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The Rural Health Transformation Program: Beyond the Grant Approval Phase - Implementing for Sustainability

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Agenda

- RHTP Overview & Key Themes
- Defining Success & Core Objectives
- Implementation Planning & Execution
- Monitoring, Reporting & Sustainability

RHTP Background

- **$50 billion, five-year program with eight primary requirements**
- **Six of these requirements essentially support the two core objectives:**
  - Improve access to care for rural citizens
  - Improve health outcomes in rural communities
- **CMS has signaled it could reduce funds in future years, and even 'claw back' some funds if performance is not deemed sufficient**
- **Key RHTP themes:**
  - Collaboration
  - Sustainability
  - Innovation
  - Technology

RHTP Critical Requirements

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Requirements of Detailed Rural Health Transformation Plans

1.	To improve **access** to hospitals, other healthcare providers and healthcare items and services furnished to rural residents of the State
2.	To improve healthcare **outcomes** for rural residents of the State
3.	To prioritize the use of new and emerging **technologies** that emphasize prevention and chronic disease management
4.	To initiate, foster, and strengthen local and regional strategic **partnerships** between rural hospitals and other healthcare providers in order to promote measurable quality improvements, increase financial stability, maximize economies of scale and share best practices in care delivery
5.	To enhance economic opportunity for, and the supply of, **healthcare clinicians** through enhanced recruitment and training
6.	To prioritize data and **technology-driven solutions** that assist rural hospitals and other rural healthcare providers in delivering high-quality healthcare services as close to a patient's home as possible
7.	That outlines strategies for managing long-term **financial solvency** and operational models of rural hospitals in the State
8.	That identifies specific **root causes** driving the accelerating rate of stand-alone rural hospitals becoming at risk of closure, conversion or service reduction

Restrictions on RHTP Fund Uses

RHTP Funds Must be Used For at Least Three of the Following:

A.	Promoting evidence-based, measurable interventions to improve prevention and **chronic disease** management
B.	Providing **payments** to healthcare providers for the provision of healthcare items or services, as specified by CMS
C.	Promoting consumer facing, **technology-driven solutions** for the prevention and management of chronic diseases
D.	Providing **training** and technical assistance for the development and adoption of technology-enabled solutions that improve delivery in rural hospitals - including remote monitoring, robotics and AI
E.	Recruiting and retaining clinical **workforce** talent to rural areas, with commitments to serve rural communities for a minimum of 5 years
F.	Providing technical assistance, software, and hardware for significant information **technology advances** designed to improve efficiency, enhance cybersecurity capability
G.	Assisting rural communities to right size their healthcare delivery systems by identifying needed **preventive,** ambulatory, pre-hospital, emergency, acute inpatient care, outpatient care, and post-acute care service lines
H.	Opioid use disorder services, other substances use disorder treatment services, and **mental health services**
I.	Developing projects that support innovative models of care that include value-based care arrangements and alternative **payment models**

RHTP Themes Across the Country

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Themes Across State RHTP Applications

By Topic

Row Labels	Sum of Value	% of total
Data Infrastructure	121	*8.2%*
Prevention & Chronic Disease	120	*8.2%*
Telehealth	109	*7.4%*
Workforce Development	107	*7.3%*
Capital Expenditures & Infrastructure	106	*7.2%*
Behavioral Health (SUD and MH)	103	*7.0%*
Innovative Care (VBP, Transformation Payments, Mobile	84	*5.7%*
Training & TA for tech-enabled solutions	84	*5.7%*
Remote Patient Monitoring	76	*5.2%*
Consumer Facing Technology/Support/TA	75	*5.1%*
EMS and Paramedicine	70	*4.8%*
Maternal Health	69	*4.7%*
EHR Implementation & HIE	69	*4.7%*
Medicaid-Focused Provider Incentives/Grants	62	*4.2%*
NEMT & Transportation Platforms	37	*2.5%*
Medicare-Medicaid Dually Eligible Individuals	31	*2.1%*
Nutrition & Wellbeing	30	*2.0%*
Food as Medicine	26	*1.8%*
Work/Employment Supports (facilitates pathway for emp	23	*1.6%*
Requires State Statutory Change	19	*1.3%*
Changes to Scope of Practice	18	*1.2%*
Caregivers	17	*1.2%*
Licensure Compacts	12	*0.8%*
Grand Total	**1468**	

Frequency of topics mentioned across states' RHTP applications

Top ten mentions:

- ❑ Account for 67% of all mentions
- ❑ Five involve some form of technological component
- ❑ Prevention & chronic disease tied with Data Infrastructure for first in mentions

Data clearly illustrate a focus on **leveraging technology** to improve access and outcomes, as well as a consistent theme of creating a more robust **chronic disease prevention, monitoring and management process** across our rural communities.

What Does Success Look Like?

