

Rural Health Transformation Program

Rural Health Transformation Program State Application Summary

*State-level Initiatives
& Proposed Activities*



December 2025

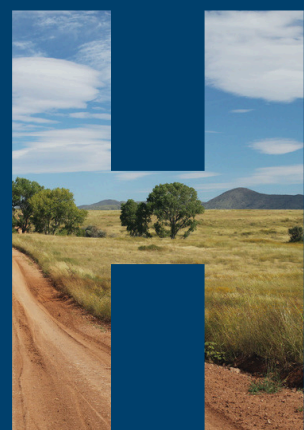


Table of Contents

Executive Summary.....	3
Alabama.....	4
Alaska.....	6
Arizona.....	8
Arkansas.....	9
California.....	11
Colorado.....	12
Connecticut.....	14
Delaware.....	16
Florida.....	18
Georgia.....	20
Hawaii.....	22
Idaho.....	24
Illinois.....	26
Indiana.....	28
Iowa.....	30
Kansas.....	31
Kentucky.....	33
Louisiana.....	34
Maine.....	36
Maryland.....	38
Massachusetts.....	39
Michigan.....	41
Minnesota.....	42
Mississippi.....	44
Missouri.....	45
Montana.....	46
Nebraska.....	47
Nevada.....	48
New Hampshire.....	49
New Jersey.....	51
New Mexico.....	52
New York.....	54
North Carolina.....	55
North Dakota.....	56
Ohio.....	57
Oklahoma.....	59
Oregon.....	60
Pennsylvania.....	62
Rhode Island.....	64
South Carolina.....	66
South Dakota.....	67
Tennessee.....	69
Texas.....	71
Utah.....	72
Vermont.....	74
Virginia.....	75
Washington.....	76
West Virginia.....	78
Wisconsin.....	80
Wyoming.....	81
Index.....	82



Executive Summary

The Rural Health Transformation Program (RHTP), created under the *One Big Beautiful Bill Act* (Public Law No. 119-21), is a major new federal initiative to strengthen rural healthcare delivery and stabilize essential services. NRHA developed this document to provide a picture of how states are designing and initially budgeting their transformation strategies.

All information summarized in this document is drawn from state applications and other publicly available sources. In some cases, it reflects NRHA's best interpretation of partial or variable information provided by states. As of December 29th, 2025, CMS has announced the RHTP FY2026 funding-level awards for each state. State activities summarized in this brief do not reflect CMS funding decisions and therefore may change. Find CMS' state application abstracts [here](#) and state spotlights [here](#).

Early trends show strong focus on **health workforce stabilization, prevention and CDM, and VBP and innovative care models**. Many states focus on strengthening rural systems for **resilience through hospital sustainability, EMS modernization, mobile and community-based service delivery**, and **models with regional support and local delivery**. **Technology modernization** through consumer-facing tools, telehealth, interoperability, and cybersecurity are common across states. Almost every state includes **behavioral health access and SUD treatment** as a priority. Across states, RHTP proposals emphasize **strengthening the rural care infrastructure, building local partnerships**, and **addressing long-standing gaps in access**.

NRHA anticipates updating this document as additional applications and award decisions are released.

About NRHA

The National Rural Health Association (NRHA) is a non-profit membership organization with more than 21,000 members nationwide. Our membership includes nearly every component of rural America's healthcare, including rural community hospitals, critical access hospitals, LTC providers, doctors, nurses, and patients. We work to improve rural America's health needs through leadership in advocacy, communications, education, and research.

www.ruralhealth.us



Alabama



Alabama State RHTP Webpage

FY 26 Award Amount: \$203,404,327

Initiatives	Specific Activities	Amount Requested
Collaborative EHR, IT, and Cybersecurity Initiative	- Establishment of regional IT provider-based hubs to assist/advise rural providers in upgrading IT and cybersecurity platforms; provide monitoring and response to incidents; provide infrastructure and regulatory compliance; assessments; provide incident response and recovery support; provide infrastructure and advise on EHR upgrades/conversions. - Procurement and deployment of updated IT and cybersecurity platforms. - Procurement and deployment of new/upgraded/updated EHR platforms.	\$125,000,000 over the five-year grant period
Rural Health Initiative	- Creation of regional hubs to serve as primary support centers to local rural providers by providing telehealth and tele-consult services for specialties not currently offered at rural locations. - Funding healthcare facilities to integrate with a regional hub to receive and offer telehealth/tele-consult services to patients. - Funding for local hospitals to serve as secondary support center for primary care services to local clinics if required and for local clinics to integrate with local hospitals to receive the services. - Funding equipment upgrades and minor building renovations or alterations to prepare rural healthcare facilities to provide the care contemplated by this section and ensure that long term costs are commensurate with patient volume. - Creation or expansion of non-emergency transportation systems/entities. - Creation of "Rural Health Network" pilot program utilizing a shared services model, including combined billing, linen, shredding, medical waste, laboratory, management etc.	\$275,000,000 over the five-year grant period
Maternal and Fetal Health Initiative – Obstetric Digital Regionalization Initiative	- Establish regional referral hubs focused on maternal and fetal health. - Provide funding for healthcare facilities, including but not limited to, rural hospitals, critical access hospitals, REHs, rural health clinics, FQHCs, to connect with regional referral hubs. - Acquire and install telerobotic ultrasound devices at regional hubs and, through the regional hubs, to smaller rural hubs throughout the state to allow for optimization of maternal and fetal health services delivery. - Deploy emergency L&D carts to rural healthcare facilities without L&D units.	\$24,000,000 over the five-year grant period
Simulation Training Initiative	- Expand or replicate simulation-based training programs to increase the amount of simulation training offered each year. - Create new or expand other existing simulation-based training programs.	\$15,500,000 over the five-year grant period
Mental Health Initiative	- Support planning, development, and implementation of school-based tele-mental health programs in rural areas. - Support planning, development, and implementation for CMHCs to convert to CCBHCs.	\$45,750,000 over the five-year grant period
EMS Treat-in-Place Initiative	- Establish a pilot program to institute "treat-in-place" for EMS providers. - Fund protocol development, telehealth consulting equipment, software, cellular connectivity, training, and other implementation needs as identified.	\$25,000,000 over the five-year grant period



Initiatives	Specific Activities	Amount Requested
Rural Workforce Initiative	• Provide funding to the Alabama School of Healthcare Sciences (ASHS) for curriculum development and training equipment procurement. • Provide funding to develop and implement remote training opportunities for EMTs and paramedics prioritizing online and virtual technologies. • Develop a centrally-managed healthcare workforce pipeline partnership program between K-12 education, community colleges, institutions of higher education, the Alabama Department of Workforce, and rurally-located healthcare providers to develop and expand accelerated healthcare professional training programs designed to shorten completion times and integrate in-facility experience toward credentialing requirements. • Establish new or expand existing GME programs in rural areas. • Provide funding to create new or expand existing training programs for CNM. • Provide incentives for healthcare practitioners, dentists, and dental hygienists to relocate to rural areas. • Provide free or reduced-cost education and training for people who commit to five years of practice in rural.	\$309,750,000 over the five-year grant period
Cancer Digital Regionalization Initiative - Prevention, Screening and Treatment	• Expand capabilities of a proven, effective cancer detection system. • Establish regional referral hubs to provide cancer detection services to local rural healthcare facilities and help facilitate connection with these hubs. • Provide funding for mobile screening units to be offered in conjunction and consultation with local providers to allow for screening to be offered locally. • Use community partnerships to establish community activation teams to provide social mobilization and education.	\$25,000,000 over the five-year grant period
Statewide EMS Trauma and Stroke Initiative	• Expand EMS diversion system availability statewide to all EMS and hospitals. Priority consideration will be given to applicants that already operate systems servicing multiple EMS partners and hospitals throughout the state, instead of merely at a regional level. • Treat-in-Place model will integrate telehealth consults and diversion routing to reduce avoidable transports.	\$20,000,000 over the five-year grant period
Community Medicine Initiative	• Procurement of equipment to allow for mobile wellness screening. • Procurement of equipment to allow for the provision of mobile grocery units, food pantries, and food banks. • Provide new or expand existing locations for provision of mobile screening and mobile grocery services. • Priority consideration will be given to applicants already offering these services as a combined program, offering both mobile wellness screenings and mobile grocery or food bank services while educating patients on healthy living initiatives.	\$5,000,000 over a three-year period
Rural Health Practice Initiative	• Establish or upgrade existing clinics to offer networked services in rural areas. • Expand workforce recruitment, training and pipeline initiatives to expand clinical capacity. • Develop and implement a shared services model with other clinics to reduce administrative complexity and overhead, reduce unnecessary cost and improve efficiency. • Promote community engagement efforts and collaboration with other rural clinics. • Acquire equipment for telehealth and remote patient monitoring services. • Establish dental and healthcare clinics in rural educational facilities to serve students, teachers, staff and families.	\$30,000,000 over the five-year grant period





Alaska State RHTP Webpage FY 26 Award Amount: \$272,174,856

Initiatives	Specific Activities	Amount Requested
Healthy Beginnings	- Expand technology-enabled maternal care infrastructure. - Modernize rural maternal care facilities and staffing models. - Strengthen rural maternal health and early childhood development workforce. - Enhance maternal and child health home visiting programs. - Build healthy habits for youth.	\$144,444,444 over the five-year grant period
Healthcare Access	- Improve primary care access by investing in workforce and facility improvements. - Increase access to the full spectrum of behavioral health services. - Deploy mobile dental clinics and expand access to remote and frontier health options. - Increase access to high quality, specialized services. - Build out care homes and multidisciplinary teams to develop and sustain innovative complex care models. - Strengthen Tribally-led traditional healing in care delivery. - Enhance statewide pharmacy capacity and reach to expand access. - Pilot technology enabled care models to serve rural and frontier residents with IDD. - 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. - Bolster home and community senior supports. - Expand home and community-based residential services, skilled nursing/LTC, and post-acute care transition programs. - Build transportation networks to connect people to care. - Conduct a comprehensive provider gap analysis to guide resource allocation and improve rural health access.	\$211,111,111 over the five-year grant period
Healthy Communities	- Deploy consumer-facing digital tools for chronic disease self-management. - Build data infrastructure to support population health clinical infrastructure management. - Launch integrated primary and preventive care units. - Implement and expand scalable, evidence-based initiatives that deliver health education, increase health literacy, and promote sustained behavior change to prevent and manage chronic disease. - Establish or expand Health Aide Academies to expand Tribal outreach and implementation of such programs. - Invest in infrastructure renovations and equipment in existing workplace facilities, schools, or community centers to offer dedicated space and resources to facilitate physical activity, support local food production and healthy eating initiatives, provide nutrition education and cooking classes focused on nutritious diets, and host other wellness programming. - Fund data collection, stakeholder engagement, and strategic planning activities to enable local innovation and operations coordination, coordinate the buildout of new services, ensure sustainability of existing core and new service lines, and align resources to most effectively meet regional and statewide health needs. - Fund essential home modifications and innovative solutions that ensure access to clean water and sanitation in remote and off-grid homes.	\$116,666,667 over the five-year grant period



Initiatives	Specific Activities	Amount Requested
Pay for Value: Fiscal Sustainability	• Provide targeted support for providers and practices to build or expand core competencies required for participation in value-based care arrangements, support for contract evaluation and negotiation, implementation planning, change management, performance benchmarking, patient attribution, and financial modeling. • Support value-based care and alternative payment model infrastructure. • Centralize or streamline back-office functions and support group purchasing options to create cost savings and reduce administrative burden for participating primary care, behavioral health, and specialty care providers. • Design, test, and scale new payment models for primary and preventive care, care coordination for dually eligible populations, maternal, behavioral, oral, specialty care, and CDM. • Establish innovative care models to support regional care coordination. • Design, test, and scale new payment models offering incentives to hospitals for collaboration, actionable quality metric submission, and measurable improvements in patient outcomes. • Explore participation in CMMI AHEAD model. • Develop foundational capabilities for integrated care for dually-eligible Alaskans. • Launch transitional planning grants to support adoption of value-based payment arrangements and alternative payment models.	\$116,666,667 over the five-year grant period
Strengthen Workforce	• Create "grow your own" high school to certification programs. • Fund or expand training and workforce development and certification programs. • Create reskill or upskill programs for adults (ages 25–40) who may not have considered healthcare careers. • Support development and expansion of residency programs in Alaska, including primary care and high-demand rural specialties. • Implement recruitment and retention strategies by providing funding for technical assistance and grants to support recruiting and retention within and outside of Alaska. • Offer structured incentives to certain providers who commit to serving in a rural community. • Expand scope of practice by investing in training, resources, and collaborative models to increase clinical competencies and support providers and pharmacists in practicing at the top of their licensure. • Launch housing placement resources for healthcare providers and students. • Provide child care supports to enhance provider retention.	\$66,666,667 for the five-year grant period
Spark Technology & Infrastructure	• Deploy consumer-facing digital tools and invest in the development of mobile apps, remote monitoring devices, and patient portals. • Provide start-up funding for training and TA for a wide range of clinical providers and support staff to leverage or expand AI-powered documentation, workflows, and back-office function and resource tools. • Invest in community-based applications that connect rural and frontier community members with nearby clinical and social services, in-person supports, provide scheduling assistance, care navigation, care coordination, and digital support. • Invest in standards-based platforms that integrate and store patient health data in the single statewide HIE. • Invest in, expand, and update telehealth infrastructure supported by reliable internet access and hospital and clinic IT upgrades. • Evaluate and pilot emerging health technologies to strengthen healthcare delivery in remote communities. • Integrate advanced analytics across multi-payer health and data systems. • Build health IT infrastructure to support provider participation in value-based care. • Launch rural and frontier health infrastructure fund. • Launch rural technology catalyst fund.	\$244,444,444 for the five-year grant period





Arizona State RHTP Webpage

FY 26 Award Amount: \$166,988,956

Initiatives	Specific Activities	Amount Requested
Making Rural Healthcare Accessible	- Expand access to primary and secondary prevention services through expansion of telehealth service delivery, mobile/satellite service delivery models, and improved regional care coordination. Coordination through the ADHS Bureau of EMS and Trauma System, integrating telehealth, mobile crisis units, and expanded EMS interoperability. - Telehealth Digital Transformation, Adoption, and Care Coordination grant establishes and expands telehealth hubs, resources for telehealth equipment, broadband upgrades, and digital access supports. - Rural Health Innovative Care Pilot Program will increase long-term rural health access points for care by piloting innovative care models, technologies, and payment approaches.	\$45,000,000/year - Telehealth Digital Transformation, Adoption, and Care Coordination Grant: \$20,000,000 - Rural Health Innovative Care Pilot Program: \$25,000,000
Priority Health Initiatives Grants Portfolio	- Investments in behavioral health and SUD: Access to naloxone, tele-behavioral health services, crisis services in rural areas, workforce recruitment. - Investments in maternal-fetal health initiatives including expanding maternal health programs, enhancing OB and maternal mental health training, and ensuring access to help lines. - Chronic disease prevention and management grant: Enhance chronic disease, prevention, nutrition, cancer screening, and public health infrastructure, including rural health screening events and outreach and embedding resources within healthcare environments.	\$27,000,000/year - Behavioral Health & SUD (SUD) Expansion Grant: \$10,000,000 - Improving Rural Maternal-Fetal Health Grant: \$5,000,000 - Chronic Disease Prevention & Management Grant: \$12,000,000
Rural Healthcare Workforce Development and Training Program	Launch a comprehensive Rural Health Workforce Development and Training Program to recruit and retain clinicians and professionals including educational pathways, incentives, provider upskilling and residency support.	\$57,000,000/year
Making Rural Healthcare Resilient	Build and strengthen collaboration among rural health facilities and other rural providers to operate more efficiently and promote the adoption of shared service models, co-located community hubs, and integrated rural networks.	\$51,000,000/year



Arkansas



Arkansas State RHTP Webpage

FY 26 Award Amount: \$208,779,396

Initiatives	Specific Activities	Amount Requested
Healthy Eating, Active Recreation, & Transformation (HEART)	• Growing Resilient, Optimally Well Kids (GROW Kids): Programs that help Arkansas children build lifelong health. • Food Access & Regional Markets (FARM): "Buy Local" produce initiative supporting SNAP waivers, healthy vending machine reforms, and integration of food-as-medicine strategies to improve nutrition and prevent chronic disease. • Mobilizing Opportunities for Vital Exercise (MOVE): Expanding access to fitness trails, modular fitness equipment, and recreation. • Faith-based Access, Interventions, Transportation, & Health (FAITH): Utilizing faith leaders as trusted advisors, emphasizing the connection between physical, mental and spiritual well-being. • Healthcare Education and Advancement for Leadership (HEAL): Embedding nutrition and fitness education in medical, nursing, pharmacy, and CME programs; training providers on safe opioid prescribing. • Integrated Models for Prevention, Access, Care and Transformation (IMPACT): Comprehensive chronic disease prevention and management designed to improve health outcomes for Arkansans with diabetes, obesity, hypertension, and high cholesterol.	\$150,000,000 over the five-year grant period
Promoting Access, Coordination, and Transformation (PACT)	• Advancing Care Capacity, Engagement, and Screening Services (ACCESS): Bringing specialty care, preventive screenings, & telehealth into underserved areas. • Regional Optimization of Access, Delivery, Mobility, and Practice (ROADMAP): Addressing transportation barriers and aligning workforce distribution to need. • Scope of Practice Elevation (SCOPE): Empowering providers like pharmacists and dental hygienists to operate at the top of their credentials and deliver expanded services such as dietary counseling and chronic disease support. • Community Integrated Networks for Care (CINC): Funding bottom-up, locally driven CINs that improve efficiency, data sharing, revenue opportunities, and regional collaboration. • System Acquisition & Facility Enhancement (SAFE): Supporting hospital facility improvements and integration with larger systems to maintain essential services in rural areas.	\$250,000,000 over the five-year grant period



Initiatives	Specific Activities	Amount Requested
Recruitment, Innovation, Skills, and Education for AR Healthcare (RISE AR)	• Leadership Education, Advancement & Delivery (LEAD): RHT leadership academy for healthcare leaders. • Preparing Arkansas Talent for Health Workforce Advancement Yield (PATHWAY): Expanding GME slots, preceptor programs, scholarships, and new residences/fellowships in specialties like family medicine, OB, and lifestyle medicine. • Recruit, Educate, Train, Advise, Integrate, Nurture (RETAIN): Workforce recruitment and retention incentives. • Strategic Knowledge, Innovation & Lifelong Learning for Upward Professionals (SKILL-UP): Establish workforce pathways for nurses, PAs, mental health professional and non-credentialed paraprofessionals.	\$250,000,000 over the five-year grant period
Telehealth, Health Monitoring, and Response Innovation for Vital Expansion (THRIVE)	• Linking Infrastructure for Emergency Lifesaving and Integrated Network Expansion (LIFELINE): Modernizing EMS systems and ensuring access to emergency care including investment in vehicles, equipment, and dispatch systems; create statewide coordination, standard protocols, and digital dashboards. • Health Outcomes through Monitoring & Engagement (HOME): At-home remote monitoring pilots for chronic conditions such as diabetes, hypertension, obesity, sleep apnea, and heart failure, emphasizing ROI and sustainability. • Virtual Innovation for Rural Telehealth, Utilization, Access, and Longevity (VIRTUAL): Expanding telehealth access, supporting capital investments, and integrating virtual specialty care across CINs. • Telehealth, Equipment, and Connectivity Hub Fund (TECH Fund): Investing in infrastructure upgrades and technology sustainability.	\$350,000,000 over the five-year grant period



California

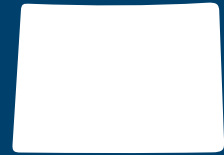


California State RHTP Webpage

FY 26 Award Amount: \$233,639,308

Initiatives	Specific Activities	Total Funding Request \$1,000,000,000 over the five-year grant period
Rural Health Transformative Care Model	- Establish regional hub-and-spoke networks to strengthen rural healthcare by connecting regional hospital hubs with local clinics and telehealth 'spokes' to expand specialty access, and enhance care coordination. - Expand and support rural workforce capacity to reduce rural bypass by offering obstetrics training fellowships, supporting development of CHWs, LVNs, doulas, midwives, and other allied health professions. - Create a digital 'nervous system' of telehealth to enable real-time telehealth specialty access, e-Consults, remote patient self-monitoring and workforce extension, supporting evidence-based models. - Transformation payments to financially distressed rural hospitals located in strategically important areas for building hub-and-spoke care networks and the effective delivery of regional care.	
Rural Health Workforce Development	- Identify demand trends and pinpoint county-level capacity gaps across clinicians and team-based care support roles. - Create a sustainable pipeline of rural students pursuing careers in health professions and build pathways for them to train, stay, and practice in rural communities. - Keep talent in rural communities and make recruitment practical when needed through incentives and wrap around supports that strengthen stability and fit.	
Rural Health Technology and Tools	- Infrastructure enhancement to assess and support rural health entities to meet baseline technology to participate effectively in regional care models. - Grant funding to support providers in a variety of needs including modernizing EHR, practice management, screen tools, population health systems, telehealth and e-consult platforms, optimizing interoperability, and improving RCM. - TA through a Rural Technical Assistance Center (RTAC) that provides expert advice and hands-on, on-site support to participants and other grantees. - Expand regional collaboration by leveraging the RTAC to coordinate efforts to reduce technology costs and staffing burden for rural providers and create opportunities for group purchasing and shared management of tech services. - Promoting development of accessible digital tools and technologies, and educating consumers on self-monitoring and reporting.	





