </ul>
<b>Sustainability Plan</b>	<ul style="list-style-type: none"> <li>• RHTP project design emphasizes one-time, transformational investments that last beyond five years.</li> <li>• Grantees with ongoing expenditures must document sustainability plans, including payer coverage for services.</li> <li>• Wisconsin Medicaid will add CHW services as a reimbursable benefit via SPA.</li> <li>• Agreements with facilities and vendors must plan for ongoing maintenance and service costs.</li> </ul>
<b>Health Centers &amp; FQHCs</b>	<p><b>Plan Highlights:</b> RHT includes FQHCs and community health centers among eligible rural facilities and uses care coordination, technology, and workforce projects to strengthen their role in chronic disease management and access to primary and behavioral health care.</p> <p><b>Planned Investment:</b> No dedicated FQHC-only allocation; FQHCs are eligible across broader workforce, technology, and care coordination investments within the \$1 billion RHT portfolio.</p> <p><b>Partners Identified:</b> FQHCs and community health centers statewide, rural health clinics, Tribal clinics, local and Tribal health departments and county human services agencies participating in regional partnerships.</p>
<b>EMS</b>	<p><b>Plan Highlights:</b> RHT identifies EMS agencies as key rural providers and supports EMS and community paramedic programs through coordinated care grants and innovative partnerships to improve emergency and behavioral health response.</p> <p><b>Planned Investment:</b> No EMS-specific allocation; EMS agencies may receive funding through workforce, care coordination, and technology grants.</p> <p><b>Partners Identified:</b> Emergency medical service agencies and community paramedic programs as part of regional coalitions; no individual EMS organizations are specifically named.</p>

<p><b>BH/MH/SUD</b></p>	<p><b>Plan Highlights:</b> RHT prioritizes behavioral health via care coordination grants, a behavioral health innovations project, teleconsultation lines, co-responder and community paramedic models, and Medicaid and behavioral health reforms for Tribal Nations.</p> <p><b>Planned Investment:</b> Behavioral Health Innovations project: \$5 million; additional behavioral health activities embedded in care coordination, workforce, and technology initiatives without separate dollar amounts.</p> <p><b>Partners Identified:</b> Behavioral health clinics, county human services agencies, Tribal Nations, community health centers, community health workers, peer specialists, and other workforce extenders; specific behavioral health organizations are not listed by name.</p>
<p><b>Workforce</b></p>	<p><b>Plan Highlights:</b> Comprehensive rural workforce strategy using competitive grants, CHW integration, and education pipelines from middle school through graduate training to recruit, train, and retain providers, address housing and childcare barriers, and expand rural clinical training sites and residencies.</p> <p><b>Planned Investment:</b> \$337 million across rural workforce grants, CHW integration, and workforce readiness projects.</p> <p><b>Partners Identified:</b> Wisconsin Department of Workforce Development, Area Health Education Centers, Department of Public Instruction, University of Wisconsin System, Wisconsin Technical College System, Marquette University School of Dentistry, Medical College of Wisconsin, Wisconsin Association of Community Health Workers, and other rural employers and educators.</p>
<p><b>Data Analytics &amp; Tech</b></p>	<p><b>Plan Highlights:</b> Invests in facility technology transformation, a rural health care collaborative, remote patient monitoring, telehealth, smart devices, AI-supported care, shared data dashboards, HIE/CIE infrastructure, and upgraded state navigation tools to enable interoperable, data-driven, technology-enabled rural care.</p> <p><b>Planned Investment:</b> \$329 million for facility technology transformation and public navigation transformation, with additional data and technology components embedded in other initiatives.</p> <p><b>Partners Identified:</b> Rural hospitals and clinics, pharmacies, health and community information exchanges, the rural health care collaborative, academic institutions conducting evaluations, and state agencies upgrading digital customer service; specific vendors are not yet identified.</p>
<p><b>Other Key Investments</b></p>	<p><b>Plan Highlights:</b> Population health infrastructure through care coordination grants, Medicaid reforms and other strategic investments, behavioral health innovations, Tribal Nation investments, dual eligible and FIDE SNP expansion, rural health clinic payment reforms, and a public intervenor office to support rural patients and providers.</p> <p><b>Planned Investment:</b> \$230 million for care coordination grants, \$5 million for Behavioral Health Innovations, and \$44 million for Medicaid reforms and other strategic investments including Tribal Nation and intervenor services.</p> <p><b>Partners Identified:</b> Tribal Nations, rural hospitals and health systems, Medicaid, county human services departments, community-based organizations, and other regional coalitions that will design and govern care coordination and reform projects; specific organizations generally not named.</p>
<p><b>Public Documents</b></p>	<p><a href="https://www.dhs.wisconsin.gov/business/rhtp.htm">https://www.dhs.wisconsin.gov/business/rhtp.htm</a></p>