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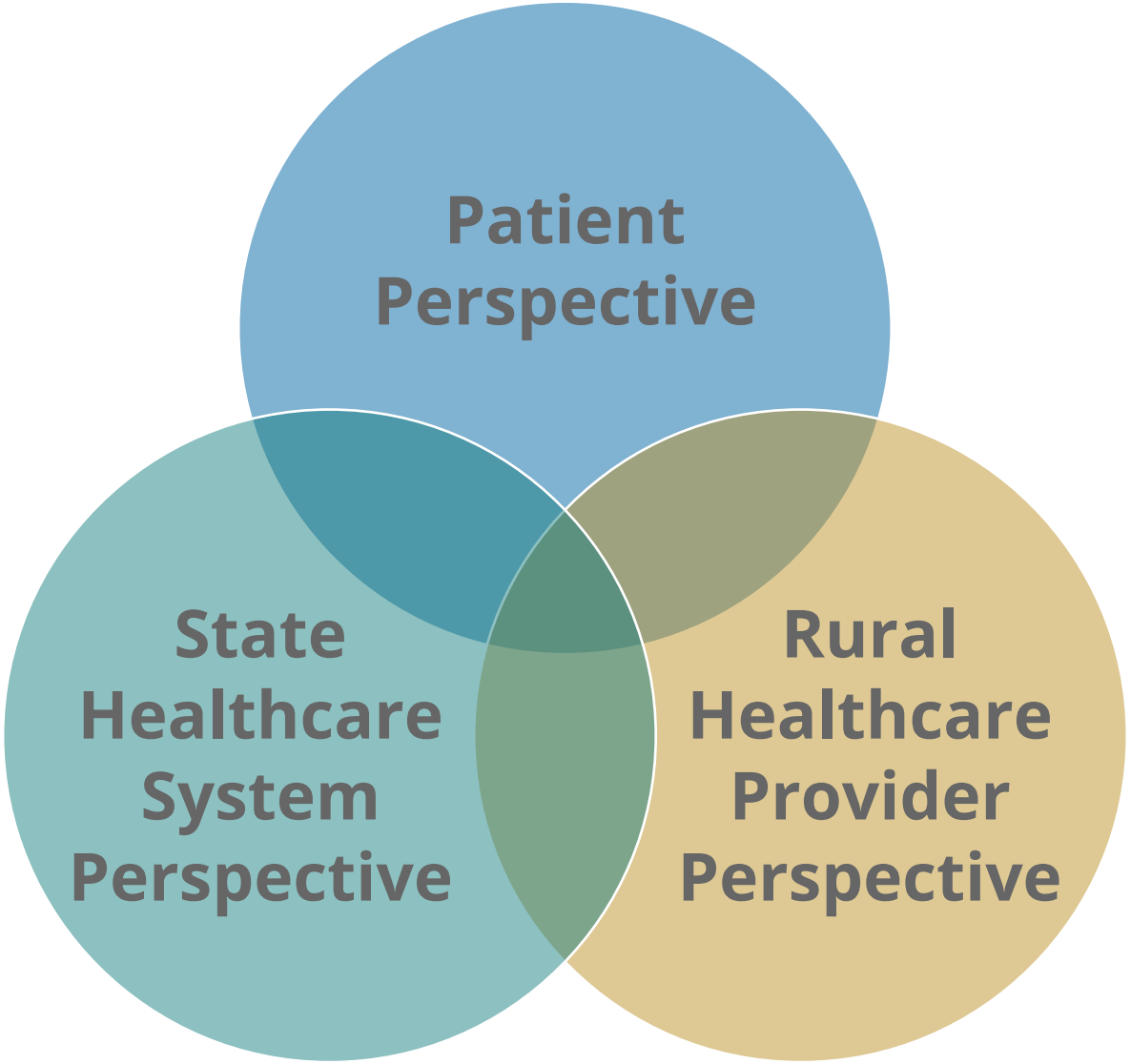
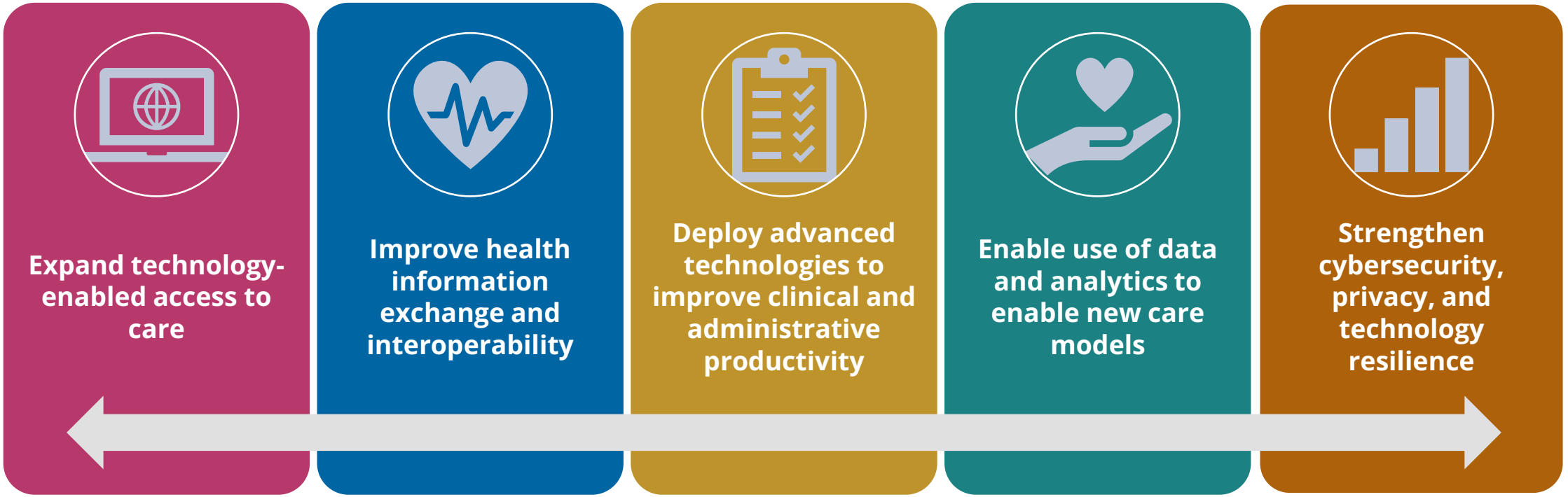
What Does Success Look Like | Clinical View