Colorado State RHTP Webpage

FY 26 Award Amount: \$200,105,604

Initiatives	Specific Activities	Amount Requested
Transforming Rural Care: Hospitals and Chronic Disease Prevention	Through targeted TA, this first initiative will support rural hospitals and will equip rural providers, local public health agencies, and community organizations with the training, tools (e.g., consumer-facing technology solutions), and infrastructure needed to deliver high-quality prevention and CDM services.	Total budget for initiatives 1 & 2: \$229,950,000 over the five-year grant period
Build Data and Evaluation for Infrastructure for Chronic Disease Programs	This second initiative will strengthen data systems, performance monitoring, and evaluation to ensure chronic disease prevention and management programs are effective and sustainable. It will create a unified approach for collecting and analyzing data across programs and regions, enabling real-time feedback and continuous improvement.	Total budget for initiatives 1 & 2: \$229,950,000 over the five-year grant period
Build and Connect Colorado's Rural Health Networks	This third initiative will strengthen coordination, collaboration, and sustainability across Colorado's rural health system by building regional health networks and developing a centralized data tracking system. Together, these components will connect hospitals, clinics, local public health agencies, and community partners to improve access, quality, and long-term system resilience	Total budget for initiatives 3, 4, & 5: \$106,100,000 over the five-year grant period
Strengthen Rural Care Delivery Systems	This fourth initiative will strengthen, modernize, and transform rural-care delivery systems across Colorado by improving EMS coverage, improving response times, expanding care coordination, and supporting clinical integration among hospitals, clinics, and local health partners. Through targeted efforts and support, HCPH will enhance the capacity of rural providers to deliver timely, coordinated, and sustainable high-quality care in rural communities	Total budget for initiatives 3, 4, & 5: \$106,100,000 over the five-year grant period
Sustain Rural Hospital Operations and Regulatory Readiness	This fifth initiative will ensure the long-term stability, operational capacity, and regulatory readiness of rural hospitals across Colorado through a program that supports expansion or coordination of essential services, modernization of operations, and compliance with emerging regulatory and payment reforms, without duplicating reimbursable services or providing direct funding of clinical services.	Total budget for initiatives 3, 4, & 5: \$106,100,000 over the five-year grant period
Strengthen and Expand the Rural Health Workforce	This sixth initiative will strengthen Colorado's rural health workforce by expanding access to credentialing and continuing education opportunities for health professionals and other health workers serving in identified HPSAs. Funding will be used to attract, train (including cross-training), and retain local essential providers.	Total budget for initiatives 6, 7 & 8: \$178,450,000 over the five-year grant period





Initiatives	Specific Activities	Amount Requested
Expanding Clinical Capacity to Perform Preventive Care	This seventh initiative will expand clinical workforce capacity to deliver preventive services and procedures in rural and frontier communities. By equipping rural clinicians with advanced procedural skills, Colorado will help local rural providers meet preventive screening needs in their regions.	Total budget for initiatives 6, 7 & 8: \$178,450,000 over the five-year grant period
Strengthening State and Local Health Coordination	This eighth initiative will enhance coordination, communication, and alignment between state, regional, and local health entities to ensure effective implementation of prevention and workforce programs in rural Colorado. The state will invest in leadership staffing, technical assistance, and training to strengthen collaborative governance and ensure sustained rural health infrastructure.	Total budget for initiatives 6, 7 & 8: \$178,450,000 over the five-year grant period
Design and Pilot Rural Value-Based Care Models	This ninth initiative will research, design, pilot, and ultimately scale value-based care model(s) tailored for rural providers and hospitals. This initiative will assess the feasibility of shared savings, bundled payments, and other approaches that reward prevention, care coordination, and improved health outcomes. The state will collaborate with rural health clinics, hospitals, and Regional Accountable Entities to implement scalable, value-based frameworks that are aligned with Colorado's ACO and CINs.	Total budget for initiative 9: \$230,000,000 over the five-year grant period
Expand Rural Telehealth and Technology Integration	This tenth initiative will strengthen and expand rural health system participation in the use of technology-enabled prevention, monitoring, and care delivery. Through telehealth (eConsults) and remote-patient monitoring, this initiative will equip rural providers and other agencies with the tools and technical support necessary to engage in data-driven, integrated care through clinically integrated networks.	Total budget for initiative 9: \$230,000,000 over the five-year grant period



Connecticut



Connecticut State RHTP Webpage

FY 26 Award Amount: \$154,249,106

Initiatives	Specific Activities	Amount Requested
Population Health Outcomes	- Promoting healthy aging in rural Connecticut through engaging exercise. - Increase access to and participation in outdoor recreation through minor alterations of an existing 50-mile state park trail in partnership with 9 rural towns. - Expand existing real-time psychiatric consultation program for youth and prenatal care to adults. - Provide specialized ASD services with targets being EDs, mobile crisis, and community mental health providers. - Enhance school-based care by providing clinical guidance/support and resource referrals for cases beyond in-school capabilities. - Expand the universal nurse home visiting services into the two largest HRSA-designated regions of the state. - Support our health vans for primary care and four for dental care with at least one of each designated to serve our two federally-recognized Tribal Nations.	\$132,445,000 over the five-year grant period
Care Transformation and Stability	- Expand existing crisis stabilization model to rural areas, offering short-term, home-like alternatives to EDs for individuals experiencing behavioral health crises. - MIH Pilot program to bring preventive, chronic, and post-acute care directly into homes and communities through partnerships with EMS, hospitals, and local health and social service agencies. - Help rural and rural-serving hospitals and other eligible provider facility types strengthen financial stability, right-size service array to match local need, improve operations, prepare for value-based care, and complete minor alterations and renovations projects. - Improving primary, maternal, behavioral, and dental health through direct investment and VBP. - PACE: Establish a hub to extend comprehensive, coordinated care to older adults dually eligible for Medicare and Medicaid in surrounding rural communities. - Create regional coordination anchors to align RHT Plan initiatives, strengthen collaboration among agencies and local partners, and reduce duplication. - Pilot a regional community health navigator program to connect rural residents with essential health and preventive services and facilitate patients' use of consumer-facing health technologies. - Develop a model to strengthen mental and behavioral health systems across identified rural school districts.	\$673,555,121 over the five-year grant period



Initiatives	Specific Activities	Amount Requested
Data and Technology	- Expand digital access and literacy for rural older adults and individuals with disabilities by providing technology, training, and support. - Unite rural hospitals, FQHCs, LTC providers, EMS agencies, and community organizations to create a unified system of care that strengthens prevention, CDM, and access to essential services for residents in underserved areas. - HIE expansion for rural providers, nursing homes and EMS. - Connecticut Rural Predictive Analytics and Care–Coordination Platform: Leverage existing data systems to identify patients and communities at high risk. - Expand telehealth services and build shared IT infrastructure to deliver connected care. - Create a statewide, real-time platform for monitoring hospital capacity. - Modernize rural healthcare through AI-enabled remote monitoring and virtual care, help providers manage patients in home and community settings, reduce avoidable hospitalizations, and improve outcomes.	\$74,250,000 over the five-year grant period
Workforce	- Formalize CNA training to make it applicable to all healthcare settings. - Centralize and formalize medication administration training at the state's community colleges. - Support the process of fully implementing various interstate licensure compacts to expedite licensure across state lines and increase participation in rural areas. - Distribute rural provider incentives annually, which may be used flexibly to help providers remain in rural practice. - Rural Residency Development Grant: Add physician residency programs in primary care and/or behavioral health, strengthening the rural workforce through program design, resident recruitment, and alignment with national accreditation and the match program. - Provide partial salary incentive support for facilities in rural and underserved areas to hire non-licensed professionals above market rate, helping strengthen staffing and attract workers to high-need communities. - AHEC Expansion: Build a quality-driven rural health workforce pipeline, addressing staffing retention, financial sustainability, and access barriers through coordinated programs from high school to licensed practice.	\$58,150,000 over the five-year grant period



Delaware



Delaware State RHTP Webpage

FY 26 Award Amount: \$157,394,964

Initiatives	Specific Activities	Amount Requested
Rural "Hope Center" Initiative	Creates new Hope Centers in both Kent County and Sussex County. Modeled after the successful New Castle County Center, offering integrated services for housing, healthcare, and employment support.	\$104,325,000 over the five-year grant period
Rural Community Health Hubs	Establishes a network of mobile health units and health pods to deploy throughout rural Kent County and Sussex County, eliminating transportation barriers to healthcare by providing convenient care at schools, churches, and town centers.	\$10,645,000 over the five-year grant period
School-Based Health Centers Expansion Initiative	Expands school-based health centers in Kent County and Sussex County to improve children's access to care, mental health support, and learning outcomes.	\$10,650,000 over the five-year grant period
Food is Medicine Infrastructure Initiative	Builds the systems needed to expand FIM programs, including access to prescriptions, tailored groceries, and nutrition education.	\$8,520,000 over the five-year grant period
Rural Libraries Health Access Initiative	Extends health and telehealth services at nine rural libraries, providing nearby access to care, internet, and trained professionals.	\$3,195,000 over the five-year grant period
Rural Provider and FQHC Value-Based Care Readiness Initiative	Helps rural healthcare providers shift to value-based care through new technology, collaboration, and sustainable payment models.	\$321,000,000 over the five-year grant period
Catalyst Fund for Telehealth and Remote Monitoring	Supports tech companies in developing RPM, wearable health devices, and other consumer-facing solutions for rural residents.	\$107,000,000 over the five-year grant period
Rural Delaware Diabetes Wellness Pilot Program	Launches a three-year pilot using care management and continuous glucose monitoring to reduce diabetes costs and improve outcomes.	\$6,918,600 over the five-year grant period



Initiatives	Specific Activities	Amount Requested
Medical School Rural Workforce Development Program	Offers financial awards to Delaware medical students who commit to practicing in rural areas after graduation.	\$31,683,750 over the five-year grant period
Delaware Medical School	Funds the selection of a partner to establish Delaware's first "Primary Care-Rural Health" track medical school program, creating a pipeline of doctors to serve our rural communities.	\$100,448,400 over the five-year grant period
Rural Medical Residency Recruitment Program	Provides financial awards and transition support to medical school graduates who train and stay in rural Delaware.	\$12,248,000 over the five-year grant period
Training Programs for Clinical Support Roles in Rural Areas	Funds training for nurses, dental professionals, CHWs, and other allied health professionals, and expands rural clinical capacity.	\$192,600,000 over the five-year grant period
Rural Health Workforce Education Program	Provides financial awards to healthcare trainees who pledge to serve in rural Delaware communities.	\$20,235,000 over the five-year grant period
Healthcare Workforce Data Center Initiative	Creates a data collection mechanism to track and report on healthcare workforce trends, shortages, and disparities across the state.	\$17,306,250 over the five-year grant period
Statewide Health Information Technology Infrastructure for Real-Time Insurance Verification and Prior Authorizations	Builds digital systems linking rural providers, payers, and hospitals to speed up insurance verification and prior authorizations.	\$53,225,000 over the five-year grant period



Florida



Florida State RHTP Webpage FY 26 Award Amount: \$209,938,195

Initiatives	Specific Activities	Amount Requested
Rural and Satellite Clinics	- Provides start-up funding for established urban physician or dental practices to expand their services into rural areas by opening new or satellite offices. - Supports nurse practitioner and physician assistant-led clinics operating within scope and under appropriate supervision, enhancing access to care for rural residents.	\$25,000,000 over the five-year grant period
Mobile Health	- Brings preventive, screening, rehabilitation and prenatal services directly to rural communities on scheduled routes. - Real-time data exchange through secure EHR connections ensures timely documentation and follow-up care.	\$20,000,000 over the five-year grant period
Community Paramedicine	Deploys community paramedics and, where appropriate, other licensed practitioners to provide on-site support for minor illnesses within their scope of practice and deliver post-discharge care for high-risk patients to reduce preventable readmissions.	\$18,000,000 over the five-year grant period
Behavioral Health Telehealth & Telehub Psychiatry	Establishes regional centers that connect rural residents to same-day psychiatric consultations, therapy, and coordinated care.	\$18,000,000 over the five-year grant period
Tele-Specialties & Imaging (Virtual Specialty Clinics)	- Enables rural hospitals and clinics to host virtual specialty clinics, allowing patients to consult with specialists like cardiologists, pulmonologists, endocrinologists, oncologists, and neurologists via telehealth. - Cloud-based imaging systems and Picture Archiving and Communication System integration facilitate rapid diagnostics and specialist feedback.	\$16,000,000 over the five-year grant period
Tele-Intensive Care Unit (eICU)	Enables rural hospitals to connect with remote critical care physicians and nurses who provide 24/7 patient monitoring through secure video and data systems.	\$14,000,000 over the five-year grant period
Hub-and-Spoke Telestroke	- Connects rural emergency departments with stroke specialists via secure, real-time video for immediate assessment and treatment. - CT scans transmitted electronically to remote neurologists for rapid review and diagnosis.	\$10,000,000 over the five-year grant period
Workforce Development	- Strengthens rural healthcare pipeline by supporting clinical training programs, supervised rotations, and practitioner recruitment and retention efforts. - Funds housing assistance for trainees, professional development, and career pathways through local high schools and community colleges. - Participants commit to a five-year service period in rural communities, ensuring long-term workforce stability and access to essential healthcare services.	\$10,000,000 over the five-year grant period



Initiatives	Specific Activities	Amount Requested
Health and Lifestyle	- Addresses food insecurity and nutrition-related health disparities by integrating food screenings, brief nutrition counseling, and referrals to local food programs and pantries into clinical settings. - Supports physician and APP education in nutrition counseling, works with school districts to promote physical activity through the Presidential Fitness Test, and supports nutrition classes in middle and high schools.	\$7,000,000 over the five-year grant period
Remote Patient Telemonitoring	- Allows rural patients with chronic conditions such as hypertension, diabetes, heart failure, and COPD to use connected devices like blood pressure cuffs, glucose meters, and scales to transmit health data directly to care teams. - AI-driven triage system identifies patients at risk and triggers timely nurse follow-ups, preventing ED visits and hospitalizations.	\$14,000,000 over the five-year grant period
Value-Based Purchasing (VBP)	- Transitions rural healthcare providers from a fee-for-service model to performance-based payment models that reward quality, outcomes, and efficiency. - Begins with incentive payments for achieving quality benchmarks, progresses to shared savings arrangements, and eventually includes shared risk models. - Supports rural practices in obtaining Patient-Centered Medical Home (PCMH) designation, improving care coordination and CDM.	\$10,000,000 over the five-year grant period
Retail Clinic Services	- Expands access to convenient healthcare by reimbursing rural pharmacies that provide non-emergency medical services within their scope of practice. - Licensed providers offer acute and preventive care visits on-site, including diagnostic testing, and chronic disease monitoring. - Diagnostic telehealth kiosks also connect patients with remote clinicians for same-day assessment and treatment.	\$6,000,000 over the five-year grant period
Florida Health Information Exchange Onboarding	- Funds onboarding for rural hospitals, clinics, and providers to the Florida HIE. - Funding supports modernizing health information platforms, including interface setup, data standardization, and staff training to ensure full participation and compliance with state interoperability standards.	\$5,000,000 over the five-year grant period
Diagnostics Technology Support	- Equips rural hospitals, clinics, and laboratories with cloud-based Picture Archiving and Communication Systems to enable rapid sharing and review of diagnostic images and laboratory results. - Enhances connectivity between rural and specialty facilities, improving turnaround times and diagnostic accuracy. - Supports workforce training, cybersecurity, and EHR integration to ensure secure, efficient data exchange and faster clinical decision-making.	\$6,000,000 over the five-year grant period
Integrated Medicare-Medicaid Plans Education	- Increases awareness and participation among Floridians eligible for both Medicare and Medicaid. - Funds outreach, education, and stakeholder training to promote enrollment in integrated plan models that combine benefits and improve care coordination.	\$1,000,000 over the five-year grant period





Georgia State RHTP Webpage FY 26 Award Amount: \$218,862,170

Initiatives	Specific Activities	Amount Requested
Transforming for a Sustainable Health System	- Prepares rural healthcare facilities and providers to qualify for the CMMI AHEAD Model for hospitals and AHEAD primary care programs. - Increases private payers, not affiliated with Medicare or Medicaid, participation in the AHEAD.	\$428,350,000 over the five-year grant period
Strengthening the Continuum of Care	- Georgia Newborn Screening Program: Increasing access to nutrition services for children with autism spectrum disorder and pregnant women. - Inter-hospital Transportation: Improving infrastructure related to emergency preparedness to mitigate injury and trauma risks. - Expanding Support for Acquired Brain Injury Survivors. - Transportation to Treatment Pilot for Mental Health Crisis addressing rural-specific behavioral health concerns. - Building Bridges: Addressing barriers to accessing care by improvements to school-based healthcare services infrastructure. - Emergency Preparedness: Establish a comprehensive infrastructure assessment and strengthening program that enhances the capacity of rural hospitals and skilled nursing facilities (SNFs) to either safely shelter-in-place or act as designated receiving facilities for evacuees from other locations. - Regional Nursing Home Transportation Enhancement: Leverage community partners to establish regional transportation hubs to coordinate with NEMT. - Rural Provider Nutrition Training for Autism Spectrum Disorder (ASD): Centralized training platform delivering accredited continuing medical education modules and tele-consults. - Planning for healthy babies: Nutrition and weight management for eligible women.	\$234,904,250 over the five-year grant period
Connecting to Care to Improve Healthcare Access	- Rural Mobile Health Units to be supported through grants with collaboration between local clinics, hospitals, and academic institutions. - Point-of-Care Telepods: Deployed through a vendor selection process by the SORH and staffed by/connected to regional hospitals for follow up. - Telehealth enhancements: Statewide network through mutli-hub architecture connecting rural hospitals, universities, public health, and rural service providers. - Rural Stabilization Grants: Grants focused exclusively on preparing rural hospitals and primary care for transitioning to the AHEAD model. - Strengthening perinatal systems of care: Provide fully stocked, mobile, color-coded OB emergency carts to aid in urgent or unexpected delivery needs. - Public Health Telehealth Infrastructure: Expand access through outfitting public health departments with telehealth capabilities. - Rural Telepsychiatry: Consultations and primary care provider training through pediatric telepsychiatry ECHO model and Perinatal Psychiatry, Education, Access, and Community Engagement (PEACE) model.	\$217,036,750 over the five-year grant period