## Wyoming

TOTAL REQUEST: **\$1B**

<b>Distinctive Elements</b>	<ul style="list-style-type: none"> <li>• Right-sizing framework aligning small hospitals, EMS, and regional systems.</li> <li>• BearCare Plan offering state-backed major medical coverage.</li> <li>• CAHB Incentive rewarding essential emergency and maternity capacity.</li> </ul>
<b>Goals &amp; Metrics</b>	<ul style="list-style-type: none"> <li>• Maternity access improvements.</li> <li>• Rural provider production targets.</li> <li>• Nursing wage stabilization.</li> <li>• Diabetes prevalence reduction.</li> <li>• Suicide rate reduction.</li> <li>• Technology efficiency and shared savings performance.</li> </ul>
<b>Sub-Awarding</b>	<ul style="list-style-type: none"> <li>• Administration through RFPs and competitive grants.</li> </ul>
<b>Sustainability Plan</b>	<ul style="list-style-type: none"> <li>• Long-term solvency through regional partnerships and workforce pipelines.</li> <li>• Perpetual fund reinvesting program income to sustain initiatives.</li> <li>• Continuation of workforce pipelines, maintenance of health system capacity, and Department of Health oversight.</li> </ul>
<b>Health Centers &amp; FQHCs</b>	<p><b>Plan Highlights:</b> Expansion of FQHCs through co-location in hospitals and clinics to integrate primary, behavioral, and preventive care. Use of FQHC federal protections (FTCA coverage) to reduce obstetric malpractice costs.</p> <p><b>Planned Investment:</b> \$31,584,525.</p> <p><b>Partners Identified:</b> Existing FQHCs, primary care providers statewide.</p>
<b>EMS</b>	<p><b>Plan Highlights:</b> Regionalize EMS services, stabilize funding and readiness, reduce response times, and integrate hospital and EMS capacity through the CAHB incentive.</p> <p><b>Planned Investment:</b> \$96,000,000.</p> <p><b>Partners Identified:</b> Local ambulance districts, fire departments, Critical Access Hospitals, Wyoming Department of Health (WDH).</p>
<b>BH/MH/SUD</b>	<p><b>Plan Highlights:</b> Integrate behavioral health into primary care, expand tele-psychiatry and crisis stabilization, and reduce suicide rates through coordinated rural behavioral health services.</p> <p><b>Planned Investment:</b> \$20,500,000.</p> <p><b>Partners Identified:</b> Behavioral health providers, telehealth vendors, WDH Behavioral Health Division.</p>
<b>Workforce</b>	<p><b>Plan Highlights:</b> Rural service-linked education awards, expanded rural training programs, start-up workforce grants, and updated scope-of-practice and licensure compacts to support rural clinicians.</p> <p><b>Planned Investment:</b> \$50,274,504.</p> <p><b>Partners Identified:</b> University of Wyoming, community colleges, professional boards, WDH Office of Rural Health.</p>

<p><b>Data Analytics &amp; Tech</b></p>	<p><b>Plan Highlights:</b> Technology adoption incentives, statewide tele-specialist access, coordinated non-emergency transportation, and centralized billing and data systems for rural providers.</p> <p><b>Planned Investment:</b> \$20,500,000.</p> <p><b>Partners Identified:</b> Health IT vendors, hospitals, WDH Medicaid division, local transportation agencies.</p>
<p><b>Other Key Investments</b></p>	<p><b>Plan Highlights:</b> Statewide wellness efforts on nutrition, exercise, and chronic disease prevention, paired with care coordination pilots and evaluations to improve outcomes for high-risk patients.</p> <p><b>Planned Investment:</b> \$31,584,525.</p> <p><b>Partners Identified:</b> Department of Family Services, Wyoming Department of Education, schools, local health departments.</p>
<p><b>Public Documents</b></p>	<p><a href="https://health.wyo.gov/admin/rural-health-transformation-program/">https://health.wyo.gov/admin/rural-health-transformation-program/</a></p>