What Does Success Look Like | Technology View



Primary Phases of RHTP

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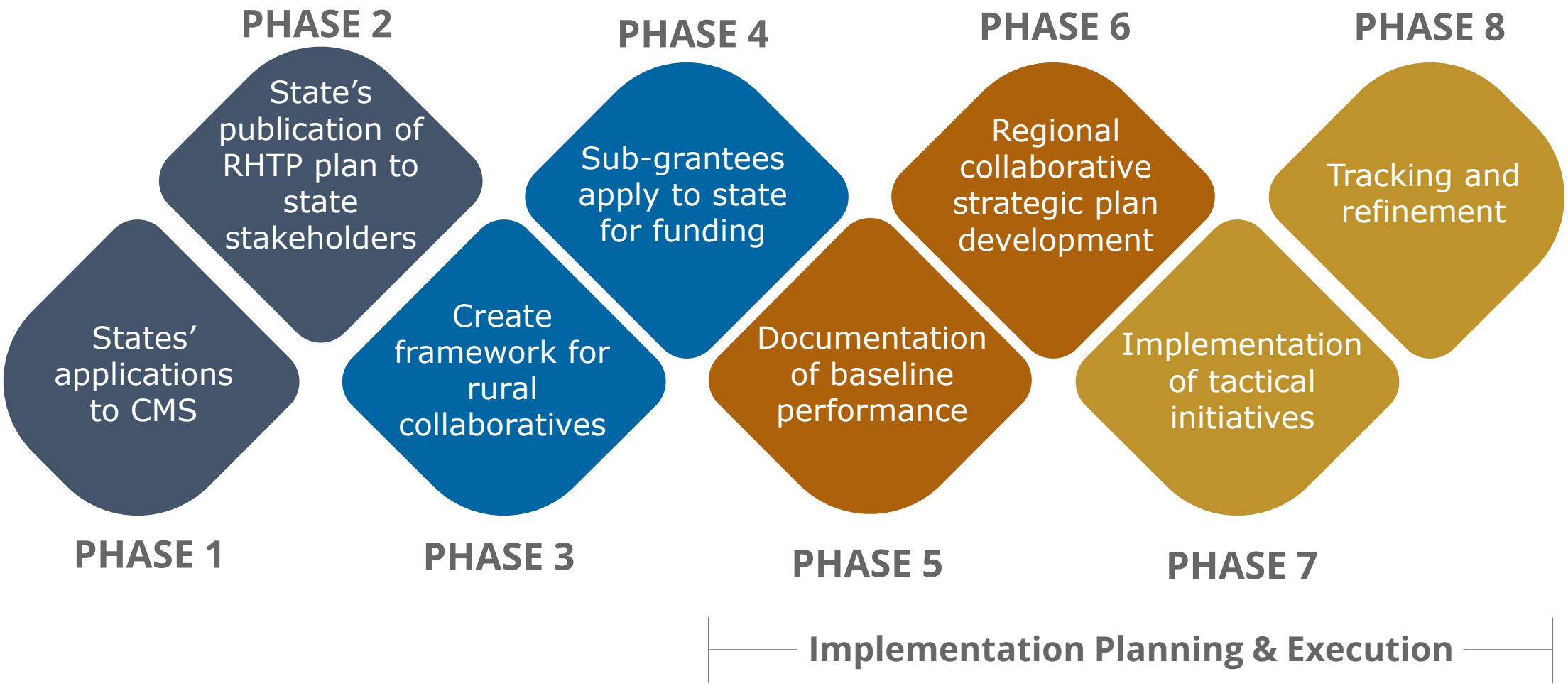
Primary Phases of RHTP



Mapping RHTP Initiatives to Care Continuum Improvement Objectives

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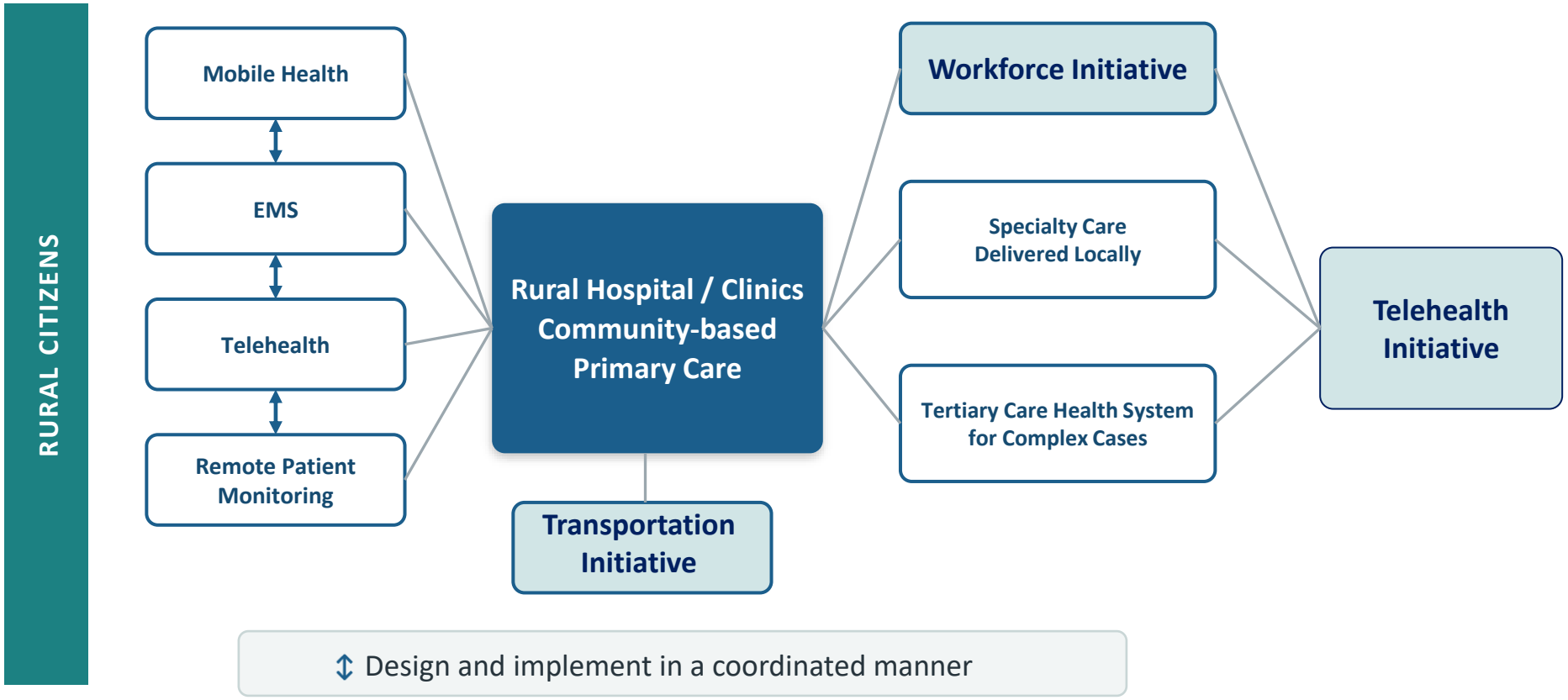
Tactical Initiative Design | Cross - Synergies