Initiatives	Specific Activities	Amount Requested
Growing a Highly Skilled Healthcare Workforce	• Fund 75 new GME residency slots per year in family medicine, OB/GYN, internal medicine, pediatrics, psychiatry, and gerontology. • Increasing funded fellowship opportunities by adding 12 slots per year. • Establishing rural recruitment incentive grant program for relocation costs, equipment, technology, or clinic expansion to recruit doctoral level providers to rural areas. • Enhancing current programs by providing funding to two GME programs to expand primary care residencies to rural Georgia. • Make nursing care improvements through a five-part nursing workforce strategy that supports nursing faculty, tuition and stipends, simulation training, and pipeline careers. • Expand dementia care capacity through a statewide telehealth mentoring program including a dementia training hub. • Workforce recruitment through AHEC Network for training and housing. • Emergency services scholarships through Earn While You Learn programs removes financial barriers for new Emergency Medical Technicians (EMTs) and paramedics.	\$220,519,001 over the five-year grant period
Leveraging Technology for Healthcare Innovations	• Cybersecurity Workforce Pipeline and Enhancements: Implement a comprehensive and scalable strategy to deliver cybersecurity risk assessments, managed threat detection, and strategic cyber support services to high-risk rural healthcare providers. • Establish an investment fund dedicated to rural health technology. • Support EHR enhancement for population health metrics. • Provide grant funding opportunity to rural hospitals for initial costs of surgical robots. • Streamlining Medicaid eligibility system and consumer engagement enhancements. • Invest in modern, scalable HIT systems with secure, compliant data sharing. • EMS Treat-versus-Transport telehealth model to integrate telehealth into emergency response for non-emergency/low-acuity 911 calls; expand EMS training, coordination, and telehealth integration.	\$233,349,384 over the five-year grant period





Hawaii State RHTP Webpage

FY 26 Award Amount: \$188,892,440

Initiatives	Specific Activities	Amount Requested
Rural Health Information Network (RHIN)	- A statewide digital backbone connecting rural hospitals, clinics, and health centers to the rest of the state through interoperable EHRs, wireless networks and integrated data hubs. - Connect rural hospitals, clinics and Native Hawaiian Health Centers to statewide network by EHR enhancements, onboarding. - In-facility wired and wireless networks. - Technical Assistance for Practice Transformation for value-based care, analytics, EHR/HIE reporting, and quality. - Aggregate clinical data, provide longitudinal records, and deliver real-time alerts. - Create Community Care Coordination Hub to link patients to housing, food and transportation. - Medicaid/Medicare Duals project – AI analytics and dashboard, education and navigation campaign.	\$40,000,000 over the five-year grant period
Pili Ola Telehealth Network	- A statewide telehealth network connecting rural communities to providers, integrating digital health access, virtual care, and telehealth training. - Integrates maternal health, CDM, infectious disease care, behavioral health, school-based health programs, education on health access, and workforce development into a unifies statewide initiative. - Building a team of telehealth navigators and facilitators embedded in rural communities across the state.	\$15,000,000 over the five-year grant period
Rural Medical Respite	A rural expansion of medical respite programs to reduce preventable hospital use among unhoused or post-acute patients with low medical acuity.	\$20,000,000 over the five-year grant period
Workforce Development	- A pipeline initiative expanding education, recruitment and retention of healthcare workers across rural Hawaii through certificate programs, residencies, loan repayment, scholarships, and mentoring. - The "Hawaii Outreach for Medical Education in Rural Underresourced Neighborhoods" (HOME RUN) Loan repayments and scholarships for advanced degrees such as physicians and advance practice registered nurses. - High school certification programs, clinical preceptorships and clinical training, medical specialty training programs, rural residencies, loan repayment, and scholarships.	\$45,000,000 over the five-year grant period





Initiatives	Specific Activities	Amount Requested
Rural Infrastructure for Care Access (RICA)	- A physical access initiative expanding EMS community care, and behavioral health infrastructure in rural communities. - A statewide, real-time, coordination hub will unify EMS, hospitals, telehealth, and air-medical systems across all islands into one interoperable network. EMS fleet modernization will replace aging vehicles including ambulances, paramedicine units, mobile medical units and rapid response vehicles to improve reliability, reduce downtime, and expand access to care in rural and underserved areas. - Incorporate clinical pharmacists and CHWs into primary care and outreach teams. Integrate CHWs with public health nurses to support and expand rural health services including elder health, school health, and chronic disease prevention. Integrate community paramedicine and home-based care models to reduce preventable 911 calls, ED utilization, and hospital readmissions. Deploy secure, video enabled application to support paramedic visits. Establish mobile clinics to deliver essential healthcare directly to rural communities. - Expand CCBHCs statewide. Deploy mobile mental health and substance abuse teams to extend reach of CCBHCs. Train rural residents in mental health literacy and evidence-based interventions.	\$55,000,000 over the five-year grant period
Rural Value Based Innovation Fund (RVBI)	- A competitive fund enabling rural providers to adopt innovative care models and succeed by financing local value-based innovations. Control of total cost of care and improvement in quality of care and population health outcomes. - Competitive statewide Innovation fund available to FQHCs, critical access hospitals, rural health clinics, independent physician associations, and community-based organizations.	\$20,000,000 over the five-year grant period





Idaho State RHTP Webpage

FY 26 Award Amount: \$185,974,368

Initiatives	Specific Activities	Amount Requested
Improving Rural Access to Care Through Technology	• Facility technology assessments and shared infrastructure: Funds RHCs, CAHs, FQHCs, and other facilitates to complete technology assessments and determine strategies to improve care delivery. • Telehealth expansion: Funding for telehealth equipment, software, and training for the delivery of telehealth services. • Digital health to empower Idahoans to actively prevent and manage chronic disease through consumer-facing apps and online platforms. • Cybersecurity modernization and AI tools to protect Idaho's healthcare infrastructure and enhance data-driven decision-making. • Emergency communication systems implementation and enrollment to ensure timely care in rural emergencies and strengthen statewide communication capacity between Idaho's public health and health systems. • Health management and data analytics tools to enable data-driven approaches to improve health outcomes. • EHR software and upgrades to ensure interoperability and efficiency across Idaho's rural healthcare facilities.	\$209,000,000 over the five-year period
Ensuring Accessible Quality Care Through Innovative Models	• Diagnostic and care access innovations to increase access to care through technology enabled points of service. • Health extenders to strengthen access to timely healthcare in rural communities. • EMS expansion and workforce stabilization to support reliable, timely emergency medical response across all Idaho counties. • Understand opportunities to leverage health extenders and optimize service delivery to align rural health extender programs, EMS, and healthcare services with local needs and rural health trends. • Expand CHEMS, improve EMS coverage and integration, shared resources, remote monitoring, and mobile health units in rural/frontier counties.	\$125,000,000 over the five-year period
Sustaining Rural Workforce with Training, Recruitment, and Retention	• Ladder payments based on priority positions and rural presence to address challenges in staffing by offering escalating incentives including signing bonuses, relocation stipends, retention bonuses, healthcare education scholarships. • Healthcare career exploration and advancement programs to attract Idahoans to pursue healthcare careers by exposing them to opportunities within the healthcare field, to further train those already in healthcare careers, including "learn-in-place" and "grow your own" strategies available to those residing in rural communities. • Support creation of new healthcare career apprenticeship and preceptorship programs. • GME programs with a priority on OB/GYN, mental and behavioral health, and geriatrics through fellowships and residency programs.	\$172,500,000 over the five-year period



Initiatives	Specific Activities	Amount Requested
Implement Population Specific, Evidence-Based Projects to Make America Healthy Again	- Chronic disease prevention and treatment to reduce incidence and improve management of chronic diseases through proven prevention, screening, and education programs accessible to rural populations. Focuses include National Diabetes Prevention Program, diabetes self-management education and support, Alzheimer's and related dementias, and cancer, heart disease, and other chronic disease prevention programs. - Behavioral health prevention and treatment to expand access to behavioral health services through integration into primary care, school-based programs, and mobile or telehealth enabled crisis response. Focuses include pediatric psychiatry access line, mobile crisis response and MAT linkage, space for parent-selected behavioral health professionals, behavioral health prevention, and education programming. - Maternal and child health efforts to strengthen maternal and perinatal care through implementation of evidence-based programs that improve maternal safety, enhance prenatal and postpartum services, and coordinate community-based supports for mothers and infants.	\$75,000,000 over the five-year period
Investing in Rural Health Infrastructure and Partnerships	- Healthcare facility renovations tied to other Idaho RHTP initiatives. - Pharmacy solutions to enhance healthcare access in rural communities. - Clinical equipment purchases to help rural healthcare facilities offer more efficient, modernized services and generate ongoing revenue. - Vehicles for patient transport and rural mobile health units to bring services to rural areas with limited healthcare access. - Bring all healthcare facilities into compliance with current federal, state, and local safety codes to ensure patients and providers are safe. - Tribal rural health transformation support to strengthen partnership and improve health outcomes for the five federally recognized Native nations residing in Idaho.	\$387,000,000 over the five-year period





Illinois State RHTP Webpage

FY 26 Award Amount: \$193,418,216

Initiatives	Specific Activities	Total Funding Request \$1,000,000,000 over the five-year grant period
Transforming Rural Health Delivery: Hospital Transformation	- Transformation funding to hospitals to reshape healthcare delivery to better align with community needs and improve the long-term financial viability of rural hospitals. - Establish regional partnerships and governance structures. - Develop a transformation plan to identify delivery system gaps and unmet community needs and outline strategies to transform service lines, deploy new models of care delivery, and test sustainable VBP methodologies. - Support capital expenditures for renovations to transition lines of service. - Expand funding and TA for successful transformation projects for existing rural Health Transformation Collaboratives to scale models including home visiting programs, behavioral health integration, perinatal, and urgent care.	
Transforming Rural Health Delivery: Community Care Infrastructure	- Fund rural primary care and behavioral health providers to build integrated care models, improve care coordination, and embed new provider types into care teams like CHWs and doulas. - Implementing regionalized, enhanced care coordination and health system navigation models. - Provide technical assistance and learning collaboratives for care transformation and quality management. - Building clinical connections between rural primary care providers and specialists. - Embedding primary care providers and services in outpatient behavioral health settings. - Enhancing HIT infrastructure to improve integration and coordination, population health management, and/or AI-enabled clinical decision supports.	
Transforming Rural Health Delivery: Hospital Disease Prevention	Funding to support rural hospitals in implementing disease prevention programming, in partnership with local public health departments, and other key public health partners on topics such as diabetes prevention programs, mental health first aid, nutrition and physical activity programs, chronic disease self-management, remote self-monitoring, and tobacco cessation.	
EMS and Mobile Healthcare	- Provide funding for infrastructure and testing of promising mobile health care models. - EMS-related expenses in expanding care in rural communities and standing up innovative models to TIP, such as community paramedicine or treat-and-refer models. - Training, coordination, and staffing, such as supporting staff physician medical director roles or using paramedics or EMTs to augment care models or population health improvement activities. - Capital infrastructure such as vehicles, equipment, supplies, and technology to modernize rural pre-hospital EMS Programs. - Support for local training, apprenticeship, and hiring of new EMTs and paramedics. - Funds will be provided to primary care and community behavioral health providers to invest in mobile health infrastructure, staffing, technology, and data systems to deploy new and reinforce existing mobile health clinics and mobile crisis units.	
Technological Innovation for Virtual Care	- Invest in technology interventions aimed to bring specialty care to those high-need rural populations rather than transporting individuals out of their communities. - Invest in statewide platforms to deliver specialty and emergency care in rural areas. - Enable virtual consultations, training, and mentoring through programs like ECHO. - Build HIT systems and telehealth hubs to improve care coordination and reach home-bound patients.	



Initiatives	Specific Activities	Total Funding Request \$1,000,000,000 over the five-year grant period
Healthcare Workforce Expansion	• Offer targeted bonuses for providers to relocate and/or stay if committed to rural services for five-plus years. Prioritize behavioral health, maternal care, and other critical specialties. • Focus on attracting and retaining health professions with funds to state universities, community colleges, and hospitals to expand scholarship programs, fellowships, and apprenticeships.	
Training & Recruitment Program for Non-Traditional Healthcare Workers	• Expand and establish new training and certification programs for roles like CHWs, doulas, and peer support professionals. • Partner with colleges, health systems, and community organizations to design rural-focused programs. • Provide funding and support to keep trained professionals in rural communities.	
Rural Health Education Pipeline	• Create healthcare career programs for rural high school students. • Offer shadowing, mentorship, and workshops via the Rockford AHEC. • Partner with hospitals and schools to align with workforce needs.	



Indiana



Indiana State RHTP Webpage FY 26 Award Amount: \$206,927,897

Initiatives	Specific Activities	Amount Requested
Growing Care Coordination: Medical Operations Coordination Center (MOCC) and Alternate Payment Model Feasibility Study	- Establish a 24/7 statewide hub to coordinate patient transfers, EMS resources, and hospital capacity. Aims to ensure that rural communities get timely access to trauma, stroke, psychiatric, and maternal care and to streamline referrals, reduce inappropriate ED use, support rural hospital sustainability, and strengthen preparedness for mass casualty events. This statewide Medical Operations Coordination Center monitors capacity, coordinates transfers, and reduces time to transfer critical patients. - Conduct an alternate payment model feasibility study that includes ACOs and bundled payments for episodes of care.	\$56,200,000 over the five-year period
Growing Community Connections through Indiana 211	Establish Indiana Community Connect, which builds upon the current Indiana 211 resource, to create a statewide coordinated care network that links hospitals, providers, and community organizations to address health-related social needs and in turn reduce preventable ED visits and improve health outcomes.	\$3,300,000 over the five-year period
Growing Improved Patient Outcomes Through Enhanced Interoperability and Technology	- Modernize Indiana's HIE to connect 450 rural healthcare facilities, close data gaps, and strengthen care coordination through EHR integration, AI-driven dashboards, and EMS collaboration. - Commission a comprehensive study to assess the feasibility of integrating nutrition incentives directly onto Hoosier Works Electronic Benefits Transfer card.	\$66,500,000 over the five-year period
Growing Pediatric & Obstetric Readiness in Rural Emergency Departments	Strengthen emergency care capacity in rural hospitals and EMS by ensuring readiness for pediatric and obstetric emergencies. Readiness includes the presence of pediatric- and obstetric-specific clinical champions, competencies, protocols, equipment, and other essential resources across EMS and emergency departments.	\$45,400,000 over the five-year period
Growing Cardiometabolic Health Standards of Care in Rural Indiana	- Launch a statewide cardiometabolic collaborative care model to combat obesity, diabetes, and CVD by establishing Cardiometabolic Centers of Excellence in each rural health region. - Implement a policy to mandate all Indiana medical students to receive comprehensive nutrition education and expand access to Lifestyle Medicine to about 6,000 individuals across the rural health workforce. - Evaluate logistics of implementing a rural FIM model.	\$15,300,000 over the five-year period
Make Rural Indiana Healthy Again Regional Grants	Create a grant program mirroring the federal RHTP to transform rural health delivery across eight Regional Coalitions. Funding will be distributed directly to the entities carrying out initiatives. The request for applications will be released in March 2026 and funding will be disbursed October 1, 2026.	\$604,200,000 over the five-year period





Initiatives	Specific Activities	Amount Requested
Growing Access to Hospital Post-Discharge Medications	Ensures patients receive prescribed medications before leaving the hospital, eliminating access and transportation barriers. The program will charge outpatient prices and provide bedside counseling to improve recovery readiness and reduces readmissions.	\$11,000,000 over the five-year period
Growing Specialty Provider Access through Expanded Teleconsult Capabilities	- Assess existing provider networks and evaluate specific specialty needs and location of target specialty providers. - Build a secure teleconsultation system to expand access to high-need specialties such as psychiatry and behavioral health.	\$2,600,000 over the five-year period
Growing Telehealth Access and Infrastructure	- Conduct a statewide feasibility study to assess existing rural provider landscape to identify what systems are in place, what utilization looks like, what connectivity and scheduling interoperability must be addressed, and what regional specific challenges exist. - Findings will guide the rollout of a unified telehealth system with solutions designed for rural connectivity and enhanced by AI-driven decision support.	\$28,900,000 over the five-year period
Growing our Rural Health Paraprofessional Workforce	- Expands the rural health workforce by funding certification and upskilling for CHWs who play a vital role in connecting patients to care, reducing hospitalizations, and improving chronic disease outcomes. - In partnership with a statewide university system, the initiative will also launch career pathway programming for rural high school students, offering early exposure and training toward healthcareers including LPN or CNA.	\$11,800,000 over the five-year period
Growing Clinical Training and Readiness	- Expand GME capacity and incentivize physicians to practice in rural communities through targeted grants to expand rural residency programs in key training specialties such as primary care, pediatrics, OB/GYN, and general surgery. - Provide stipends for rural physicians practicing in primary care, pediatrics, OB/GYN, and general surgery and other clinicians. - Provide stipends for rural clinician preceptors up to \$10,000. - The state commits to passing policy by 2028 that would require Indiana medical schools to mandate one rural rotation. - Develop a preceptor database for healthcare students to identify and connect with clinical preceptors in rural communities.	\$83,000,000 over the five-year period
Growing our Rural Behavioral Health Workforce	- Partner with universities to create rural-focused behavioral health certificate and degree programs with scholarships and stipends for students who commit to working locally post-graduation for five years. - Implement a pathway for clinical training for college students studying mental health and substance use-related disciplines in rural communities. - Bolster the rural peer workforce by providing 12 more opportunities per year for Certified PSS certification trainings. - Deliver a behavioral health threat assessment and management workshop for rural health paraprofessionals at CMHCs.	\$5,300,000 over the five-year period





Iowa State RHTP Webpage

FY 26 Award Amount: \$209,040,064

Initiatives	Specific Activities	Amount Requested
Hometown Connections and Best and Brightest	- Build formal partnerships to restructure healthcare delivery options for rural communities to address cardiovascular health, cancer, mental and behavioral health, maternal and child health, and chronic disease prevention and treatment. - Expand Centers of Excellence program to develop enhanced health hubs/hub and spoke models, including investments in telehealth, medical equipment, provider recruitment and retention, space utilization, work with school-based service provision, and funding for uninsured Iowans.	\$535,538,157 over the five-year period
Combat Cancer: Prevent and Treat	- Comprehensively tackle cancer throughout the state by increasing access to cancer screening, forming cancer-specific Health Hubs, upgrading equipment for cancer screening and treatment, delivering supportive care for families impacted by cancer, and supporting studies and analyses by academic partners. - Address lung cancer prevention through radon testing and mitigation; breast cancer by paying for mammograms and follow-up breast MRIs; colorectal cancer through at-home tests and follow-up colonoscopies; skin cancer through telehealth and new equipment; and prostate cancer through routine screening methods.	\$183,052,239 over the five-year period
Communities of Care	Supports co-location of different rural provider types for convenient patient access and improved coordination, hires CHWs as system navigators, and invests heavily in chronic disease prevention and management techniques.	\$175,935,156 over the five-year period
Health Information Exchange	Invests in an HIE to support coordination across providers as patients travel through new Health Hubs throughout the state.	\$56,926,944 over the five-year period
EMS Community Care Mobile	- Invests in new telehealth technology for high risk transport of moms and their new babies to higher levels of care throughout the state. - Starts an MIH program that brings prenatal, postpartum, post-surgery discharge, CDM, and other types of care to rural residents in their homes or to easily accessible sites in their communities.	\$44,924,208 over the five-year period