Initiative	Care Continuum Improvement Objective	Overlap Areas	Local Players
Chronic Disease	• Develop, implement and manage a comprehensive chronic disease prevention, monitoring, and management program	Primary care Mobile health Home patient monitoring Telehealth EMS	• Rural hospitals • Clinics • FQHCs • Urgent care centers • School systems
Behavioral Health	Create a care continuum that: • Provides effective patient referral paths • Is focused on early- stage connection and treatment of lower acuity cases; and • Alleviates stress on the rural hospital ED	Telehealth Workforce Specialist consults	• Local providers • Collaborative partners – tertiary care systems or academic institutions
Technology	• Expand digital care capabilities • Improve access to real-time data • Leverage AI	All – IT enables innovation across all care delivery systems, augments workforce capabilities and increases citizen connectivity	• All provider types – health and social • Associations • Educational institutions
Workforce	• Develop talent pipelines that create sustainable pathways to address ongoing rural healthcare workforce needs	Primary care Telehealth Behavioral health Specialty care	• Local providers • Educational institutions • Trade schools
Citizen Connectivity	• Expand screening and treatment models for citizens already connected to the healthcare model • Create sustainable connections with citizens historically not connected to the healthcare model	Mobile health Remote patient monitoring EMS In-home care Workforce – nurse navigators	• Local providers • Community leaders • Local businesses

Chronic Disease Prevention, Monitoring, & Program Management

Tactical Initiative Design – Synergies

Initiatives to expand connection to citizens → Local community care coordination model → Care continuum coordination



Design & Implementation: Tactics

- **Market Analytics:** Use market analyses and predictive analytics to coordinate and focus citizen connection strategies.
- **Intentional design of synergies:** Optimize the delivery of primary care and specialty-care related needs across care connection points.
- **Comprehensive tracking:** Create a comprehensive citizen / patient tracking and compliance tool.

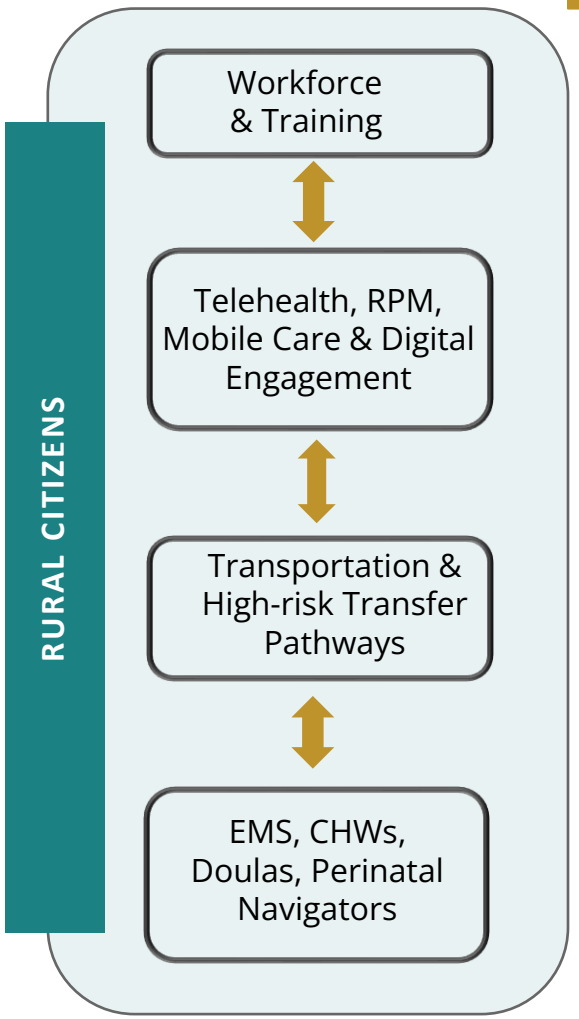
Maternal Care Model

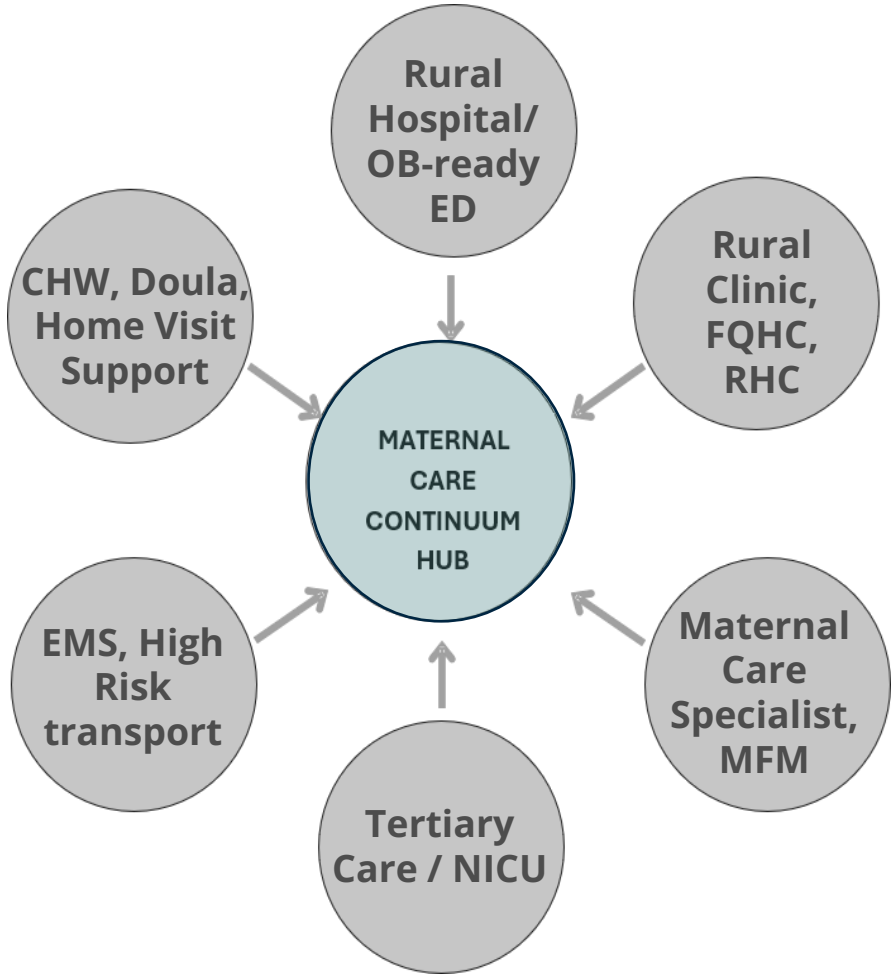
Tactical Initiative Design – Synergies

Expand connection to pregnant & postpartum rural residents

Coordinate Care through a Maternal Hub & Spoke Model

Sustain access through workforce, technology transport and payment





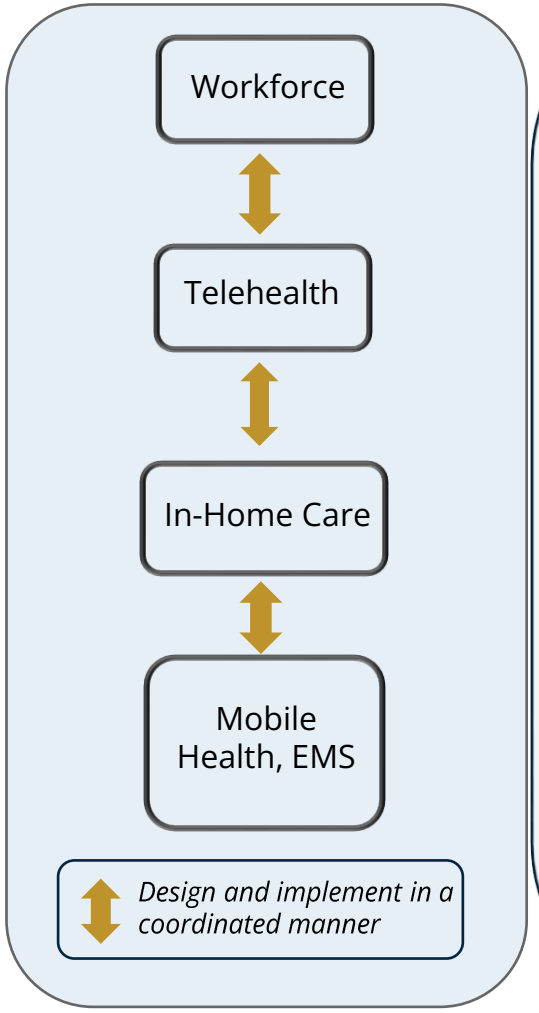
TACTICS

- **Identify maternal risk early** and connect patients to the right level of care
- **Keep routine prenatal** and postpartum care local when clinically appropriate
- **Use telehealth, RPM, EMS, and CHWs** to support timely escalation and follow-up
- **Align workforce, payment, and data** strategies to sustain the model