Kansas



Kansas State RHTP Webpage

FY 26 Award Amount: \$221,898,008

Initiatives	Specific Activities	Amount Requested
Expand Primary and Secondary Prevention Programs	- Deploy 200 CHWs to rural primary care clinics, CCBHCs, and regional Kansas State University extension offices. - Furnish consumer-facing technologies supporting healthy lifestyles to be available to rural residents through local primary care clinics. - Expand access to secondary prevention services for behavioral health conditions through programs such as primary care integration and embedding behavioral health case managers in rural emergency departments. - Increase PACE program availability in rural areas by expanding an existing program and establishing a new one, focusing on two regions with the highest concentration of PACE-eligible beneficiaries. - Deliver screenings for skin and urological cancers in ten rural communities each year where these services are not presently available. CHWs will work with local providers to schedule screenings. - Identify and fully develop projects to expand primary and secondary prevention programs through the three rural tribal clinics.	\$204,000,000 over the five-year period
Secure Local Access to Primary Care	- Create the Regional Partnerships Grant Program to mirror the RHTP in the state. - Create a grant program to help facilitate REH conversions through minor facility renovations, repairs, remodeling, and other capital investments. - Perform a statewide rural commercial rate analysis to help providers negotiate for more favorable reimbursement, launch a revenue cycle support and credentialing organization, and develop the infrastructure for provider networks to pursue direct-to-employer contracts. - Allow urban non-profit hospitals to deliver analytics support, EHR optimization, managed care advisory resources, and on-demand operational resources to anchor rural hospitals. - Pilot MIH services for Medicaid beneficiaries and expanded EMS reimbursement for treat-in place and alternative transport; behavioral health transport network; interfacility teams to reduce wait times. - Identify opportunities for local health departments and clinics to right-size primary care services in their communities. This activity aims to furnish primary care services in a more efficient manner and address upstream drivers of health, like early childhood nutrition and physical activity programming.	\$251,000,000 over the five-year period
Harness Data and Technology	- Implement an RPM system for rural hospital inpatients, rural residents recently discharged from a hospital, and other rural residents for whom monitoring is medically indicated. - Deploy nurses trained as telehealth navigators to support primary care practices through which specialist telehealth services are offered. - Improve rural providers' ability to use data in patient care and population health management by creating all-payer claims database, connecting remaining providers to HIE, building a platform to synthesize EHR data to detect patient deterioration, operating central data warehouse for CCBHCs, and deploying a legal and governance framework to enable organizations to share and manage data. - Convene an expert panel to evaluate and recommend new technology and AI solutions for specific patient populations and to develop guidance for rural providers on implementation of recommended solutions.	\$110,000,000 over the five-year period





Initiatives	Specific Activities	Amount Requested
Build a Sustainable Rural Health Workforce	- Establish ACGME-accredited rural residencies in OB/GYN, psychiatry, family medicine, general surgery, and orthopedics. - Expand the Kansas Bridging Plan, a loan forgiveness program for primary care, OB/GYN, and psychiatry resident physicians. - Provide safe and accessible short-term housing in rural communities for medical students participating in rural rotations. - Establish new health professions scholarships in exchange for a five-year service commitment in rural Kansas. - Create a grant program to expand allied health training programs, prioritizing high-demand positions. - Implement the first state dental scholarship program for up to 10 dentistry students and 15 dental hygiene students who commit to practicing in rural Kansas for at least five years. - Operate a high-tech mobile simulation lab to train clinical teams in 90 rural communities over five years. - Target rural recruitment and retention gaps through a multimedia campaign, establishing a Rural Nurse Residency Program, incentivizing clinical preceptors, and expanding apprenticeships to include behavioral health positions. - Build student awareness of healthcare careers that will translate into enrollment in a training program or working in a local facility. - Leverage existing workforce coordination efforts in the state to maximize RHTP funding.	\$133,000,000 over the five-year period
Enable Value-Based Care	- Furnish incentive payments to rural hospitals, clinics, and CCBHCs that successfully adopt and implement evidence-based practices as evidenced by quarterly reporting on selected performance metrics - Operate a "shadow" ACO in partnership with a national ACO management company. Participation in the "shadow" ACO will be open to all rural providers not presently participating in the Medicare Shared Savings Program or ACO REACH, making them eligible for incentive payments - Launch transportation program that includes five projects to address patient needs and enable rural provider participation in value-based care arrangements. - Develop new Medicaid MCO contract requirements for provider incentive payments for those who identify and engage with Medicaid beneficiaries with MCO care coordination services.	\$305,000,000 over the five-year period



Kentucky



State RHTP Webpage Not Available

FY 26 Award Amount: \$212,905,591

Initiatives	Specific Activities	Total Funding Request \$1,000,000,000 over the five-year grant period
Rooted in Health: Rural Dental Access	- Increases access to preventive oral-health services through expanded dental-hygiene training programs, externships, and portable or tele-dental clinics. - Improve rural access to preventive dental care and treatment through expanded training and mobile, portable services.	
From Crisis to Care: Integrated Trauma Systems & EMS Coordination	Enhances pre-hospital capacity and trauma coordination through TIP protocols, improved data connectivity, and workforce training for rural EMS providers.	
Rural Community Hubs for Chronic Care Innovation	Establishes local "hub-and-spoke" collaboratives focused initially on obesity and diabetes prevention and management, integrating nutrition, physical activity, and digital self-management tools.	
Rapid Response to Recovery (EmPATH) Behavioral Health	- Deploys technology-enabled crisis stabilization and mobile behavioral health response teams to link individuals to community-based treatment and recovery supports. - Expand integrated, technology-enabled crisis care from community response to long-term support.	
PoWERing Maternal & Infant Health	Expands timely prenatal and postpartum care through telehealth-enabled maternal care teams serving maternity-care deserts and high-risk regions.	



Louisiana



Louisiana State RHTP Webpage FY 26 Award Amount: \$208,374,448

Initiatives	Specific Activities	Amount Requested
Strengthen Health and Emergency Systems through Workforce Expansion and Integration	- Expanding the rural healthcare workforce via financial incentives, education partnerships, and tax credits. Strategies include launching rural grants to meet workforce needs, establishing a rural clinician credit bank, and implementing a state income tax credit program. - Building a sustainable training pipeline through development of new education and training clinical rotations and mentorship programs. - Strengthening system capacity and care integration through developing collaborative provider models and enhancing emergency response capacity through community paramedicine and tele-EMS pilots.	\$245,000,000 over the five-year period
Modernize Technology Infrastructure and Capacity for Efficiency and Care Coordination	- Implement a single, net new state-managed CMS-certified EHR to connect rural providers, hospitals, and behavioral health facilities that currently lack electronic systems. - Establish a milestone-based, reimbursable RTCF-LA to accelerate the modernization of digital infrastructure for rural providers and technology partners. - Expand access to and promote the use of remote-monitoring devices for high-risk and chronic disease patients in rural parishes. - Enhance access to digital literacy education, training, and technology support, including subsidized smartphones with data and health tools for rural residents.	\$240,000,000 over the five-year period
Reinforce Innovative, Outcomes-Based Care Delivery in Rural Areas	- Facilitate risk-sharing value-based arrangements between providers serving high-needs rural populations (e.g., RHCs, FQHCs) and plans/providers (e.g., ACOs) with quality-based incentives to improve care. - Pilot innovative care models not traditionally billable to improve outcomes for hard-to-reach populations through community partnerships; post-partum care navigation; mobile units in care deserts; correctional facility care; non-HIS (hospital information system) rural hospitals; and rural pharmacy access and accompanying health literacy.	\$150,000,000 over the five-year period



Initiatives	Specific Activities	Amount Requested
Expand Physical Activity and Nutrition Interventions Through Community-Based Partnerships	• Expands interventions for chronic disease and maternal health by employing direct nutrition interventions. • Partner with rural healthcare facilities to launch “food FARMacy” programs that integrate nutrition into healthcare, combining access to healthy foods with education on diet, disease prevention, and meal planning. • Support and expand community-based nutrition and fitness through partnerships with Louisiana agriculture, fitness programs, nutrition for youth, and established institutions.	\$45,000,000 over the five-year period
Strengthen Care Integration for High-Needs Populations Through Coordinated, Multi-Modal Models	• Develop a coordinated, multi-modal care infrastructure that unites fragmented services into an integrated framework. • Develop regional care conveners and navigation networks to coordinate physical, behavioral, and social-service providers through hub organizations and deploy community and school-based navigators connecting residents to care. • Increase telehealth infrastructure access across rural facilities to support behavioral health, prenatal, and chronic care services in underserved parishes. • Expand partnerships among CCBHCs, OTPs, and rural health facilities to provide co-located care like MAT and crisis response. • Establish alternative PACE sites by retrofitting rural hospital spaces.	\$130,000,000 over the five-year period
Strengthen Access to Essential Health Services Through Capital Investments	• Establish RHF Capital Improvement Initiative as a competitive grant for rural facilities to request funds for capital improvements like facility renovations, high-cost medical equipment, and IT upgrades.	\$175,000,000 over the five-year period





Maine State RHTP Webpage

FY 26 Award Amount: \$190,008,051

Initiatives	Specific Activities	Amount Requested
Population Health: Promoting Timely Access to High-Quality Care	- Expand alternative sites of care including use of mobile units, CCHBCs, school based health centers. - Spread effectiveness and implementation of evidence-based practices. - Strengthen rural Maine's nutrition education infrastructure. - 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. - Expand CHW and Peer Support Programs. - Support access to the continuum of care for mental health and SUD support for special populations.	\$182,033,832 over the five-year period
Workforce: Strengthening Maine's Rural Health Workforce	- Recruit healthcare clinicians already licensed in state and retain them through customized training, mentoring, and support. - Strengthen local workforce development and talent pipeline including support for K-12 students, healthcare training through upskilling, creation of a Consortium for Healthcare Education and Training (CHET), and investment in rural training labs and mobile simulation units. - Develop new models and technology including a Healthcare Workforce Data Dashboard and a Rural Medical Workforce Transportation pilot.	\$202,691,606 over the five-year period
Technology: Modernizing Rural Care Delivery with Digital Health Technology	- Expand telehealth services through programs including: Virtual Quick (Urgent) care program, tele-behavioral health programs targeted to youth and perinatal care, on-demand specialty telehealth for special populations, telehealth facilitators, telehealth hubs, provider-to-provider specialty on-demand (synchronous) and e-Consult (asynchronous) consultations, - Expand the utility, functionality, and security of EHR systems through replacements, upgrades, and enhancements; strengthening cybersecurity systems for healthcare providers; and connecting EMS units with telehealth providers. - Support data integration and the reliable exchange of healthcare data through expanding and strengthening state Health Information Technology Systems, expanding use of HealthInfoNet, and the development of Maine's Community Information Exchange. - Expand the use of consumer-facing health technology tools including RPM and patient-facing digital health tools. - Create a Maine Rural AI Hub to support rural providers in adopting today's AI technologies. Establish a Rural Health AI Innovation Institute to promote development of new AI technologies.	\$200,942,115 over the five-year period



Initiatives	Specific Activities	Amount Requested
Access: Bridging the Healthcare Affordability Gap for Rural Mainers	• Issue provider payments for uncompensated care delivered by FQHCs, hospitals, and CCBHCs. • Issue provider payments for provision of Essential Health Benefits to the uninsured population. • Implement more efficient and user-friendly MaineCare Provider Enrollment technology. • Improve coordination and leveraging of existing transportation infrastructure to assist rural Mainers to meet their health and wellness needs through technology and mobility planning. • Improve consumer-friendly transparency tool on state-based marketplace to improve access to and create competition for more affordable care plan options.	\$185,546,540 over the five-year period
Sustainable Rural Health Ecosystems: Addressing Financial Instability of Rural Providers	• Support hospital financial stability through tailored hospital financial management, planning, and targeted investment. • Conduct rural regional health ecosystems planning and implementation. • Develop multi-payer alternative payment models. • Strengthen Maine's interfacility NEMT system. • Expand access to high-acuity, non-inpatient hospital care for children with complex behavioral health needs.	\$197,383,494 over the five-year period



Maryland



Maryland State RHTP Webpage

FY 26 Award Amount: \$168,180,838

Initiatives	Specific Activities	Amount Requested
Transform the Rural Health Workforce	- Expand the state's Registered Apprenticeship program to focus on healthcare apprenticeships not currently available in rural areas. Funds will support employer costs such as preceptor pay and infrastructure costs. - Expand existing peer support training program to include CHWs, patient navigators, and direct support professionals. - Expand existing AHEC work in rural MD and open a new AHEC in rural southern MD. - Implement a Maryland Health Workforce Data Clearinghouse to provide better insight into the capacity and characteristics of the state's current health workforce. Data will be managed to ensure appropriate healthcare delivery throughout rural Maryland. - Make awards to entities that help eligible individuals find, train for, and obtain employment in long term health careers serving rural Maryland. - Expand training, recruitment, and retention strategies for rural physicians and advanced practitioners through a new fund.	\$139,118,329 over the five-year period
Promote Sustainable Access and Innovative Care for Rural Marylanders	- Expand primary care and specialty care practices in rural areas through funding start-up costs and specialty practice transformation. - Strengthen revenue capture and self-sufficiency at rural local health departments and area agencies on aging. - Strengthen emergency trauma response; pilot pre-hospital whole blood transfusion; expand mobile integrated health/community paramedicine. - Pilot pre-hospital whole blood transfusion in rural regions to reduce mortality and assess effectiveness to inform the role of whole blood programs in increasing survival and reducing hospital lengths of stay. - Expand school-based health center capacity for integrated primary care, CDM, behavioral health, and oral health for students, teachers, school staff, and the rural community. - Expand HIT connectivity and optimize use of the state HIE tools in rural Maryland, including connecting new rural providers to these tools. - Centralize telehealth infrastructure to help create a virtual continuum of care across clinics, hospitals, and distant tertiary care centers. - Create grant programs to: - Expand services to meet current demand and deploy technology-enabled CDM, including RPM and wearables. - Support initial service expansion start-up costs, like staff recruitment or equipment. - Scale and connect efforts to bring healthcare directly to rural residents through technology-enabled solutions. - Support initial mobile health start-up costs. - Help rural providers adopt value-based care and alternative payment models. - Support initial behavioral health service expansion start-up costs.	\$765,310,876 over the five-year period
Empower Marylanders to Eat for Health	- Strategically locate cold-storage infrastructure within rural communities to expand food aggregation and distribution capacities. - Provide capital to small grocers and mobile access points serving rural Maryland. - Enable rural local health departments to provide targeted nutrition education to rural. - Establish a Rural Food Coordination program for regional convening and coordination across local food councils, food banks, and local government agencies. - Cover start-up costs for food aggregation systems, such as harvest containers, packhouse modifications, and packing line equipment. - Spur Maryland institutions to purchase healthy, locally grown food.	\$88,017,624 over the five-year period



Massachusetts



Massachusetts State RHTP Webpage

FY 26 Award Amount: \$162,005,238

Initiatives	Specific Activities	Amount Requested
Population Health Advancement	- Create CDM networks to convene rural hospitals, RHCs, FQHCs to build network of providers that will assess local needs; integrate community-based partners (CHWs, paramedics, nurses) for outreach efforts. - Launch "Rural MA Connect" bidirectional electronic referral and data sharing platform that connects providers, social service organizations, CBOs. - Rural innovation for systems change & effectiveness will build a cross-agency data platform that tracks bed and service availability across rural providers to the right care setting, reduce boarding times, transfer delays, costs for youth with complex behavioral and developmental needs. - Extend Automated Adverse Event Monitoring pilot to rural providers to enhance real time detection of adverse events in hospitals using automated triggers, AI, clinical expertise. - Expand RPM programs integrated with primary care and population health management to focus on training, TA, and infrastructure to expand mobile integrated health programs. - Implement new home visiting programs to facilitate CDM and RPM. - Expand hospital at home programs to provide acute, hospital-level care in patients' own homes by providing TA for waivers, establish partnerships, customize models, and parallel efforts to expand mobile health programs. - Create new financial incentives and payment programs for providers participating in value-based programs and population health management practices.	\$291,695,762 over the five-year period
Innovation in Rural Care Models	- Stand up mobile health units customized to support portable care delivery, mobile integrated health models and NCD management. - Build integrated specialty care networks to increase availability of specialty consults and services using hybrid networks allowing real-time linkages for consults. - Expand telehealth use for pharmacy, dental and behavioral health. Telepharmacy investments will support remote pharmacist dispensing and counseling, pharmacy robots to enable prescription pickup, automated medication dispensing systems and existing pharmacies to expand coverage. Teledental investments to increase portable services, services provided by hygienists and increase availability of dental services. Investments will expand the school-based behavioral health program. - Launch the rural digital health sandbox program to encourage tech innovations focused on rural healthcare and create innovation marketplace. - Launch "stronger and healthier communities through integration of emerging health tech" (SHINE HT) program to provide financial resources, TA, and implementation to support FQHCs serving rural and adoption of new technology. - Implement rural maternal health continuum of care project to support existing clinical and CBOs with additional consulting, expertise, training, and equipment to improve rural maternal health access and outcomes. - Expand opioid treatment program site funding to support assessments, startup costs, TA and coordination of community support.	\$114,502,232 over the five-year period
Healthy Rural Communities	- Establish community-based chronic disease prevention programs to expand capacity for screening, education, and interventions. - Expand CBO networks to establish local programming. - Coordinate with local public health shared service arrangements (SSAs) to support pooled staffing, service coordination and data for preventative health. - Implement population-specific programs for aging adults, people with disabilities, indigenous populations, school-aged youth and young families.	\$86,080,222 over the five-year period



Initiatives	Specific Activities	Amount Requested
Training Healthcare for Retention, Innovation, and Excellence (THRIVE)	• Launch rural talent recruitment campaign providing rural residents to pursue health professions through "grow your own" programs. • Expand statewide rural training networks and pipeline programs for allied health professionals by developing curriculum pathways and localized supports to establish training hubs for professional certification and expansion of skills. • Create rural nurse practitioner residency programs offering reduced or free tuition in exchange for five-year service commitments in rural areas and facilities. • Support pathways to permanent housing for clinical and support staff in exchange for a five-year commitment to ongoing work in rural facilities and communities. • Launch incentive programs for field placements and supervising clinicians. • Facilitate recruitment and retention plans, providing TA and on-site assessments for site-specific, medium- and long-term recruitment and retention action plans. • Create virtual workforce training platform including modules, simulations, AI detection supports, virtual mentorship pipelines, peer-support apps, and digital learning networks to build professional capacity and create networks of support.	\$123,084,335 over the five-year period
EMS Service Integration	• Provide support to encourage participation in community paramedicine models by addressing funding and equipment barriers. • Implement pilot reimbursement program to test and scale the potential for new reimbursement mechanism to improve EMS access in rural areas, enhance community-based care and decrease overall healthcare costs. • Pilot reimbursement for non-ED transports, on-scene care; statewide CMED radio modernization; protocol/dosing mobile app. • Develop and launch a pre-hospital protocol and medication dosing mobile application making the statewide treatment protocols easier to resource.	\$63,279,097 over the five-year period
Enhancing Technology Interoperability and Connectivity Initiative	• Expand rural provider participation in the state's HIE to promote interoperability and support bidirectional data exchanges. • Link rural EMS providers and hospitals to critical systems to support patient distribution and transfer, connect to modernized communication networks. • Create and deploy a local public health electronic record system with integrated billing and reporting functionality. • Provide needed cybersecurity supports to rural providers to combine technical expertise, direct assistance, and targeted funding to providers. • Provide targeted TA supports to rural providers for training in interoperability standards.	\$83,198,412 over the five-year period
Facility Modernization and Re-Use Initiative	• Fund critical capital updates for rural hospitals. • Fund critical capital updates for rural primary care sites (e.g. RHCs and FQHCs). • Fund critical capital updates for rural nursing facilities for nursing home infrastructure improvements, enhance safety, and improve resident care. • Fund specialized rural nursing facility units for behavioral health and SUD services.	\$238,159,940 over the five-year period