Behavioral Health

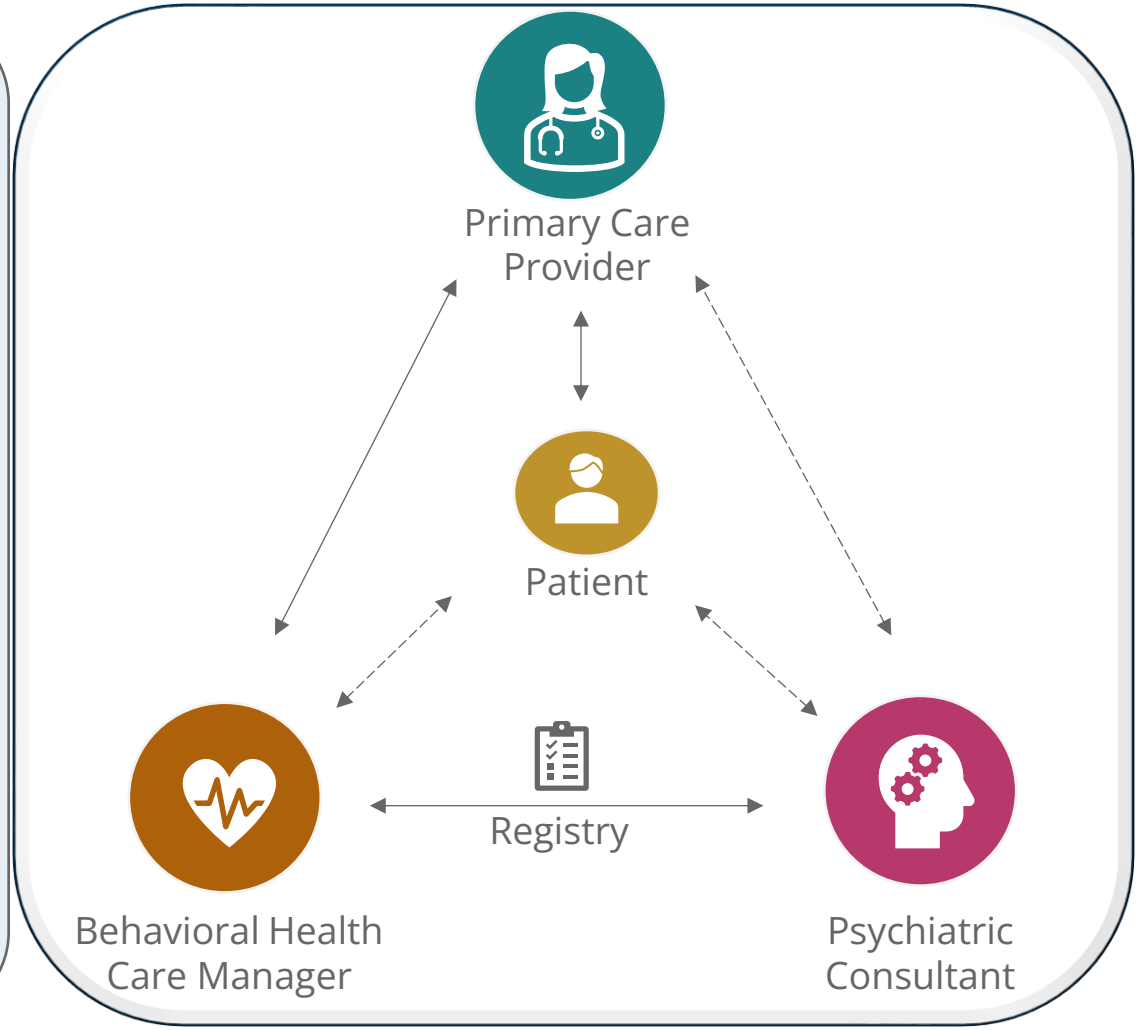
Tactical Initiative Design – Synergies

Path to Connect Rural Citizens



Collaborative Care Model

(Illustrative Example)



Design & Implementation Framework

Design and Implementation

Creating Strategic Synergies

Workforce

Establish appropriate level of primary care presence

Technology

Utilize telehealth to connect in Psychiatrist

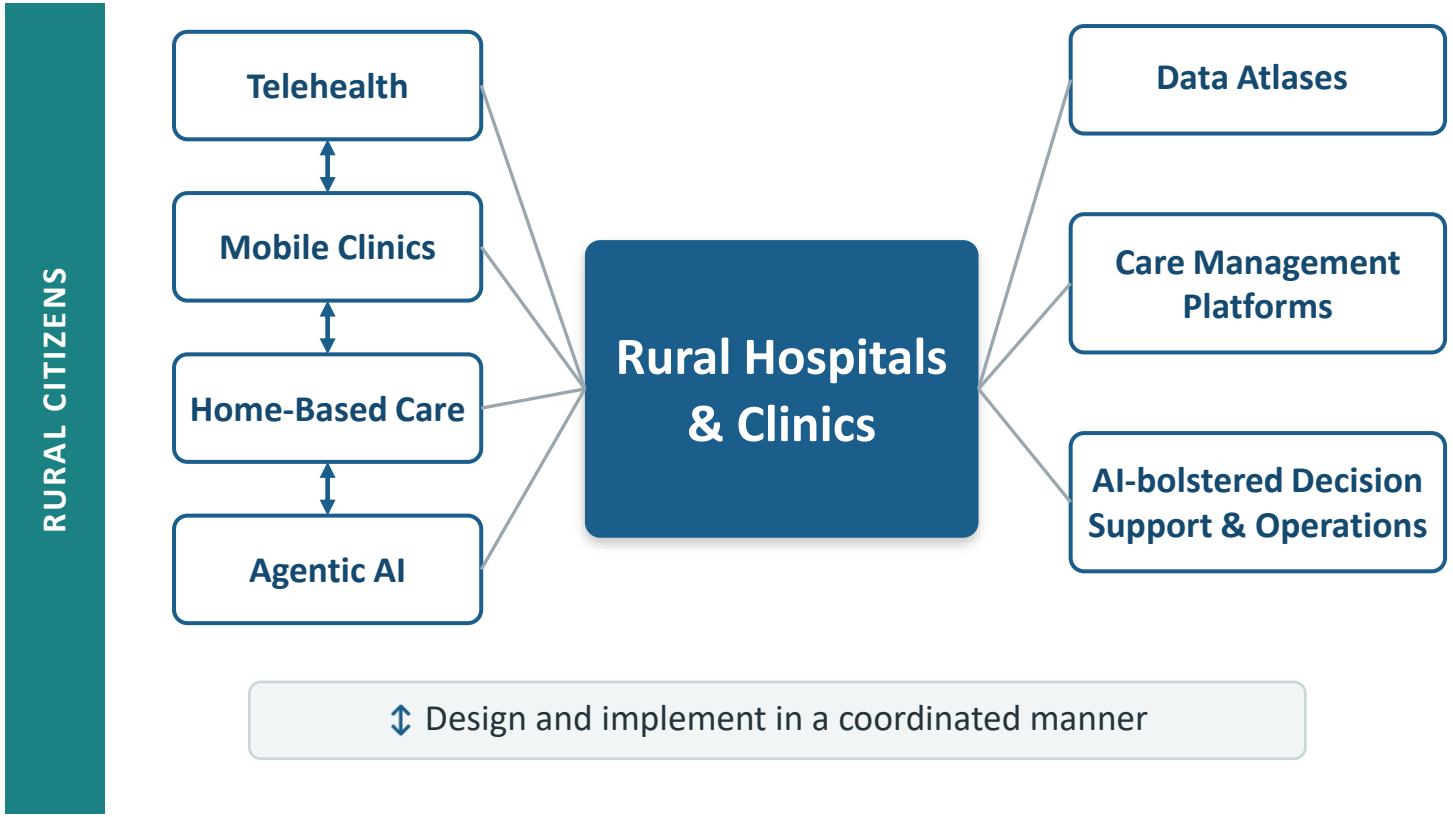
In-Home Care, Mobile Health EMS

Increase connectivity with citizens to move care model up the chain

Technology

Tactical Initiative Design – Synergies

Expand Citizen Connection → **Coordinate Community Care** → **Connect the Care Continuum**



Design & Implementation

Create Strategic Synergies

TACTICS

- Multi-provider collaboration
- Funding pooling
- Joint purchasing & deployment
- Tailored technical assistance

Align resources, capabilities & execution

Implementation Planning and Execution

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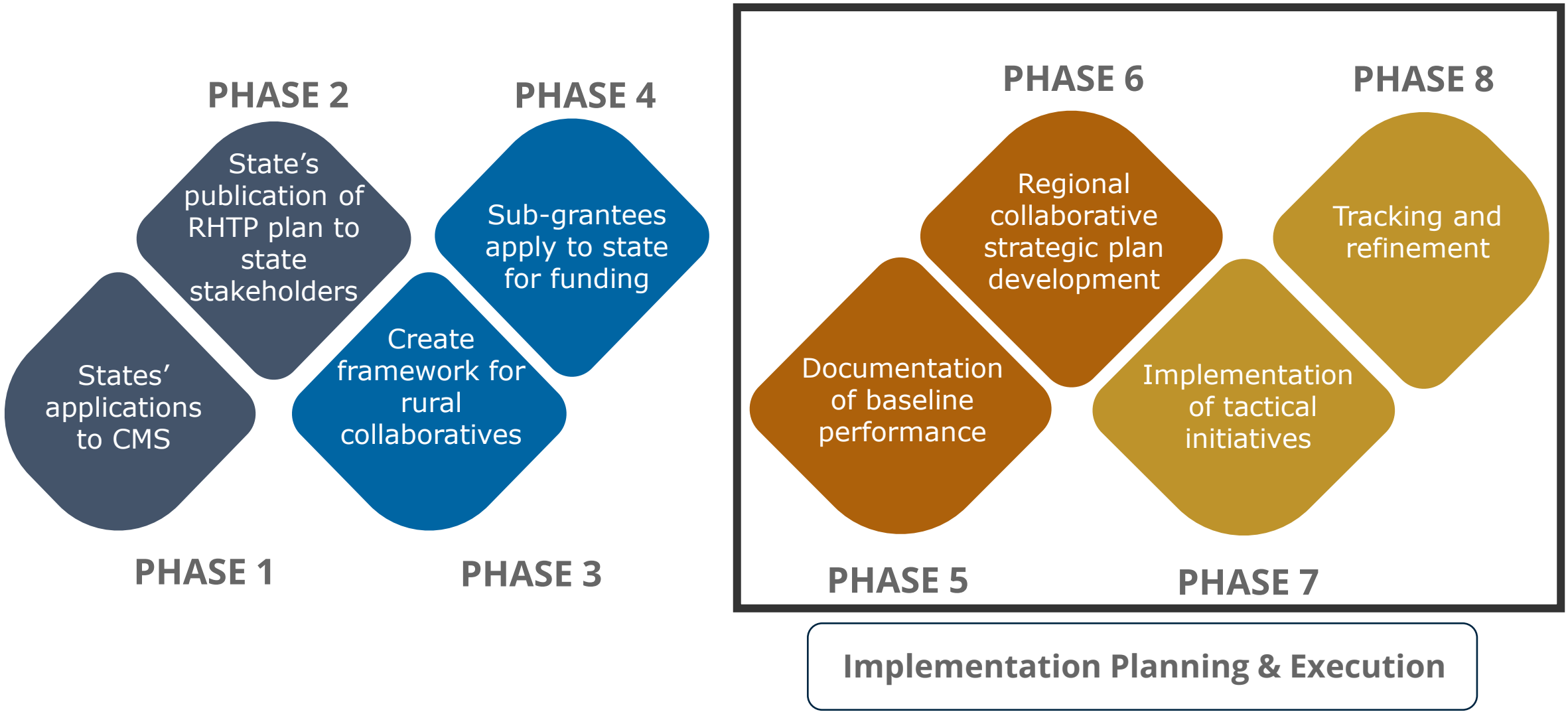
Phases of RHTP



RHTP Implementation Planning and Execution

PHASE	OBJECTIVE	KEY COMPONENTS & STRATEGIES
FIVE	**Documentation of baseline performance of sub-grantees' access and care model**	• Core performance categories • Clinical, community health status, financial, outcomes • Citizen connectivity status and opportunities • Incident rate and mortality rate differentials • Prevention, diagnostic and monitoring model
SIX	**Development of a regional collaborative strategic plan**	• Individual initiative design at the tactical level • Cross-initiative design coordination • Coordination of collaborative partners – within community • Coordination of collaborative partners – outside community • Strategic plan roadmap, milestones, interdependencies, roles, timing
SEVEN	**Implementation of rural community tactical initiatives**	• Governance model • Program management office • Quick wins • Initiative coordination • Budget tracking and management • Issue resolution • Communications • Sustainability plan • Data aggregation and reporting
EIGHT	**Tracking and refinement**	• Data aggregation – clinical, operational, outcomes, community health factors • Data reporting • Refinement of processes over time

What CMS is Looking For

CMS will look for:

- Coordinated activities
- Pace of implementation – early-stage progress
- Degree of effectiveness of tactical initiatives

Strategies for establishing readiness for this focus from CMS:

- Be proactive. Create momentum early on
- Start early to form collaborative frameworks
  - Between local players
  - With out-of-market partners
- Look for ‘quick wins’
- Demonstrate plans for integrating initiatives with each other

Governance Model

What is an RHTP Implementation Governance Model
(Required for the Program)

Can be viewed as the "operating system" that:

- Coordinates all activities, manage issues / roadblocks, reports progress / data
- Ensures accountability, manages communication plan
- Balances focus on healthcare model improvements and improving the health status of your communities

Why It is Critical

RHTP is a time-limited, federally funded program aimed at transforming rural healthcare delivery.

It requires:

- Coordination across diverse stakeholders
- Alignment with state and local priorities while meeting federal strategic goals
- Sustainable, scalable solutions that address local health disparities and workforce shortages

Program Management Office

A simple operating model to align initiatives, manage delivery and keep stakeholders informed

What the PMO Coordinates

Deliver Priorities

- Optimize patient & citizen connectivity
- Cross-pollinate capabilities across delivery modalities

Collaboration Model

- Within your community
- With third parties
  - Tertiary care; academic institutions
  - Educational/trade schools

Issue Resolution

- Define the process up front
- Create an issue log and manage it
- Be transparent with all stakeholders

PMO Operating Model

Align • Govern • Communicate

What the PMO Drives

Current-state Data

- Clinical
- Community-based factors
- Financial
- Quality
- Operational

Comprehensive 2-year Action Plan

- CMS to closely monitor progress
- Show a comprehensive plan for alignment of initiatives

Communication Plan

- Stakeholder engagement is critical
- Share a vision
- Keep community informed
- Celebrate successes

Monitoring and Reporting

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Monitoring & Reporting Requirements

RHTP states must demonstrate progress, maintain compliance, and preserve eligibility for continued funding.