Michigan



Michigan State RHTP Webpage

FY 26 Award Amount: \$173,128,201

Initiatives	Specific Activities	Amount Requested
Transforming Rural Health Through Partnerships	- Develop Hubs that function as a collaborative network of local, community, and regional partners that work together to improve health and social outcomes. Hubs will prioritize the utilization of CHWs, leverage CIE and broader HIE systems, and integrate HiAP. - Create a Chronic Disease Collaborative Care Fund to advance innovative, collaborative approaches focused use of CHW and CIE for diabetes management and education, hypertension management, and chronic disease and healthy homes. - Design a Collaborative Care Integration and Sustainability Fund to support innovative initiatives focused on CHW integration, billing and sustainability, and micro-credentialing.	\$26,000,000 over the five-year period
Workforce for Wellness	- Focus on recruitment, retention, and training across a wide array of professions including behavioral health, maternal health, EMS, primary care, and other specialists in high demand. - Care Closer to Home links EMS, community paramedics, and CHWs to manage low-acuity needs outside EDs and support home-based care. - Rural health workforce pipeline and education fund to support education to employment pathways and scholarships including high school to healthcare pipeline, BSW to Clinical MSW stipends, and MSW scholarships. - Rural provider recruitment, retention, and capacity provides direct recruitment and retention incentives and workforce infrastructure across physical, behavioral, EMS, MSW, CHW, and maternal health. - Rural health dashboard to support monitoring, evaluation, and data management of health outcomes, workforce, and access to care.	\$44,731,500 over the five-year period
Interoperability in Action	- Rural interoperability and governance fund to ensure rural priorities are embedded in health data ecosystems. Establish an Interoperability Advisory Council, bringing together state leaders, rural providers, IT experts, and community stakeholders for data sharing and integration. - The rural data integration and infrastructure fund will work to advance technology innovation aimed at reducing duplicative care and improving health outcomes through interoperability and governance fund that connect providers, rural hospitals and clinics, and Michigan Hubs.	\$53,000,000 over the five-year period
Care Closer to Home Blueprint	- Promote healthy aging in rural communities blueprint includes support for PACE alternative care settings, care transition coordination, and HCBS. - Rural healthcare delivery hub-and-spoke models between traditional healthcare providers and CBOs. - Improving care delivery and access through transportation and enhancing access to NEMT, access for maternal health and healthy living, and behavioral health transportation gaps. - Advancing rural behavioral health to adapt and innovate models for IOP, crisis stabilization units, crisis intervention, CCHBC readiness, behavioral health urgent care, and mobile medication units.	\$73,000,000 over the five-year period





Minnesota State RHTP Webpage

FY 26 Award Amount: \$193,090,618

Initiatives	Specific Activities	Amount Requested
Sustaining Access to Services to Keep Care Closer to Home.	- Implement or expand models that integrate frontline staffing into care settings. - Provide TA to organizations interested in frontline workforce investment that will guide the development of sustainable organizational and financial practices. - Support Community-based Mental Health Postvention Programs to invest in a train-the-trainer model to build community-based resources. - Develop community telehealth access points in schools, pharmacies, local public health department offices or Tribal health organizations for behavioral and preventive health screenings, provider consults, remote visits, and other services. - Provide local care delivery with mobile units for physical or oral health. - 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.	\$113,787,724 over the five-year period
Recruit and Retain Talent in Rural Communities	- Introduce more high school students to healthcare careers through rural workforce pipelines via Scrubs Camps and Health Occupations Students of America chapters. - Develop allied health pathways through "Earn and Train" apprenticeships. - Expand rural clinical rotations to expose students and medical residents. - Develop rural clinical training opportunities for medical students via rotations in rural health systems. Funds may also support APP fellowships, expanded rural physician residency programs, and a family medicine/OB fellowship pilot. - Develop a TA center for excellence in rural clinical training. - Pilot the Healthy Workplace strategy to reduce burnout and increase overall satisfaction and retention.	\$107,642,192 over the five-year period
Investing in Technology, Infrastructure, and Collaboration for Financial Viability	- Support the acquisition of data management software, licenses, or TA and skill-building for healthcare providers to boost capabilities for internal data management and utilization needs, increase efficiencies and improve quality of care and financial performance. - Providing funding to rural healthcare providers to leverage a range of AI applications to improve the efficiency of clinical operations and increase the capacity for clinical staff to work at the top of their license. - Creating efficiencies for rural hospitals, clinics, FQHCs, and Tribal Nations through software tools to promote centralized care coordination and scheduling functions. - Investing in cybersecurity for eligible entities as a necessary tool for safe and secure operations of advanced technologies. - Investing in RCM tools so rural hospitals, FQHCs, other clinics, and Tribal Nations can automate and optimize billing, coding, claims processing, and payment collection, thus reducing denials, identifying errors, predicting reimbursement delays, and improving overall financial performance for healthcare organizations.	\$207,081,517 over the five-year period



Initiatives	Specific Activities	Amount Requested
Creating Regional Care Models to Improve Whole-Person Health.	- Establish and strengthen telehealth connections between rural hospitals, clinics, Tribal Nation, FQHCs, and specialists or subspecialists to expand access to specialty expertise. - Pilot a system to compensate ambulance services for 911 responses that result in patient contact but do not require transport to an ED when care-in-place strategies are appropriate. - Support building a Children's Mental Health Initiative. - Develop new mental health urgent care centers to provide supportive alternatives to jail or hospitals for individuals experiencing a mental health or substance use crisis. - Implement a Project ECHO network to connect rural PCPs with mental health specialists through virtual, case-based learning and mentorship. - Develop a Rural Telehealth Services Center that oversees and coordinates the development of regional telehealth hubs. - Expand access to medications with Strengthening Rural Pathways to Medications for Opioid Use Disorder. - Provide bridge grants to eligible hospitals or birthing centers that will allow facilities to engage in planning efforts for balancing service line sustainability with regional population needs. - Build rural OB skills through high-fidelity simulation led by physician faculty. - Implement an ECHO network that encompasses maternal health from prenatal through delivery to postpartum care.	\$228,800,375 over the five-year period
Community-Based Preventive Care and Chronic Disease Management	Support rural hospitals, clinics, Tribal Nations, and FQHCs to implement community and clinical based strategies aimed at increasing access to screenings, tools for self-management, coordinated access to healthy lifestyle programs and supports, and treatments. Activities include chronic disease screening, education, referral, and follow-up; chronic disease self-management in clinic and community; physical activity, nutrition, and upstream drivers of health referrals; and post-acute chronic disease care programs and support.	\$239,000,000 over the five-year period



Mississippi



Mississippi State RHTP Webpage

FY 26 Award Amount: \$205,907,220

Initiatives	Specific Activities
Statewide Rural Health Assessment	Engage a third-party to conduct a comprehensive statewide assessment of rural healthcare needs, both today and looking forward ten years.
Coordinated Regional Integrated Systems Initiative	Creating a connected, data-driven network of emergency, clinical, and community-based services.
Workforce Expansion Initiative	Through targeted programs, address recruitment, retention, training, and career pathway development for all healthcare professionals.
Health Technology Advancement and Modernization Initiative	Modernize rural healthcare systems by strengthening the digital backbone that supports high-quality, coordinated, and secure care.
Telehealth Adoption and Provider Support Initiative	Increasing virtual care access, supporting providers in adopting telehealth, and exploring innovative payment models. Investments will enhance connectivity, technology, and diagnostic tools to enable real-time remote care.
Building Rural Infrastructure for Delivery, Growth and Efficiency Initiative	Strengthen rural healthcare infrastructure by improving access to specialized care, closing care gaps, and supporting innovative pilot programs that enhance healthcare delivery and improve outcomes. The initiative focuses on building physical, operational, and programmatic capacity to address unmet needs, improve care coordination, and foster sustainable rural healthcare systems.

Budget data not publicly available as of 12/16/25





Missouri State RHTP Webpage FY 26 Award Amount: \$216,276,818

Initiatives	Specific Activities	Amount Requested
Regional Coordinating Networks and Hub Activation	- Create community hubs supported by regional networks as the backbone that connects every rural resident to seamless care. - Engage with non-traditional providers (e.g., Pharmacists, EMS, MIH-Community Paramedicine, Local Public Health Agencies) and invest in care coordination for physical, behavioral and social health services. - Provide TA and programs tailored to local needs.	\$167,000,000 over the five-year period
Alternative Payment Models	- Support the development and adoption of an alternative payment model framework among rural providers in Missouri to reward Hubs and participating providers, based on their effectiveness, that improve quality of care and reduce (or mitigate growth in) the avoidable cost of care. - Design a payment model that creates financial incentives tied to reductions in ED visits and inpatient admissions, as concrete proxies for avoidable cost of care, but effectuated through population health and prevention-focused measures. - Engage meaningfully with participating payers to arrive at a model design that can be operationalized efficiently and consistently.	\$72,000,000 over the five-year period
Digital Backbone: Tech and Data Interoperability	- Create a statewide backbone for data interoperability that connects Hubs, providers, and local partners to coordinated care. - Conduct a comprehensive rural assessment to evaluate each provider's readiness across interoperability, cybersecurity, workforce, and analytics. - Data infrastructure investments include EHR modernization and deployment support, RPM integration, social care referral platform integration, and adoption and change management support.	\$364,000,000 over the five-year period
Rural Health Workforce Programs	- Create an integrated rural health workforce pipeline that connects education, training, and employment to grow and retain local healthcare talent, including efforts on new entry points into healthcareers through early healthcare workforce pathways, medical school clerkship expansion, expanded EMS workforce, and development of regional training hubs and coordination. - Expand maternal health workforce including CNMs, doulas, and perinatal home visitors. - Build a stronger, more unified EMS system by expanding workforce capacity, strengthening training infrastructure, and incentivizing regional collaboration. - Invest in workforce retention and enablers such as childcare access, housing support, awards for healthcare professionals, and real-time clinical support access to perinatal or child psychiatrics.	\$115,000,000 over the five-year period
Provider Transformation	- Ensure the long-term financial, operational, and sustainable future of the rural healthcare system through strategic infrastructure access modifications, alternative payment models, and operational innovation and tech-enablement. - Invest in RPM technologies and TA to connect rural patients and providers. - Invest in ambient AI to streamline administrative tasks, reduce clinician workload and burnout risk, and allow providers to focus more on patient care. - Invest in strategic renovations to three horizons: facilities needing critical support to maintain access and services, those ready to reconfigure services, and those positioned for transformation.	\$252,000,000 over the five-year period



Montana



Montana State RHTP Webpage FY 26 Award Amount: \$233,509,359

Initiatives	Specific Activities	Amount Requested
Develop Workforce Through Recruitment, Training, and Retention	• Increase recruitment of rural healthcare workers through early exposure programs, apprenticeships, pay for technical instruction, micro-pathways to credentials, talent attraction campaigns, and scholarships. • Enhance and increase rural clinical training capacity and opportunities, including residencies, preceptor and apprenticeship incentives, and rural training tracks. • Retain and upskill rural healthcare workforce through additional supportive services and enhanced training.	\$117,900,000 over the five-year period
Ensure Rural Facility Sustainability and Access Through Partnership and Restructuring	• Launch a time-limited Montana Rural Health Center of Excellence to develop and oversee the implementation of data-backed financial sustainability recommendations. • Protect and increase access by fostering and incentivizing clinical partnerships, including support for virtual care for rural residents, telehealth for IDD services, pediatric virtual care delivery, and interfacility patient transport coordination system. • Facilitate vendor and shared services for rural facility cost efficiency.	\$473,700,000 over the five-year period
Launch Innovative Care Delivery and Payment Models	• Implement innovative payment and care models that prioritize patient outcomes and access to care, including a focus on dual-eligible and LTC. Expand technical support for PCPs participating in Medicaid VBP. • 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. • Extend access to lower-cost care through pharmacist point-of-care testing sites with limited diagnostic and treatment capabilities. • Protect and increase outpatient access through targeted outpatient site improvements for hospitals.	\$120,000,000 over the five-year period
Invest in Community Health and Prevention Infrastructure	• Implement community-based models to make preventive care accessible for rural communities including school-based healthcare, mobile care vans, and community health efforts for Tribes. • Update rural healthcare infrastructure through critical repairs and modernizations. Enhance targeted CCHBCs and establish partner facilities with crisis center "safe places for help." • Invest in creating high-impact community spaces promoting nutrition and healthy lifestyles.	\$150,000,000 over the five-year period
Deploy Modern Healthcare Technologies to Guide Rural Health Interventions	• Improve data usability and statewide operational tools (e.g., bed registry) utilizing HIE data to drive decisions and population health interventions, using continuous improvement. • Modernize EHRs for rural providers, including an opt-in model via regional hub "community connect" enabling interoperability, telehealth capabilities, and data sharing while promoting consumer-facing technologies.	\$108,200,000 over the five-year period



Nebraska



Nebraska State RHTP Webpage

FY 26 Award Amount: \$218,529,075

Initiatives	Specific Activities	Total Funding Request \$1,000,000,000 over the five-year grant period
Make Rural Nebraska Healthy Again through Food as Medicine	Establish statewide infrastructure to improve access to whole foods and lower obesity risk by transforming rural school kitchens, developing regional food hubs to include farmers and ranchers, and introducing nutrition education and fitness programs.	
Regionalized Rural Access and Navigation	Develop hub and spoke regional networks to ensure rural residents can access care for emergency response, maternal care, post-acute follow-up, preventive care, and other local services.	
Rural Workforce Acceleration	Address care gaps by recruiting, training, and retaining a resilient workforce that advances whole-person health through the State's "grow local" strategy.	
eHealth and Mobile Health	Implement remote care through mobile clinical units, oral health teams, technology-enhanced pharmacy services, and consumer-facing remote patient monitoring.	
Rural Emergency Behavioral Health	Address behavioral health needs by creating a continuum of care for early intervention and emergency behavioral health and substance use services.	
Assisted Living Facility (ALF) Special Needs Population Incentive Model	Better serve residents with complex medical, physical, intellectual, and other high-acuity needs through provider add-ons and modernization grants for ALFs.	
Nebraska Rural Health Technology Catalyst Fund and Partnership Initiative	Improve access, enhance disease management, and strengthen the financial sustainability and workforce capacity of rural providers by investing in high-tech innovations to support critical healthcare gaps in rural communities. Nebraska's proposal combines evidence-based innovation with deep community partnerships to transform how care is delivered across the State.	





Nevada RHTP Webpage

FY 26 Award Amount: \$179,931,608

Initiatives	Specific Activities	Amount Requested
Rural Health Outcomes Accelerator Program (RHOAP)	• Fund improvements in chronic disease, primary care, behavioral health, and maternal and infant health. Initiatives may include new online collaborative care strategies, remote and/or hybrid approaches to care, and online patient health management tools. • Fund financial incentives for rural hospital and provider participation in VBP arrangements through a Rural Value Acceleration Network. • Fund integrated care models with an emphasis on leveraging a non-traditional healthcare workforce to supplement the rural healthcare system. • 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.	\$30,000,000 over the five-year grant period
Rural Health System Flex Fund	• Establish a flex fund for investments in items like technology, equipment, supplies, mobile units, emergency services, NEMT, etc. • Encourage rural providers to leverage their regional buying power through regional purchasing strategies and sharing arrangements. Use a portion of these funds to help expand rural and frontier affiliation networks and shared-services models.	\$40,000,000 over the five-year grant period
Workforce Recruitment and Rural Access Program	• Create the Workforce Recruitment and Rural Access Program to address immediate and long-term provider gaps, including "grow your own" strategies, new incentives for providers to live and serve in rural areas of the state, tuition aid with commitments to serve rural Nevada, and a rural physician residency program. • Focus on continuing education incentives, career-ladder development within CAHs and FQHCs, and apprenticeship networks. • Strong support for scalable, community-based, and cost-effective workforce recruitment and training for CHWs and PSSs.	\$80,000,000 over the five-year grant period
Rural Health Innovation and Technology Grant	• Develop the use of interoperable technology, standardized health information sharing, and continuous data reporting. • Establish a new rural health innovation and technology grant program for innovative technologies and modernization of health data and records systems with a focus on alignment with the CMS Digital Health Ecosystem and addressing cybersecurity needs for rural health systems.	\$30,000,000 over the five-year grant period



New Hampshire



New Hampshire RHTP Webpage FY 26 Award Amount: \$204,016,550

Initiatives	Specific Activities	Budget data not publicly available as of 12/16/25
Make Rural NH Healthier	• Make rural NH healthier through evidence-based, outcome-driven interventions to improve disease prevention, CDM, behavioral health and perinatal care. • Advance prevention and population health initiatives by implementing and scaling evidence-based programs in behavioral health, perinatal health, CDM, oral health, and unmet health needs. • Foster healthy lifestyles in rural communities by increasing access to healthcare services and investing in local infrastructure for transportation, nutrition, physical activity, mental well-being, and technology. • Strengthen existing community-based prevention efforts by investing in coordination, workforce capacity, and infrastructure that make prevention programs sustainable. • Invest in workforce training, care coordination, and learning collaboratives to promote the implementation and continuous improvement of evidence-based, team-based care models across rural safety-net settings. • Implement the Presidential Fitness Test to expand school-based wellness and physical activity.	
Transformational Care Models and Partnerships	• Create sustainable long-term access to care for rural residents through transformational care models and partnerships that allow rural facilities and clinicians to work with primary care, specialty care, and EMS providers to coordinate operations, sharing technology and resources. • Employ a primary care and prevention first model, expanding rural primary care practices to integrate interdisciplinary team-based care including behavioral health, SUD, CHWs, and addressing unmet health related needs. • Expand and strengthen NH's network of CCBHCs to improve access to integrated, person-centered behavioral health, SUD, primary care, and continuous crisis response services. • Improve enhanced care coordination capacity through community-based nursing models that extend care into patients' homes and other rural settings. • Establish new EMS units in rural areas to address gaps in rural EMS response. Implement a 911 Rural Emergency Access to Care and Telehealth (REACT) system linking a clinician-led triage team with dispatch. • Improve specialty access to OB care via telehealth, provider partnerships, and upskilling the existing workforce.	
Attract, Train, and Retain a Highly-Skilled Healthcare Workforce	• Attract, train, and retain a highly-skilled healthcare workforce by strengthening recruitment and retention of current healthcare workers and providing opportunities for new entrants to the healthcare workforce. • Develop regional partnerships between local providers, high school technical education programs, community college, and universities to create rural healthcare career pathways. • Invest in the Governor's Health Scholars Award Program, a training infrastructure, and innovative staffing models including simulation labs; mobile learning units; and earn-to-learn programs that connect students and paraprofessionals with real-world experience. • Expand rural career pathways and educational programs throughout the learning continuum from high school vocational tracks to nursing, dental, and medical training programs. • Provide supportive infrastructure – such as childcare, transportation, and updated clinical equipment to strengthen the rural workforce, improve satisfaction and retention.	



Initiatives	Specific Activities
Develop Innovative Care Models to Improve Health Outcomes, Coordinate Care, and Promote Flexible Payment Arrangements	Budget data not publicly available as of 12/16/25 • Strengthen the financial solvency of the rural healthcare system while improving access and outcomes by shifting payments and operations toward prevention-first, value-based care. • Design, evaluate, and implement a rural hospital payment model that rewards investments in primary care, lowers avoidable ED, inpatient utilization, and keeps more care local. • Bolster ACO readiness to enable FQHCS and other safety-net providers to participate in VBP and two-sided risk arrangements. • Administer capital investments that expand technology, telehealth, care-at-home capacity. • Establish a care management payment model for children with complex behavioral health needs to reduce high-cost acute episodes.
Foster the Use of Innovative Technologies and Modernize Care Delivery	• Foster the use of innovative technologies and modernize care delivery in rural communities to promote efficiency, data security, and access to digital health tools by rural facilities, providers, and patients. • Improve the digital health technology infrastructure, interoperability, and care coordination of rural providers through the expansion and integrated HIT systems, including upgrades and enhancements to EHRs to foster interoperability. • Adopt and use RPM to improve health outcomes for rural patients. • Explore and implement AI-powered tools that support predictive analytics, ambient listening, clinical decision support, RCM, real-time claims management, and streamlined authorizations. • Upgrade, enhance, and replace infrastructure within CMHCs and CCBHCs to establish an interoperable common EHR, RCM systems, AI tools, and patient engagement tools. • Evaluate and implement cybersecurity initiatives to promote data security for rural health providers. • Expand MIH services across rural to strengthen emergency and community-based care and establish a 911 Rural Emergency Access to Care and Telehealth (REACT) system that connects a clinician-led triage team directly with emergency dispatch.



New Jersey



New Jersey RHTP Webpage FY 26 Award Amount: \$147,250,806

Initiatives	Specific Activities	Total Funding Request \$1,000,000,000 over the five-year grant period
Building the Workforce	- Expand rural workforce capacity by recruiting, training, and retaining both clinical providers and community-based health extenders such as CHWs, dental health coordinators, SUD peers, doulas, and lactation professionals. - Strengthen retention and reduce burnout through enhanced reflective supervision. - Prioritize rapidly deployable non-clinical training that builds local employment, improves health literacy, and keeps workforce benefits rooted in rural communities.	
Targeted Infrastructure Investments to Transform Care	- Target critical rural providers including CCBHCs, FQHCs, primary care, and hospitals to strengthen behavioral health, preventive care, and core service capacity. - Improve emergency and trauma access through investments in the University Hospital System and statewide EMS helicopter response. - Advance sustainable access by supporting CCBHCs' transition to Medicaid funding and enabling FQHC capacity expansion, including dental care.	
Investing in Technologies that Bring Care to Where People Live	- Expand technology-enabled care by funding telehealth, RPM, and mobile care models that deliver preventive, behavioral health, and chronic disease services directly to rural residents. - Support real-world innovation pilots through the state's Healthcare Innovation Engine, which collaborates with startups, health systems, and payers to test responsible digital health solutions. - Advance the Tech Innovation goal by addressing rural barriers such as limited provider networks and variable internet access to ensure digital tools genuinely improve care access.	
Focusing on Preventive Health Interventions	- Strengthen preventive care capacity by investing in CBOs, providers, and public health partners to expand outreach, education, and access to preventive services. - Improves system readiness through data modernization and enhanced operational capacity for rural EMS.	
Helping Improve Chronic Disease Outcomes	- Improves chronic disease prevention and management by supporting data integration, public-facing dashboards, and provider and community grants focused on healthy lifestyles, nutrition, and physical activity. - Advances the Make Rural America Healthy Again goal by enhancing care coordination, EHR capabilities, and targeted chronic disease interventions for rural residents.	



New Mexico



New Mexico RHTP Webpage

FY 26 Award Amount: \$211,484,741

Initiatives	Specific Activities	Amount Requested
Healthy Horizons: Expanding Access to Care in Rural Communities	- Strengthen specialty care and CDM for high-risk rural populations by implementing regionalized specialty and maternal care networks, provider training, and remote care technologies to expand access. - Focus areas include specialty care expansion, behavioral health services, regional collaborative partnerships, prevention and CDM, community-centered remote care, and coordinated ancillary care. ED tele-consults; maintain/enhance emergency departments; explore EMS mobile integrated health; treat-in-place; telehealth-supported procedures. - Support community-centered remote care to implement virtual mentorship and consultation models, invest in digital tools and communication platforms, pilot technology-enabled care models, upgrade and integrate EHR systems, enhance cybersecurity infrastructure, introduce mobile apps and portable diagnostic tools.	\$1,215,690 - \$1,841,299 over the five-year grant period
Rooted in New Mexico: Building Tomorrow's Rural Health Workforce	- Build and sustain a rural and Tribal health workforce by expanding local career pathways, strengthening clinical training pipelines and educational opportunities, and supporting long-term retention through housing, mentorship, and community-based incentives. - Fostering local interest in health careers through activities including health career pathway programs, targeted outreach and mentorship. - Strengthening the workforce pipeline through activities including scholarship programs, clinical rotations, apprenticeships, faculty stabilization, career ladders, interstate licensure reciprocity, MIH services, and incentives for providers. - Mobilizing the rural health workforce through activities including service commitments, housing, mentor networks, and burnout mitigation.	\$679,966 - \$1,064,893 over the five-year grant period
Rural Health Innovation Fund: Enabling Community- Designed, Community-Led Change	- Launch a competitive grant program that empowers rural, frontier, and Tribal communities in New Mexico to design and lead locally tailored health initiatives addressing unique challenges such as preventive care, behavioral health, non-medical drivers of health, and provider facility needs. - Potential uses of funds could include expanding access to supports targeting non-medical drivers of health improvements, improved SUD or opioid use disorder services, enhancing preventive care services, and upgrading and/or retrofitting SNFs and rehabilitation centers.	\$425,638 - \$703,757 over the five-year grant period



Initiatives	Specific Activities	Amount Requested
Bridge to Resilience: Rural Health Sustainability & Innovation Center	- Establish a Rural Health Sustainability & Innovation Center to deliver tailored TA, provider education, and operational support that strengthens financial stability, fosters regional partnerships, and equips rural providers to navigate long-term challenges and improve care delivery. - Potential use of funds may include strategic and operational technical assistance, provider education and learning collaborative, data analytics platform access, and policy advocacy.	\$514,993 - \$734,945 over the five-year grant period
Rural Health Data Hub: Establishing a Health Analytics Platform	- Build a statewide health analytics platform that integrates siloed data sources to improve rural health planning, enable predictive insights, and expand transparent access to timely, actionable information for providers, policymakers, and communities. - The rural health data hub will assist in clarifying the healthcare landscape, needs, and drivers; predictive analytics; consumer and provider facing healthcare transparency; and financial transparency and patient empowerment.	\$249,938 - \$352,356 over the five-year grant period





New York RHTP Webpage
FY 26 Award Amount: \$212,058,208

Initiatives	Specific Activities	Total Funding Request \$1,000,000,000 over the five-year grant period
Rural Community Health Integration	Establish coordinated rural health partnerships that facilitate/finance communities to develop comprehensive care coordination enhancing patient access to a wide range of providers across the care continuum, effectively addressing health and social needs.	
Strengthening Rural Communities with Technology-Enhanced Primary Care	Improve rural patient access to and utilization of high-quality primary care through the Patient Centered Medical Home model with the incorporation of AI where appropriate.	
Rural Roots - Building a Sustainable Rural Healthcare Workforce	Create a self-sustaining cycle of workforce development and pipeline that addresses both immediate staffing needs and long-term capacity-building, ensuring New York's rural communities have continuous access to high quality healthcare services tailored to their regional circumstances.	
Investments in Technology Innovation and Cybersecurity Enhancements for Rural New York	Expand access to care through telehealth, improving patient outcomes through eConsult partnerships, increasing usable alerts in rural counties and strengthening cybersecurity of rural facilities.	



North Carolina



North Carolina RHTP Webpage FY 26 Award Amount: \$213,008,356

Initiatives	Specific Activities	Amount Requested
Build Rural Community Care Network Hubs	Establishing locally governed NC ROOTS Hubs that connect medical, behavioral health, and social services, making it easier for rural residents to access comprehensive care close to home. Hubs will be responsible for tailoring RHTP initiative and activities to meet specific rural needs in that region.	\$349,000,000 over the five-year grant period
Expanded Primary Care, Prevention, and CDM	Each NC ROOTS Hub must address (1) perinatal health; (2) chronic disease, prevention, cancer, and physical fitness; and (3) FIM. Each Hub will pursue a minimum number of projects which closely align with the needs of their community in each of the three focus areas.	\$120,000,000 over the five-year grant period
Behavioral Health Expansion and Integration	- Expand CCBHCs to reach rural communities and standardize the state's CCBHC model. - Deliver enhanced assessment and treatment programs to address critical gaps. - Leverage collaborative models to connect residents to care, like through paramedic initiated MAT after an overdose.	\$155,000,000 over the five-year grant period
Build a Robust and Resilient Workforce	- Establish regional rural training Hubs to deliver technical support, training, and administrative services to bolster the rural healthcare workforce. - Expand the Rural Behavioral Health Workforce Development Certification Program. - Expand a statewide program to train and retain social workers to serve rural communities. - Develop a community doula and CHW program.	\$136,000,000 over the five-year grant period
Financial Sustainability	- Administer a capacity building program for rural healthcare providers and hospital networks to successfully participate in VBP. - Launch a Medicaid primary care and pediatrics capitation pilot to provide an opportunity for rural primary care providers to test an advanced VBP program.	\$82,000,000 over the five-year grant period
Modernize Rural Care Delivery Through Digital Forward Solutions	- Help rural health providers modernize their business operations and HIT infrastructure through the Rural Health Innovation Fund. - Establish the NC Rural Digital Health Collaborative as a centralized resource to support providers in navigating the digital health landscape and ensure they are equipped to adopt and sustain cutting-edge digital solutions. - Connect rural providers to the state HIE. - 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. - Improve digital health literacy in rural communities. - Integrate RPM and chronic care management into rural healthcare.	\$156,000,000 over the five-year grant period



North Dakota



North Dakota RHTP Webpage

FY 26 Award Amount: \$198,936,970

Initiatives	Specific Activities	Amount Requested
Strengthen and Stabilize Rural Health Workforce	- Expand rural healthcare training programs. - Improve retention in rural and Tribal communities. - Use technology as an extender for rural providers. - Provide TA and training for the existing workforce.	\$162,392,742 over the five-year grant period
Make North Dakota Healthy Again	- Launch Eat Well ND to enhance enhance nutrition education for North Dakotans, from providers to parents and families. - Launch ND Moves Together to educate on the benefits of physical activity across the state. - Promote connection and resiliency to improve mental health with a focus on children.	\$85,868,031 over the five-year grant period
Bring High-Quality healthcare Closer to Home	- Right-size rural healthcare delivery systems. - Provide TA for providers on business practices and revenue stream diversification. - Enhance the telehealth and mobile clinic infrastructure. - Expand CHW and paramedic infrastructure, training, and certification. - Ensure safety net service delivery through technical assistance, equipment, training, grants, and upgrades for providers and EMS. - Ensure rural residents have access to transportation. - Develop care coordination programs with payers in the state for patients with chronic disease or behavioral health conditions. - 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.	\$583,755,433 over the five-year grant period
Connect Tech, Data, and Providers for a Stronger ND	- Modernize the state's healthcare data environment by unifying EHRs, payer data, and pharmacy data. - Support cooperative purchasing agreements for technology, regulatory and financial infrastructure, use of staff, and bulk purchasing of supplies and equipment. - Harness AI to detect early signs of chronic disease and behavioral health conditions and expand the capacity of rural providers, - Utilize new technology including drones for rapid transport, automated prescription pickup kiosks, and laboratory capability to process self-collected specimens.	\$167,983,794 over the five-year grant period





Ohio RHTP Webpage
FY 26 Award Amount: \$202,030,262

Initiatives	Specific Activities	Amount Requested
Ohio Rural School Based Health Centers (SBHCs)	- Pilot use of new technology that screens for ASD in school based health centers. - Each site will staff a CHW or similar navigator to provide care and resource coordination for patients, conduct community outreach to engage residents in primary care at the school based health center, and provide patient education and support for utilization of consumer tech and remote monitoring equipment. - Operate school based health centers on college campuses serving rural communities.	\$20,000,000 - \$25,000,000 over the five-year grant period
OH SEE, Vision, Hearing, and Dental Services for Rural Students	Expand OH SEE mobile optometric services to students in rural areas and add hearing and dental services.	\$25,000,000 - \$30,000,000 over the five-year grant period
Ohio Rural Health Innovation Hubs	Establish CINs and Rural Health Regional Centers of Excellence (RHRCEs) by supporting planning, start-up costs, and expansion with the goal of having every rural area of the state covered by a fully functioning CIN or RHRCE.	\$90,000,000 - \$125,000,000 over the five-year grant period
Rural Ohio Emergency Care Transformation	- Provide 911 system upgrades that allow for dispatcher-initiated triage of patients while the medic unit is enroute responding to a scene. - Provide one-time funding to EMS providers to support development of protocols to include alternate destination transport (ADT) and TIP, and training of dispatchers, medics, and ADT sites.	\$12,000,000 - \$18,000,000 over the five-year grant period
Rural Health Workforce Pipeline and Development Projects	- Coordinate workforce pipeline activities between high schools, universities, community colleges, career technical schools, and healthcare employers. - Provide upskilling to CHWs to address rural-specific needs and to support RHTP projects including training on utilization of consumer facing technology and remote monitoring devices to support healthy lifestyles and CDM. - Provide upskilling to pharmacists to operate at the top of their license. - Provide rural recruitment and retention initiatives and 6-month housing stipends for those who relocate to serve in rural communities for 5-year minimum commitments to fulfill workforce needs for physicians, nurses, pharmacists, therapy providers, dietitians, oral health providers, behavioral health providers, optometrists, audiologists, CHWs, and more. - Provide CME resources for physicians on nutrition.	\$10,000,000 - \$15,000,000 over the five-year grant period



Initiatives	Specific Activities	Amount Requested
Maternal and Infant Wellness Home Visiting in Rural Ohio	• Provide start-up investments in nurse-led home visiting for all rural and partially rural counties. • Support training and upskilling for nurses to provide evidence-bases home visiting models.	\$6,000,000 - \$8,000,000 over the five-year grant period
Rural Hospital Training and Technical Assistance Center (RHTAC)	• Provide a resource for hospitals to receive no-cost TA, training, and guidance for developing sustainability plans. • Conduct workshops for healthcare administration professionals to equip them with best practices in addressing hospital solvency. • Help with ad hoc hospital needs such as addressing emergent issues or upskilling for new leaders. • Develop sustainability plans for CAHs.	\$800,000 - \$1,500,000 over the five-year grant period
Electronic Medical Record Access for Pharmacies	• Provides fundamental tools and training for pharmacists to operate under the expanded scope of practice. • Allow pharmacists to utilize EHRs to become an integrated part of patient care, providing point-of-care testing and prescribing, and utilizing Ohio's Automated Rx Reporting System to prevent misuse and diversion of prescription drugs and to promote improved patient care in rural communities.	\$3,000,000 - \$4,500,000 over the five-year grant period
Healthier Ohio Initiatives	• Engage rural communities in a movement that bridges medicine and preventive behaviors. • Clinical settings, schools, and community-serving agencies will implement systemic, sustainable, and evidence-based initiatives that focus on Lifestyle Medicine's six pillars for reducing risk and mortality of chronic disease throughout the age continuum of the resident population.	\$15,000,000 - \$25,000,000 over the five-year grant period



Oklahoma



Oklahoma RHTP Webpage

FY 26 Award Amount: \$223,476,949

Initiatives	Specific Activities
	Budget data not publicly available as of 12/16/25
Innovating the Care Model	• Implement care delivery models that extend preventative, primary, and specialty care to rural residents.
Moving Upstream	• Invest in community-led health and wellness support, including connections to care and innovative chronic disease prevention and management programs.
Facilitating Regional Collaboration	• Invest in a statewide rural regionalization plan to strengthen partnerships between rural providers and leverage scale for administrative support, advanced technology, and governance support.
Shifting to Value	• Implement a pathway to VBP options for primary care and behavioral health through practice enablement and clinical extension pilots.
Growing the Next Generation of Rural Talent	• Build recruiting pipelines through "grow your own" programs and incentives for rural practice.
Building Health Data Utility	• Expand access to, use of, and uses for health data through investment in base technology (e.g., EHR), interoperability, and data and analytics functionality.





Oregon RHTP Webpage

FY 26 Award Amount: \$197,271,578

Initiatives	Specific Activities	Amount Requested
Regional Partnerships & System Transformation	- Focus on building rural regional hubs to accelerate long-term, sustainable strategies. - Apply regional solutions to address urgent, immediate needs and enhance Oregon's shared healthcare infrastructure for rural communities. - Scale up planning efforts to pair region-specific healthcare needs with transformative resources. - Invest in cross-sector collaboration. - Invest in EMS modernization, regional coordination, advisory structures, and shared planning for triage and interfacility transfers.	\$40,000,000 - \$55,000,000 over the five-year grant period
Healthy Communities & Prevention	- Bolster rural health systems by expanding access to integrated primary care and social health services that promote prevention, healthy nutrition, care coordination, and care management, especially for individuals with complex health statuses. - Ensure rural Oregonians can easily and affordably access necessary services, including for behavioral health, maternal and child health, oral health, LTC, and emergency services, in their community across a variety of settings by leveraging local partnerships and technology-driven solutions. - Increase social health services, navigation and outreach capabilities, non-traditional care teams, and population health infrastructure. - Advancing innovative, community-driven solutions that provide choice and tools to support personal healthcare management. - Support older-adult treat-in-place models and mobile care that rely on EMS linkage.	\$50,000,000 - \$75,000,000 over the five-year grant period
Workforce Capacity & Resilience	- Expand the skilled healthcare workforce, including non-physician practitioners and allied health professionals. - Create new training opportunities through developing rural track residencies and fellowships and allocating resources to rural provider training such as mobile simulation units. - Invest in tele-monitoring through Project ECHO. - Establish new or expand provider-to-provider consultation lines to rural regions. - Invest in K-12 workforce pathway programs through camps, career coaching, and job shadowing opportunities. - Support expansion of EMS training and certification pathways. - Provide short-term housing solutions for rural training locations, career networking for spouses and partners, flexible childcare options, and housing search assistance. - Invest in workforce training for behavioral health providers and non-physician health providers, like doulas.	\$30,000,000 - \$45,000,000 over the five-year grant period



Initiatives	Specific Activities	Amount Requested
Technology & Data Modernization Initiative	• Bolster the use of innovative tech-enabled solutions to improve patient engagement, service delivery, care coordination, population health management, interoperability, and data sharing. • Support the design, deployment, and/or enhancement of IT systems, software, data sharing, or data analytics infrastructure. • Centralized strategic TA and training for all phases of HIT technology implementation and operations for rural providers and organizations.	\$7,400,000 - \$35,000,000 over the five-year grant period
Tribal Initiative	• Supports nine Federally Recognized Tribes of Oregon, honoring self-determination, self-governance, and Tribal sovereignty of the Tribes. • Acknowledges that the Tribes are best positioned to understand the needs of their communities and to lead the transformation of rural healthcare for their own Tribal communities, as well as for the broader communities they serve. The initiative will be carried out by the Tribes within their service delivery areas.	\$20,000,000 over the five-year grant period



Pennsylvania



Pennsylvania RHTP Webpage FY 26 Award Amount: \$193,294,054

Initiatives	Specific Activities	Amount Requested
Technology and Infrastructure Initiative	• Modernize statewide health data infrastructure in alignment with CMS' Health Technology Ecosystem (HTE) Model. • Establish Regional Hubs to scale digital health innovations using capital investments in equipment and software, implementation and training, and an innovation fund for early implementation costs. • Deploy mobile and digital health solutions to bring care to hard-to-reach rural communities. • Create Community Wellness Hubs to improve health and catalyze collaboration.	\$243,300,000 over the five-year grant period
Maternal Health Initiative	• Create regional rural Maternal Health Hubs to serve as a centralized access point for comprehensive, coordinated maternity care. • Implement and disseminate a mobile app for new moms. • Use rapid response telephonic and telepsychiatry services for perinatal mood disorders and SUDs. • Manage chronic disease and high-risk pregnancies through RPM. • Reopen L&D units in selected underserved areas. • Invest in community-based telehealth access points and peer-to-peer consultation.	\$187,400,000 over the five-year grant period
Behavioral Health Initiative	• Increase awareness of 988 for behavioral health crises. • Increase access to care through remote behavioral health consultations via telephonic peer-to-peer behavioral health consultation. • Implement a Collaborative Care Model to deliver coordinated, measurement-guided treatment. • Provide scholarships for peer and recovery specialist certifications. • Expand existing Mental Health Training Management System to add training modules for new stakeholders like community advocates, police, and judges.	\$61,000,000 over the five-year grant period
Aging and Access Initiative	• Build Hospital-to-Home Community Paramedicine program to reduce readmissions, ED utilization, and avoidable nursing home placements. • Fund targeted quality initiatives for LTC. • Launch Nurse Aide Training Hub to expand opportunities for education training and case management of direct care workers. • Expand PACE to underserved rural counties in northeastern Pennsylvania. • Redesign the state's Aging and Disability Resource Center.	\$77,600,000 over the five-year grant period



Initiatives	Specific Activities	Amount Requested
EMS and Transportation Initiative	• Modernize EMS infrastructure with new equipment, targeted workforce recruitment campaigns and rural service bonuses, and development of a regional triaging system. • Increase reliable NEMT to reduce missed appointments and improve maternal and child health outcomes.	\$86,500,000 over the five-year grant period
Workforce Initiative	• Recruit and prepare rural students for health careers with a focus on a “grow your own” approach. • Build out rural training tracks, train-in-place models, and rotation opportunities for medical and dental students. • Invest in innovative, team-based workforce initiatives that make rural healthcare more attractive, leverage the full range of provider skill sets, and strengthen the long-term sustainability of services for rural residents.	\$239,200,000 over the five-year grant period