REPORTING REQUIREMENTS

1. **Quarterly + annual reports.** States submit progress updates to CMS on a recurring schedule.
2. **Align to award terms.** Document milestones, activities, outcomes, and compliance with program goals.
3. **Standardized reporting template.** CMS is developing a common template to streamline data collection.
4. **Timeliness affects funding.** Continuation for five years depends on compliant performance and on-time reporting.

MONITORING RESPONSIBILITIES

State Oversight

STATE

Execute rural health plans in line with federal and program-specific guidance.

Subrecipient Monitoring

SUBRECIPIENT

Oversee onboarding, readiness assessments, lifecycle management, and compliance controls.

Governance Implication → Build data governance, KPI frameworks, dashboards, and pre-reporting validation so submissions are accurate, timely, and defensible.

Sustainability

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Sustainability

BUILDING BLOCKS FOR SUCCESS

Goals and objectives integrated into your State's Healthcare Strategy

Leadership (Clinical and Administrative) engagement, collaboration, and buy-in across all applicable organizations and associations across the state

Defined requirements for monitoring and reporting within the state for federal reporting

Infrastructure: Program Management, oversight of initiative implementations, training, technology, communication plan

Initiatives credibly benefit rural health citizens & communities

Key Takeaways and Themes from Today

The path forward is clear: integrate initiatives, build for sustainability, connect more citizens, strengthen prevention and chronic care, and scale with discipline.

1. **Plan to implement initiatives in an integrated manner**
2. **Develop a robust chronic disease, prevention, monitoring & management program**
3. **Work to create a sustainability platform from the start**
4. **Focus on connecting more citizens into the healthcare model**
5. **Optimize the pace of implementation**

Questions?

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Contact Us. We Can Help.

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Phases of RHTP

ONE	State's application to CMS	All states submitted applications by the November 5, 2025 deadline
TWO	State's publication of RHTP plan to state stakeholders	All state's awarded year-one monies, with amounts ranging from $147.3Mn (NJ) to $286.3Mn (TX)
THREE	Design of regional collaboratives	States created framework for sub-grantee definition. Within those geographic framework structures, prospective sub-grantees need to agree on regional collaborative roles and responsibilities
FOUR	Sub-grantees apply to state for funding	Each sub-grantee collaborative will need to follow the state's process for applying for RHTP funds
FIVE	Documentation of baseline performance of sub-grantees' access and care model	Implementation and management of the RHTP program will require a 'base case' current state assessment of both the healthcare delivery model and the community health status of the sub-grantees' collective community
SIX	Regional collaborative strategic plan development	Each sub-grantee collaborative will need to develop a comprehensive plan for finalizing the design and implementing each tactical initiative to be funded by the state
SEVEN	Implementation of rural communities' tactical initiatives	Coordination, management and tracking of implementation efforts will require substantial program management and reporting functions
EIGHT	Tracking and refinement	CMS will require detailed RHTP local community level and state level tracking of the status and results of each initiative, as compared to the State's plan submitted to CMS in 2025

RHT Eligible Providers – For Allotment Determinations

- RHT's definition of "health care facility" includes hospitals that are:
  1. Located in a rural area;
  2. Treated as being in a rural area; or
  3. Are in a rural census tract of a metropolitan statistical area.

- Additionally, a "rural health facility" includes a critical access hospital (CAH); sole community hospital; Medicare-dependent, small rural hospital; low-volume hospital (LVH), rural emergency hospital (REH); rural health clinic; federally qualified health center (FQHC); community mental health center; opioid treatment program; health center receiving a grant under section 330 of the Public Health Service Act; and/or certified community behavioral health clinic located in a rural census tract.
  - Note that FQHCs, community mental health centers, and grantees under section 330 of the Public Health Service Act are not necessarily rural, as they can also be located in urban or suburban areas. [1]

Source: Understanding the Rural Health Transformation Program - https://www.jdsupra.com/legalnews/understanding-the-rural-health-5995146/

The Keys to Success

Engage Rural Stakeholders Early and Continuously	• Engaging community stakeholders such as schools, churches, civic groups, and businesses builds trust and ensures solutions are culturally relevant and locally supported
Collaborate	• Create collaborative relationships both within your community but also with strategic partners outside your community, such as tertiary care systems or academics
Create Synergies	• Approach RHTP initiatives from the perspective of the core objectives – to improve access and improve outcomes – and create synergies of design and execution
Focus on Chronic Disease Prevention, Monitoring & Management	• Create multiple, integrated lanes of connection with the citizens of your community. Implement in two parallel lanes: 1) expand prevention, monitoring and management services to citizens already connected into your healthcare model; and 2) use data analytics to target and connect in citizens who are not currently connected into the healthcare continuum
Invest in Workforce Development	• Establish relationships early with educational institutions and trade schools with the intentional design of healthcare worker pipelines. Frame these relationships to be in sync with your local RHTP initiatives
Leverage Technology	• Deploy telehealth, mobile care units, AI-enabled apps, and data-sharing platforms that will improve access, reduce avoidable ER visits, and lower costs. These tools must be integrated into sustainable care models, and in fact help create a sustainable platform for the future
Maintain an Outcomes Focused Strategy	• The RHTP funding model ties future funding to improvement in outcomes, defined both from a healthcare delivery model perspective as well as a community health status model
Consistently Manage Towards Sustainability	• RHTP funding will cease after five years. Creating effective sustainability will require ongoing intentional focus on the underlying factors that drive sustainability