Rhode Island



Rhode Island RHTP Webpage FY 26 Award Amount: \$156,169,931

Initiatives	Specific Activities	Amount Requested
Integrated Rural Population Health Infrastructure	Establishes a comprehensive population health infrastructure that integrates Community Clinical Care Hubs with rural community-led networks to transform rural healthcare delivery. Hubs will serve as the clinical foundation for the state's rural population health infrastructure.	\$80,007,241 over the five-year grant period
Rural Community-Integrated and Mobile Health Services	- Establish dedicated telemedicine spaces with the necessary technology, supported by trained personnel, to assist residents in accessing and navigating virtual visits. - Advance partnerships with schools to act as integrated health access points for students through telehealth and on-site services. - Create a coordinated rural mobile health network to bring preventive, primary, and oral healthcare to communities.	\$40,612,561 over the five-year grant period
Expanding Access to Rural Community Resources	Make rural clinics and community spaces accessible to ensure more residents fully benefit from transformative investment made through other initiatives.	\$11,341,370 over the five-year grant period
Rural EMS Health Access and Integration	- Scale MIH-Community Paramedicine program to all rural towns. - Establish a State EMS Academy in rural Exeter to serve as permanent foundation for rural EMS education. - Modernize EMS equipment and technology, including targeted enhancements for remote island communities.	\$47,342,420 over the five-year grant period
Rural Hospital-at-Home Program	Strengthen access to acute and post-acute care services in rural communities by establishing a scalable home-based hospital care model that delivers safe, high-quality acute-level hospital care in patients' homes as a substitute for traditional inpatient admission.	\$74,979,026 over the five-year grant period
Expanding Behavioral Health Services Availability in Rural Regions	- Establish two 24/7 behavioral health and crisis stabilization centers in rural areas. - Create up to four new recovery community centers in rural regions. - Provide addiction medicine specialist services at four hospitals serving rural patients, including low-barrier, walk-in substance use services and peer navigators.	\$55,334,170 over the five-year grant period
Strengthening Rural Oral Health Delivery Through Innovation and Integration	Expand both immediate and long-term dental capacity across rural Rhode Island through a virtual triage system and transform an existing dental facility at a hospital into a specialized, fully accessible outpatient dental care center.	\$8,918,286 over the five-year grant period



Initiatives	Specific Activities	Amount Requested
Building Capacity for Block Island Health and Human Services	Incorporate elements of multiple other initiatives to meet the needs of Block Island, which grows from 1,100 permanent residents during the year to over 30,000 during summer months.	\$7,270,520 over the five-year grant period
Modernizing healthcare Delivery for the Narragansett Indian Tribe	Partner with the Narragansett Indian Tribe to modernize infrastructure, strengthen workforce capacity, and enhance care coordination at the Narragansett Indian Health Center.	\$3,835,300 over the five-year grant period
Rural Workforce Program	- Expand rotation and field experiences in community-based settings. - Create financial incentives for clinicians and allied health professionals. - Implement continuing education programs that connect new providers with experienced rural practitioners. - Expand access to oral health through a new dental residency program.	\$250,761,602 over the five-year grant period
Supporting Hospitals and Primary Care in Value-Based Payment Transition	- In concert with the state's participation in the AHEAD model, promote multi-payer alignment through Hospital and Primary Care Incentive Payments for Alternative Payment Model Reporting and Performance and a Targeted TA Program. - Provide direct financial support for strategic projects that help eligible providers implement VBP.	\$180,000,000 over the five-year grant period
Rural Health Information Technology Modernization Program	Implement a Rural HIT Modernization Program, including a state-sponsored EHR solution designed for rural providers and a rural HIT infrastructure grant fund.	\$140,000,000 over the five-year grant period
Rural Health Data and Workforce Tracking System	- Create a standardized data system to identify and track opportunities for upstream health improvements at the community and individual levels. - Create a centralized Community Health Needs Assessment (CHNA) repository that will help community partners standardize data practices, improve quality, reduce duplication, and enable analysis of patients' long-term health. Individualized community data profiles will map local provider capacity and highlight opportunities to address upstream drivers of health across all 18 rural towns. - Develop a comprehensive statewide healthcare provider tracking system to accurately assess workforce distribution across rural and non-rural regions.	\$8,500,000 over the five-year grant period



South Carolina



South Carolina RHTP Webpage

FY 26 Award Amount: \$200,030,252

Initiatives	Specific Activities	Amount Requested
Connections to Care	Expands digital infrastructure by improving EHR systems, implementing RPM and telehealth services, and creating a statewide resource database platform to connect rural residents to essential services like food, housing, and transportation.	\$300,000,000 over the five-year grant period
Leveling Up	Scale successful pilot programs statewide by enhancing GME programs to support rural training, conducting comprehensive needs assessments to identify gaps in access, and building on existing chronic care initiatives that have demonstrated improved outcomes in sickle cell, diabetes, hypertension, and other high-burden conditions.	\$175,000,000 over the five-year grant period
Wellness Within Reach	- Expand mobile crisis response teams and community care sites. - Deploy a community paramedicine program to provide preventive care, chronic disease monitoring, and post-discharge follow-up in rural areas. - Existing rural outreach and EMS-related training programs are leveraged to strengthen emergency response, coordination, and linkage to follow-up care.	\$250,000,000 over the five-year grant period
Shoring Up to Sustainability	Strengthen rural healthcare systems through health workforce grants, facility enhancements, training for rural providers to prevent hospital closures, upskilling existing healthcare professionals, and building pipeline programs through partnerships with high schools, technical colleges, and universities.	\$150,000,000 over the five-year grant period
Tech Catalyst Fund	Supports rural health technology startups and community-based innovations to drive long-term health and economic improvements.	\$25,000,000 over the five-year grant period



South Dakota



South Dakota RHTP Webpage

FY 26 Award Amount: \$189,477,607

Initiatives	Specific Activities	Amount Requested
Connect Technology and Data for a Healthier South Dakota	- The SD Health Data Atlas will serve as a comprehensive rural health dashboard, integrating data from state agencies and the HIE into interactive maps, charts, and tables. - Target EHR, interoperability, and HIT support to the size, needs, and capabilities of rural providers. - Funding and TA for facilities to implement a robust operational infrastructure, including systems and equipment.	\$500,000,000 over the five-year grant period
Building a Sustainable Rural Healthcare Workforce	- Offer recruitment incentives like tiered sign-on bonuses, relocation assistance, and rural service stipends to remove barriers to relocation. - Provide current rural healthcare workforce with direct funding for education, certification, or leadership training tied to 5-year rural service commitments. - Collaborate with technical colleges and universities to expand accessible rural training pathways to include apprenticeship opportunities.	\$62,500,000 over the five-year grant period
Expand and Strengthen Rural Community Health Worker Workforce	- Expand CHWs and community health representatives (CHRs) through establishing Medicaid billing pathways and supporting integration into organizational structures to ensure durable funding and reimbursement; enhancing provider awareness of CHWs and CHRs; and assisting organizations in establishing and expanding CHW programs. - Offer cross-training and scholarship opportunities for EMS professionals, medical assistants, patient access staff, tribal health workers, and other personnel.	\$3,535,176 over the five-year grant period
Rural Health Forward: Training and Resource Hub	Launch a statewide digital resource and training hub to provide access to on-demand learning modules, regional training events, and simulation-based experiences focused on key topics like maternal and child health, behavioral health, emergency care, telehealth, and chronic disease prevention.	\$4,730,000 over the five-year grant period
Medicaid Primary Accountable Care Transformation	- Implement an alternative payment model providing flexible, capitated payments to rural primary care practices. Providers may receive grants for care coordination, care managers, population health tools, and technology enhancements. The model will be supplemented with a platform for real-time performance dashboards, HEDIS tracking, and year-end bonus calculations. - Align payment methodologies across Medicare, commercial insurers, and Tribal health programs. - Provide TA on care coordination, CDM, behavioral health integration, and value-based operations.	\$62,610,000 over the five-year grant period
Medicaid Rural Health Access and Quality Grants	Establish grants to help rural hospitals and clinics assess and transition service delivery models to ensure long-term access to healthcare. Allowable activities under the grants include strategic partnerships, service line expansion, operational efficiency, and operational efficiency.	\$125,000,000 over the five-year grant period



Initiatives	Specific Activities	Amount Requested
Strengthening CDM	- Target rural funding to hospitals, clinics, pharmacies, and schools to implement evidence-based interventions tailored to local needs. - Expand evidence-based programs to help individuals manage symptoms, improve daily functioning, and reduce healthcare costs. Expansion includes increasing program capacity and training more organizations to ensure sustainability and reach. - Provide new resources for caregivers through peer support groups, coordinated resources, expanded provider training, and increased respite care availability. - Target training to topics such as RPM, caregiver coordination, fostering provider engagement, and sustainable impact.	\$45,079,000 over the five-year grant period
Regional Maternal and Infant Health Hubs	Reduce maternal and infant health disparities and improve access to high-quality care in rural and Tribal areas in South Dakota by establishing regional hubs. These hubs focus on both clinical care and broader care coordination supported by spoke sites that integrate community social-support networks.	\$24,000,000 over the five-year grant period
Integrate Behavioral Health through CCBHC & Collaborative Care	- Implement the CCBHC model statewide. - Support behavioral health and primary care providers in meeting CCBHC and Collaborative Care standards, including same-day access, case management, peer support, and integrated screening. - Establish one Mobile Crisis Team and one crisis stabilization facility per region to reduce ED use and jail holds. - Implement a Behavioral Health PPS with outcome-based incentives and provider TA. - Create a statewide, multi-functional EHR/IT system - Expand telehealth capabilities to improve access in rural and frontier areas. - Implement recruitment and retention strategies, training programs, and supports for both licensed professionals and paraprofessionals such as PSSs, CHWs, care coordinators. - Provide TA for grant management, CCBHC coordination, PPS implementation, and population health platforms, including care coordination, referral tracking, and analytics tools. - Ensure coverage and implementation of Collaborative Care Model billing codes for both Medicaid and commercial insurance.	\$56,357,877 over the five-year grant period
Enhancing Sustainable Emergency Medical Services	- Incentivize establishment of strategically located EMS hubs to optimize coverage, reduce response times, and coordinate advanced life support. - Support EMS providers through career development, simulation-based training, retention strategies, and certification programs. - Implement real-time data systems, telemedicine platforms, and hospital interfaces to enhance patient care and operational coordination. - Reduce duplication, pool resources, and streamline EMS operations to lower costs while maintaining high-quality service. - Provide support for EMS coordination, data collection, and performance tracking.	\$64,000,000 over the five-year grant period



Tennessee



Tennessee RHTP Webpage FY 26 Award Amount: \$206,888,882

Initiatives	Specific Activities	Amount Requested
Activating Sustainable Service Lines in Rural Hospital and Healthcare Facilities	Support co-location of services; minor alterations and renovation within existing footprint to retrofit underutilized space; acquisition of clinical equipment; staffing supports and retention incentives to 5-year rural service commitments; simulation-based training and credentialing for high-acuity, low occurrence events; development of clinical protocols and workflow redesign; coverage models and on-call strategies; telemedicine.	\$95,000,000 - \$250,000,000 over the five-year grant period
Unifying Multiple High Impact Efforts to Expand Tennessee's Rural Emergency Care	- Expand rural emergency care infrastructure and bring integrated health services directly to residents in hard-to-reach communities. - Launch and scale community paramedicine programs in high-need areas. - Embed neonatal resuscitation and perinatal readiness into rural EMS operations statewide. - Deploy mobile behavioral health units. - Build the Tennessee Healthcare Resilience, Integration, and Value Expansion (THRIVE) initiative, representing Tennessee's next-generation model for sustainable healthcare preparedness and rural system transformation.	\$66,568,795 over the five-year grant period
Direct Access to Public Health, Primary Care, and Dental Services for the Uninsured	- Expand Uninsured Adult Healthcare Safety Net Program network. - Leverage LHDs in rural counties to align public and private resources, expand high-value direct services, and help patients navigate care.	\$96,000,000 over the five-year grant period
Expand Rural Access to ADRD Care Through a Hub-and-Spoke Model	- Build a statewide resource to improve access to diagnosis and treatment for those experiencing Alzheimer's Disease and Related Dementias (ADRD). - The hub-and-spoke network to connect specialized clinics with existing neuropsychiatry resources, telehealth, and trained non-clinical staff.	\$32,000,000 over the five-year grant period
Targeting Efficiency to Improve Access to Leadership Skills and Specialty Services	- Develop executive leadership pathways to place trained rural health leaders within priority communities. - Expand Behavioral Health Workforce to utilize co-location at high demand locations. - Accelerate CHW program to rural communities to improve health outcomes for rural residents.	\$39,000,000 over the five-year grant period
Enhancing Investments in the Rural Dental Workforce to Improve Oral Health Access	Extend Rural Dental Pilot Program to address persistent shortages of dental professionals in rural and distressed communities; expand provider recruitment, establish new access points, and integrate preventive oral health services in dental HPSAs.	\$20,000,000 - \$75,000,000 over the five-year grant period
Building a Safer Start for Every Mother and Child	Fund projects to expand maternity care capacity, improve perinatal education and emergency response, and enhance data systems that connect families to services.	\$144,000,000 over the five-year grant period
Catalyzing Rural Health Value Based Payment	Expand VBP success to rural hospitals, obstetric providers, and dental clinics to strengthen infrastructure, workforce readiness, and quality improvement systems that support sustained participation in VBP.	\$100,000,000 - \$125,000,000 over the five-year grant period



Initiatives	Specific Activities	Amount Requested
Expansion of Competitive "Rural Health Resiliency Program" Grants for Community Driven Prevention Efforts	Create a robust network of providers and community-based organizations to deliver integrated, comprehensive prevention and health services that address the root cause of poor health outcomes.	\$56,000,000 - \$150,000,000 over the five-year grant period
Competitive Grants for Locally Led-Upstream Prevention, Nutrition, and Active Living	Provide grants to address severe nutrition security issues in rural areas through expanding access to health-promoting environments, nutrition security infrastructure, and evidence-based prevention initiatives.	\$51,000,000 over the five-year grant period
Develop and Scale Solutions to Reduce Transportation Barriers in Rural TN	Launch a competitive grant program allowing hospitals, critical-access facilities, or other third-parties to apply for funding to implement or expand transportation programs.	\$9,000,000 over the five-year period
Competitive Grants for Rural Health Technology Infrastructure	Create a competitive grant program for rural hospitals, clinics, and networks to implement scalable, interoperable, and secure digital solutions that expand access, strengthen clinical integration, and reduce administrative burden.	\$76,000,000 over the five-year grant period
Developing a Statewide HIE	Enable seamless data sharing across providers, strengthen emergency and disaster response and reduce provider burden, ultimately enhancing population health management and a more integrated healthcare system that meets the diverse needs of rural communities.	\$31,000,000 over the five-year grant period
Expansion of Tennessee's Closed Loop Referral System (CLRS)	Expand rural access to the statewide CLRS platform that connects individuals to community-based organizations addressing health-related social needs.	\$31,000,000 over the five-year grant period
Connection Innovation Offices to Rural Providers to Advance Health-Tech	Empower rural providers and community partners to adopt, adapt, and scale technology-enabled solutions that improve outcomes and reduce costs.	\$15,000,000 over the five-year grant period
Establish Statewide eConsult Platform to Improve Specialty Access for Safety Net	- Build a digital platform that allows PCPs to consult with specialists electronically. - Strengthen the digital foundation of rural healthcare through the expansion of the Healthcare Resource Tracking System (HRTS) and Patient Bed Matching (PBM) platforms.	\$15,000,000 over the five-year grant period
Building a Comprehensive Rural Health Workforce Pipeline	- Invest in physician residencies to retain graduates in rural regions. - Advance rural behavioral health careers. - Provide recruitment incentives to attract providers to underserved areas. - Start early exposure programs in high schools and colleges. - Foster partnerships between urban academic centers and rural universities and offer paid internships and field placements in rural health. - Create mental health first aid training for frontline staff and other health professionals. - Expand an existing learning management system for CE-credit learning across disciplines, allowing providers to continue their professional development in isolated training environments.	\$52,000,000 over the five-year grant period





Texas RHTP Webpage

FY 26 Award Amount: \$281,319,361

Initiatives	Specific Activities	Amount Requested
Make Rural Texans Healthy Again	Issue grants to rural hospital districts that enhance or create community-based prevention, wellness, and nutrition programs or services aimed at improving one or more of the chronic disease conditions.	\$217, 859,529 over the five-year grant period
Rural Texas Patients in the Driver's Seat	Establish consumer-facing health portals that engage patients and facilitate HIE between patients, providers, and payers. Patients will be able to communicate directly with providers, access documentation, conduct virtual visits, and provide anytime access to health information.	\$150,000,000 over the five-year grant period
Lone Star Advanced AI and Telehealth	Deploy Lone Star Advanced Artificial Intelligence and connect disparate pieces of a fragmented specialty care telehealth landscape into a statewide network available to primary care providers and their patients.	\$150,000,000 over the five-year grant period
The Next Generation of the Small Town Doctor and Team	Make grant awards to local providers that focus on one of four approaches: Career path development for local high school students; Scholarships for recent high-school graduates; Relocation or signing bonuses for early, mid, or late career professionals; Creation of a new residency training program, fellowship, or combination program, including by partnering with academic institutions or an existing teaching hospital. Providers and community leaders must develop and update retention plans and implement retention strategies.	\$200,000,000 over the five-year grant period
Unified Care Infrastructure and Rural Cyber Protection	Establish a Unified Care Infrastructure and bolster cybersecurity defenses across rural providers by deploying a managed security solution, all-time security operations center monitoring, and comprehensive user training.	\$100,000,000 over the five-year grant period
Infrastructure and Capital Investments for Rural Texas	Permit rural providers to add and replace the equipment they need to improve patient care. In addition to equipment needs, providers will be able to invest in existing buildings and infrastructure, including minor building alterations or renovations.	\$150,000,000 over the five-year grant period





Utah RHTP Webpage FY 26 Award Amount: \$195,743,566

Initiatives	Specific Activities	Amount Requested
Preventive Action and Transformation for Health (PATH)	- Strengthen rural food infrastructure to support local producers' capacity to supply rural communities with locally-sourced fresh, nutritious whole food. - Strengthen physical activity and nutrition in schools and support the Presidential Fitness Test through Gold Medal Schools. - Support rural built environment needs in order to improve the walkability, physical safety, and recreation of rural communities in support of regular physical activity and active transportation. - Improve coordinated care for prevention and disease management through a community care hub model. - Support integrated behavioral health and primary care services using a stepped-care approach.	\$155,000,000 over the five-year grant period
Rural Incentive and Skill Expansion (RISE)	- Develop GME training in rural healthcare facilities to allow students to focus their residency or internship programs in rural hospitals and rural community outpatient settings. - Expand rural clinical preceptor capacity through an incentive program to support rural clinical preceptors for a range of providers, including nurses, physician assistants, and physicians. - Increase health career pathways through the creation of "grow-your-own" high school to certification programs. - Optimize public-private partnerships to expand rural-based, non-GME health workforce career training programs in targeted occupations with regional demand. - Recruit and retain rural workforce through structured incentive awards for high-need professions.	\$187,000,000 over the five-year grant period
Sustaining Health Infrastructure for Transformation (SHIFT)	- Support capital infrastructure improvements to improve care delivery, keep care local, and improve the quality of care in rural Utah. - Expand services and resources through rural health provider networks such as a rural health clinic network, pediatric trauma network, or community health worker network. - Strengthen EMS through establishing community paramedicine programs that provide non-emergency healthcare services in rural areas. - Build new models for innovative care that expand access to mobile services, enhance transportation for medical appointments, and support prevention and management of chronic diseases, cancer, behavioral health, and maternal and child health in rural communities.	\$437,000,000 over the five-year grant period (split between FAST and LIFT)



Initiatives	Specific Activities	Amount Requested
Financial Approaches for Sustainable Transformation (FAST)	• Support rural providers in transitioning to value-based care models. • Develop infrastructure for revenue cycle optimization. • Implement a pilot for an alternative payment model to increase specialty care access.	\$437,000,000 over the five-year grant period (split between SHIFT and LIFT)
Leveraging Innovation for Facilitated Telehealth (LIFT)	• Address the healthcare and telehealth needs specific to rural communities through scalable, sustainable projects and preventive care, chronic disease and cancer, behavioral health and SUDs, maternal and infant health, medication access and adherence and oral care.	\$437,000,000 over the five-year grant period (split between SHIFT and FAST)
Shared Utilities for Partnered Provider Operational Resources and Technology (SUPPORT)	• Support investments in EHR upgrades and improved patient access. • Defend rural facilities from cyberattacks. • Equip rural providers through shared cybersecurity expertise and training. • Deploy consumer-facing tech and AI solutions. • Facilitate clinical technology and AI solutions.	\$190,000,000 (split between SUPPORT and LINCS initiatives) over the five-year grant period
Leveraging Interoperability Networks to Connect Services (LINCS)	• Support rural providers in modernizing interoperability capabilities. • Expand patient access to health information. • Build a statewide, cloud-based, interoperable data platform that harmonizes information from EHRs, claims, and public health systems into a consistent, computable structure. • Support applications of the semantic data model.	\$190,000,000 (split between SUPPORT and LINCS initiatives) over the five year grant period





Vermont RHTP Webpage

FY 26 Award Amount: \$195,053,740

Initiatives	Specific Activities	Amount Requested
Regionalization and Innovative Care Strategies	- Conduct detailed strategic planning and implementation of a regional system of care. - Expand access to community-based care through urgent care and mobile units and invest in equipment to provide high-acuity services to nursing home residents. - Deploy specially trained EMS staff under physician/NP oversight to deliver protocol-driven care in homes, support post-discharge follow-up, and shift avoidable visits out of hospitals, including flexibility to "triage and treat" in the community.	\$300,000,000 - \$400,000,000 over the five-year grant period
Establishing a Clinically Integrated Network of Shared Services	- Foster collaboration and partnerships across the continuum of independent providers in the state and implement a system of shared services to produce operational efficiencies. - Provide grants to enable providers to purchase necessary technologies to improve care delivery, like RPM and telehealth.	\$100,000,000 - \$200,000,000 over the five-year grant period
Strengthening Primary Care	- Integrate and coordinate treatment for complex chronic conditions through a new payment model. Support modern care teams to address root causes of disease and provide coordination for patients. - Adopt clear, state-specific guidelines aligned with national best practices and guidelines promoted by HHS for evidence-based practice and workforce training. - Offer assistance for primary care practices to integrate data-driven care coordination. - Create a statewide learning network to support ongoing performance monitoring, shared of best practices, and continuous refinement of care models.	\$200,000,000 - \$300,000,000 over the five-year grant period
Healthcare Workforce Development	- Foster collaboration and partnerships among hospitals, educational institutions, and community partners to develop coordinated, regionally focused recruitment and training approaches that build a sustainable health workforce for the future. - Ensure healthcare professionals practice in-state for at least five years.	\$100,000,000 - \$200,000,000 over the five-year grant period
Price Transparency and Insurance Competition	- Enhance the state's ability to produce timely, accurate, and comprehensive analysis of cost, quality, and access metrics through a technical platform. - Support a statewide assessment to evaluate options to enhance healthcare coverage affordability. Findings from this assessment will inform state decision-making, guiding near- and long-term policy actions to improve sustainability of the state's Marketplace, and explore new affordability strategies.	\$10,000,000 - \$50,000,000 over the five-year grant period



Virginia



Virginia RHTP Webpage

FY 26 Award Amount: \$189,544,888

Initiatives	Specific Activities	Amount Requested
CareIQ	- Grow Virginia's health technology ecosystem and deploy homegrown innovations that strengthen care delivery in rural communities. - Support adoption of decision-support, documentation, and workflow tools, including AI advances to reduce administrative burden, ease provider burnout and allow rural clinicians to focus more of their valuable time on patient care. - Support independent rural providers and eligible health systems in modernizing infrastructure to promote interoperability. - Provide funding for providers to implement RPM.	\$282,600,000 over the five-year grant period
Homegrown Health Heroes	- Create residency slots in high priority specialties. - Expand allied health degrees to enable community college students to enroll in health degree programs that are currently in shortage. - Develop provider-education partnerships to build apprenticeship programs. - Expand healthcare credential offerings at Career and Technical Education centers for high-school students in rural areas.	\$132,000,000 over the five-year grant period
Connected Care, Closer to Home	- Use mobile units and hybrid care to expand access to primary and preventive care and diagnostics. - Fund community paramedicine pilots to enable EMS TIP to mitigate avoidable ED visits. - Connect pregnant and postpartum women with community maternal health hubs and mobile units for pre- and postnatal care and education, support, and resource navigation.	\$412,000,000 over the five-year grant period
Live Well, Together	- Fund infrastructure and start-up costs for food pharmacy programs to further food is medicine. - Deploy consumer-facing digital health tools that empower individuals to make sustainable lifestyle and behavioral changes. Technologies in scope include mobile and web-based applications, wearable devices, and digital engagement platforms. - Fund rural communities, local governments, and community organizations to expand access to safe, engaging spaces and programs that promote physical activity for children and youth. - Develop a platform with user-friendly, multilingual educational modules explaining Medicaid and Medicare coverage, eligibility, and enrollment processes, and have tools to compare plan options.	\$124,200,000 over the five-year grant period



Washington



Washington RHTP Webpage FY 26 Award Amount: \$181,257,515

Initiatives	Specific Activities	Amount Requested
Ignite Innovation in Washington's Rural Hospitals	• Support rural facility financial health and improve access. • Expand "The Rural Collaborative" rural health network focusing on improved revenue cycle management, adoption of new technologies, and shared tools. • Co-design a value-based payment model for long-term sustainability engaging both payers and providers. • Invest in critical technology infrastructure and maintenance needs including AI tools, data platforms, population health tools, improved telehealth and remote patient monitoring tools, cybersecurity technologies, and related infrastructure. • Sustain and strengthen maternal, emergency, and specialty services at risk in rural areas through investments in things like RPM and capacity payments.	\$265,000,000 - \$305,000,000 over the five-year grant period
Prevent Disease and Manage Care in Community Settings	• Build and expand healthcare programs and workforce through community-based mobile health, technology, and EMS to engage people in prevention early, connect them to services for social needs, care for them as they age, and transport them efficiently to clinical settings for acute care needs. • Expand the community-based workforce through increasing opportunities for CHWs and removing obstacles for LTC workers. • Expand dementia resources and creation of dementia capable communities for individuals and caregivers. • Modernize EMS inter-facility transport and support for trauma designated facilities in rural communities. • Triage individuals, families and caregivers in rural areas to the appropriate level of services and care in their neighborhoods.	\$125,000,000 - \$130,000,000 over the five-year grant period
Invest in the Health of Native Families	• Make critical investments to sovereign Tribal Governments to improve the health and wellbeing of Native families. • Invest in Native workforce through training and hiring of Community Health Representatives (CHRs), doulas, care coordinators/case managers, behavioral health aides/practitioners (BHA/P) or community health aides/practitioners (CHA/P) based on the individual needs of each Tribe. • Establish care coordination agreements to develop strategic partnerships between the Tribes and rural hospitals. • Investments to support HIE and IHS health IT modernization program.	\$100,000,000 over the five-year grant period



Initiatives	Specific Activities	Amount Requested
Adopt Technology and Data Solutions to Enable Health Improvements	• Provide start-up funding and technical assistance for new, emerging, and proven technologies that can increase efficiency, access, and quality. • Expand existing remote care service and provider mentorship/education offered through Project ECHO. • Create a technology fund to enable providers to sustainably expand access to high quality care through investments in up-front costs for integrating technology; state-wide telehealth and remote monitoring services; and providers' data infrastructure.	\$95,000,000 - \$110,000,000 over the five-year grant period
Develop Washington's Rural Workforce to Support Rural Communities	• Launch a comprehensive strategy to strengthen the rural health workforce, focusing on key health roles such as nurses, primary care providers, maternity care providers (including midwives and doulas), dental hygienists, LTC workers, and community-based care professionals. • Support the WWAMI Family Medicine Residency Network FMRN, which supports the development, growth and sustainability of family medicine residency programs across Washington State and the greater WWAMI region, including guiding students towards rural workforce participation. • Support Washington State University (WSU) rural practitioner training programs and the Rural Nursing Education Program. • Establish a fund for innovative grow-your-own training programs such as apprenticeships, on-the-job training and other strategies in rural provider or community organization settings. • Establish a financial incentive fund for providers who commit to a five-year service obligation in rural communities.	\$165,000,000 - \$175,000,000 over the five-year grant period
Expand and Sustain Washington's Rural Behavioral Health System	• Invest in mobile crisis response and mobile stabilization services in alignment with SAMHSA's National Behavioral Health Crisis Care Guidance framework. • Support transition of behavioral health clinics to the CCBHC model including increased resources and technical assistance. • Improve access to school-based behavioral healthcare services to better support rural youth. • Establish a workforce incentive program for rural opioid treatment providers (OTP) recruitment and retention.	\$120,000,000 over the five-year grant period



West Virginia



West Virginia RHTP Webpage FY 26 Award Amount: \$199,476,099

Initiatives	Specific Activities	Amount Requested
Connected Care Grid	• Build infrastructure to bring virtual and in-person care access on-demand. • Build new pathways to care through a hub-and-spoke model to support telehealth, telemedicine, mobile care units, RPM, and paramedicine. • Fund EMS community paramedicine and treatment-in-place programs to deliver in-home urgent care, reduce avoidable transport, and expand access. • Catalyze development and uptake of interoperable provider directory and scheduling platform(s). • Fund and scale RPM programs by subsidizing both connected devices and service enablement infrastructure. • Provide matching grants to fund telemedicine equipment and technology for in-state providers. • Fund provider incentives, focusing on priority specialties, to go-live with payers in providing virtual services. • Create an interoperable digital spine connecting providers and payers, with cloud-based platforms for secure and real-time data exchange.	\$174,000,000 over the five-year grant period
Rural Health Link	• Create a unified health-mobility platform to connect to transport options and create targeted investments to address key gaps in supply. • Invest in one unified health-mobility platform to dispatch rides across transportation options (e.g., NEMT, public transit, rideshare, volunteer). • Integrate triage capabilities with 911 to ensure non-emergency patients receive NEMT, not EMS, enabling alternative destination transport.	\$46,000,000 over the five-year grant period
Mountain State Care Force	• Recruit, train, and retain the healthcare workforce of the future through developing home-grown talent, attracting providers to the state, and strengthening retention and staffing models. • Grow local talent pipelines through funding outreach programs to expose high school students to healthcare careers and co-fund faculty positions with private-sector at regional local colleges and technical programs. • Fund new rural residency (e.g., medicine, pharmacy) and rural fellowship slots with co-funding between providers, hospitals, universities. • Provide targeted incentives tied to a 5-year rural service commitment to attract and retain healthcare workers in shortage areas. • Co-fund paid, entry-level healthcare apprenticeship roles and support career-ladder advancement programs with provider cost-sharing to help workers move into higher-skill roles. • Use start-up grants to create regional rotational staffing pools, fund technical assistance and other start-up support. • Co-invest in additional training (e.g., Project ECHO) to enable rural clinicians to receive virtual education from academic medical centers.	\$167,000,000 over the five-year grant period



Initiatives	Specific Activities	Amount Requested
Smart Care Catalyst	• Support transformative tech-enabled innovation, streamlined operations, and paying for healthcare value and quality. • Reduce provider operating expenses to establish a productivity support fund for direct provider investments in technology and efficiency improvement such as AI use, service line planning, and share service collaboration. • Design and administer statewide, multi-payer payment models to improve population health and cost of care on priority conditions (including behavioral health and CDM). • Provide implementation support to strengthen VBP participation and provide startup funds and structured incentives to expand provider participation. • Expand PACE program implementation and provide startup funds to create new centers.	\$245,000,000 over the five-year grant period
Health to Prosperity Pipeline	• Help West Virginians rebuild health, rejoin the workforce, and thrive in their communities by connecting adults facing chronic disease, pain, or behavioral-health challenges to coordinated care and job placement. • Establish integrated health-to-work programs for at-risk adults including identification, care support coordination, career coaching, job resources, and wrap-around supports. • Keep people healthy and employed through development of worksite programs to help keep at-risk adults in current employers.	\$65,000,000 over the five-year grant period
Personal Health Accelerator	• Empower healthy living through food-is-medicine programs, education and rewards for exercise and wellness activities. • Create statewide challenge competition among communities for achieving health and lifestyle outcomes. • Improve prevention of obesity, diabetes, hypertension, and cardiovascular diseases by creating access to nutrition, lifestyle, and care interventions. • Reduce hospitalizations and improve quality of life for individuals with COPD and asthma through early detection, monitoring, and management. • Target behavioral health and SUD recovery by embedding wellness, prevention, and wraparound supports into treatment and community care. • Expand resources to support seniors and aging-at-home. • Develop shared referral and tracking systems by funding data integration between EHRs, HIE, and community resource databases.	\$107,000,000 over the five-year grant period
HealthTech Appalachia	• Incubate and scale new, innovative solutions through seed grants to incubate new technologies that measurably improve access, outcomes, and total cost prioritizing SUD, chronic-disease, and consumer engagement in healthy living. • Create an Accelerator program to drive broad adoption through grants or forgivable loans in areas such as SUD, chronic-disease control, healthy living, care models, and AI solutions.	\$103,000,000 over the five-year grant period





Wisconsin RHTP Webpage

FY 26 Award Amount: \$203,670,005

Initiatives	Specific Activities	Amount Requested
Rural Talent Recruitment and Retention	- Establish rural workforce grants for efforts such as integration of CHWs, paramedics, and behavioral health into health delivery, as well as access to childcare, transportation, and housing. - Focus on adoption of CHWs through competitive grants for rural facilities and assessment of ROI and outcomes. - Partner with key agencies on activities such as starting healthcare career pathway programs in high schools and funding clinical training partnerships.	\$337,000,000 over the five-year grant period
Interoperability Infrastructure and Modernization	- Create the Facility Technology Transformation Fund, which will allocate resources to rural facilities to purchase technology improves access, maximize provider productivity, and ensure patients benefit from modern digital health tools including AI and RPM. - Focus on public navigator transformation to invest in the state's community and HIE and create a single integrated state platform. - Use technology to strengthen the farmer wellness program and access to veteran care.	\$329,000,000 over the five-year grant period
Population Health Infrastructure	- Offer Care Coordination grants to innovate care delivery in the state's seven Healthcare Emergency Readiness Coalition regions with services such as mobile clinics and tele-dentistry, expansion of care sites, building renovations, and psychiatric residential treatment facilities. - Support behavioral health innovations including CCBHC models, modernizing reimbursement efficiencies, data sharing, and supporting youth mental health. - Improve care for dual eligible individuals through modernization of Medicaid reimbursement, use of public intervenor services, and allocation of funding for Tribal Nations.	\$278,500,000 over the five-year grant period



Wyoming



Wyoming RHTP Webpage FY 26 Award Amount: \$205,004,743

Initiatives	Specific Activities	Amount Requested
Access to Emergency Medical Care	- Enhance basic medical infrastructure including ambulance services, emergency department and labor and delivery services. - Establish a "Critical Access Hospital-Basic" incentive program to provide emergency department, ground ambulance, and labor and delivery services, and connection to the statewide HIE, in exchange for a set of tiered incentives. - EMS regionalization through a similar set of incentives to small ambulance services in exchange for transforming operations through regionalization. - Establish the "BearCare" public medical plan to give individuals and small employer groups the option of buying-in, at cost, to a State-operated public benefit plan that only covers emergent episodes of care.	\$480,000,000 over the five-year grant period
Rural Workforce Supply	- Grow the supply of essential healthcare workers using a combination of individual education support awards, educational capacity grants, and 5-year required service periods. - Workforce education individual support to cover pipeline costs for individuals in nursing, EMS, behavioral health, and physician. - New post-GME slots to produce more family medicine physicians at sites like the existing Rural Training Track (RTT) residency program. - Time-limited and competitive workforce education start-up funding to build training programs. - State policy actions focus on the development of licensure compacts and addressing scope of practice.	\$251,372,520 over the five-year grant period
Health Technology Transformation	- Offer a competitive grant process for technology procurement to improve care delivery closer to home, build interoperability across providers, and cut wasteful administrative activity emphasizing home dialysis, RPM, diabetes prevention and management. - Create a centralized tele-specialty hub that could schedule and deliver consults to various provider types around the State, with an initial focus on behavioral health services. - Centralize the scheduling, coordination, and billing of NEMT. - Centralize billing capacity for rural providers, starting with EMS agencies.	\$102,500,000 over the five-year grant period
Make Wyoming Healthy Again	- Improve metabolic, behavioral, and cardiovascular health through a set of clinical and non-clinical interventions. - Expand the number and geographical reach of FQHCs, with a focus on improving the integration of primary care with behavioral health, OB/GYN care, dental, and preventive health services. - Improve the clinical coordination of care for dual Medicare/Medicaid eligible who are at high risk of chronic disease. - Promote personal wellness activities through diet, exercise, and the outdoors.	\$157,922,625 over the five-year grant period



Index

NRHA Resources

- [NRHA Rural Health Transformation Program Webpage](#)
- [NRHA Interactive Map of RHTP State Application Tracking](#)

Glossary

ACO - Accountable Care Organization
AHEAD - Achieving Healthcare Efficiency through Accountable Design
AHEC - Area Health Education Center
AI - Artificial Intelligence
API - Application Programming Interface
APP - Advance Practice Providers
ASD - Autism Spectrum Disorder
ASTP - Assistant Secretary for Technology Policy
BH - Behavioral Health
BHA/P- Behavioral Health Aide/Provider
BSW - Bachelor of Social Work
CAH - Critical Access Hospital
CBO - Community-Based Organization
CCBHC - Certified Community Behavioral Health Clinic
CDM - Chronic Disease Management
CE - Continuing Education
CHA/P - Community Health Aide/Provider
CHR - Community Health Representatives
CHW - Community Health Worker
CIE - Community-based Integrated Care
CIN - Clinically Integrated Networks
CLRS - Closed Loop Referral System
CME - Continuing Medical Education
CMHC - Community Mental Health Centers
CMMI - Center for Medicare & Medicaid Innovation
CMS - Centers for Medicare & Medicaid Services
CNA - Certified Nursing Assistant
CNM - Certified Nurse-Midwives
COPD - Chronic Obstructive Pulmonary Disease
CT - Computed Tomography
CVD - Cardiovascular disease
EBT - Electronic Benefits Transfer
ED - Emergency Department
EHR - Electronic Health Record
EMR -Electronic Medical Record
EMS - Emergency Medical Services
EMT -Emergency Medical Technician
FHIR - Fast Healthcare Interoperability Resources
FIM - Food Is Medicine
FQHC - Federally Qualified Health Center
GME - Graduate Medical Education
HiAP -Health in All Policies
HCBS - Home and Community Based Services

HEDIS- Healthcare Effectiveness Data & Information Set
HHS - U.S. Department of Health and Human Services
HIE - Health Information Exchange
HIS - Hospital Information System
HIT - Health Information Technology
HPSA - Health Professional Shortage Area
IDD - Intellectual and Developmental Disabilities
IHS- Indian Health Service
IT - Information Technology
IOP - Intensive Outpatient Program
L&D - Labor and Delivery
LHD- Local Health Department
LPN - Licensed Practical Nurse
LTC - Long Term Care
MAT - Medication-Assisted Treatment
MIH - Mobile Integrated Health
MSW - Master of Social Work
NEMT - Non-Emergency Medical Transportation
OB/GYN - Obstetric and Gynecological
ONC - Office of the National Coordinator for Health Information Technology
OTP - Opioid Treatment Programs
PACE - Program of All-Inclusive Care for the Elderly
PCP - Primary Care Provider
PSS - Peer Support Specialist
PPS - Prospective Payment System
RCM - Revenue Cycle Management
REH - Rural Emergency Hospital
RHC - Rural Health Clinic
ROI- Return on Investment
RPM - Remote Patient Monitoring
RRT- Rural Training Track
TA - Technical Assistance
TIP - Treat in Place
SNAP - Supplemental Nutrition Assistance Program
SNF - Skilled Nursing Facility
SORH - State Office of Rural Health
SUD - Substance Use Disorder
VBP - Value Based Payment

Other Sources:

- [Kaiser Family Foundation \(KFF\)](#)
- [American Academy of Family Physicians \(AAFP\)](#)
- [RHIHub](#)

