



RHTP Obligated Funds Report

Reporting Period: December 29, 2025 - July 31, 2026

The information in this report reflects state submitted information in the Year 1 RHTP Annual Report as of July 31, 2026 (reporting period: December 29, 2025 - July 31, 2026). This document reflects states' obligated funds to state agencies, contractors and vendors, community partners, hospitals and facilities, etc. as of that date and is not a full view of state progress. CMS will update this information following the submission of the November 30, 2026 Quarterly Report and will refresh the data quarterly thereafter.



Alabama Total Budget Period 1 Award: \$203,404,326.54

Total Funds Put to Work: \$5,409,614.14 (as of 7/31/2026)

Program Operations (\$5,409,614.14)

Program Administration Expense (\$5,409,614.14)

- \$171,000 for personnel and fringe.
- \$45,249.14 for travel, supplies, and other expenses.
- \$5,150,671 for Grant Management contractual agreement.
- \$42,694 for equipment purchase.

ALABAMA

State-reported data as of 7/31/2026. CMS will refresh data following 11/30/2026 Quarterly Report submission.

Alaska Total Budget Period 1 Award: \$272,174,855.72

Total Funds Put to Work: \$11,536,771.27 (as of 7/31/2026)

Initiative 3: Healthy Communities (\$1,111,635)

Fostering Collaboration (\$1,111,635)

- \$1,111,635 for contractual support.

Initiative 4: Pay for Value – Fiscal Sustainability (\$1,072,210)

Fostering Collaboration (\$1,072,210)

- \$952,035 for Achieving Healthcare Efficiency through Accountable Design (AHEAD) model feasibility assessment.
- \$120,175 for contractual support.

Initiative 5: Strengthen Workforce (\$694,200)

Workforce (\$694,200)

- \$694,200 for behavioral health provider support.

Program Operations (\$8,658,726.27)

Program Administration Expense (\$8,658,726.27)

- \$7,983,578 for contractual support.
- \$669,269.33 for program administrative expenditures.
- \$5,878.94 for technical tools/licenses.

No information provided for Initiatives 1 and 2.

Arizona Total Budget Period 1 Award: \$166,988,955.92

Total Funds Put to Work: \$72,973,308.55 (as of 7/31/2026)

Initiative 1: Rural Health Workforce Development (\$51,103,045)

Capital Expenditures and Infrastructure (\$6,984,960)

- \$6,984,960 for capital expenditures allowing for rural education and training expansion.

Innovative Care (\$2,000,000)

- \$2,000,000 for the Rural Innovation Learning Network Council.

Training and Technical Assistance (\$5,298,245)

- \$5,298,245 for provider upskilling and residency support.

Workforce (\$35,939,840)

- \$27,939,840 for rural education and training expansion.
- \$8,000,000 for financial incentives.

Program Administration Expense (\$880,000)

- \$880,000 for administrative costs specific to Initiative 1.

Initiative 2: Priority Health Initiatives Grants Portfolio (\$18,637,755)

Appropriate Care Availability (\$5,260,552)

- \$5,260,552 for the Improving Rural Maternal-Fetal Health Grant.

Prevention of Chronic Disease (\$12,660,101)

- \$12,660,101 for the Chronic Disease Prevention & Management Grant.

Program Administration Expense (\$717,102)

- \$717,102 for administrative costs specific to Initiative 2.

Initiative 4: Making Rural Healthcare Resilient (\$129,987)

Fostering Collaboration (\$129,987)

- \$129,987 for the Provider Liaisons Pilot Project.

Program Operations (\$3,102,521.55)

Program Administration Expense (\$3,102,521.55)

- \$3,102,521.55 for administrative costs and support for all initiatives.

No information provided on Initiative 3.

Arkansas Total Budget Period 1 Award: \$208,779,396.02
Total Funds Put to Work: \$6,158,032 (as of 7/31/2026)

Program Operations (\$6,158,032)

Program Administration Expense (\$6,158,032)

- **\$158,032** for personnel, fringe, and other expenses.
- **\$6,000,000** for contractual agreements.

California Total Budget Period 1 Award: \$233,639,308.47

Total Funds Put to Work: \$219,133,495 (as of 7/31/2026)

Initiative 1: Rural Health Transformative Care Model (\$92,369,251)

Appropriate Care Availability (\$36,000,000)

- \$1,000,000 for a consultant for the Evaluating Rural Pathways to Value Based Payment program.
- \$35,000,000 in grant funds to support Transformative Payments for Strategically Located Hospitals.

Innovative Care (\$43,922,000.58)

- \$3,700,000 for initiative level support and evaluation.
- \$39,010,000 in grant funds for Hub-and-Spoke Accelerator partnerships.
- \$1,212,000.58 in personnel expenses for Initiative 1.

Training and Technical Assistance (\$12,447,250)

- \$12,447,250 for Hub-and-Spoke implementation and technical assistance support.

Initiative 2: Rural Health Workforce Development (\$73,223,673)

Training and Technical Assistance (\$300,000)

- \$300,000 for community outreach and communications support.

Workforce (\$72,923,673.49)

- \$65,670,000 in grant funds to expand and support rural workforce capacity and provider retention and relocation.
- \$6,000,000 for a workforce needs mapping model.
- \$1,253,673.49 in personnel expenses for Initiative 2.

Initiative 3: Rural Health Technology and Tools (\$36,621,867)

IT Advances (\$12,371,866.58)

- \$11,650,000 in grant funds for technology infrastructure enhancement.
- \$721,866.58 in personnel expenses for Initiative 3.

Training and Technical Assistance (\$24,250,000)

- \$24,250,000 for the Rural Technical Assistance Center and research and data development support.

Program Operations/Governance (\$16,918,705)

Training and Technical Assistance (\$2,214,716.84)

- \$2,214,716.84 for grant oversight and grant application management.

Program Administration Expense (\$14,703,988)

- \$7,480,000 for third party grant administrator services.
- \$366 for inter-department service costs.
- \$642,355.82 in personnel expenses.
- \$6,581,266 for supplies, travel, and indirect costs.

Colorado Total Budget Period 1 Award: \$200,105,604.17

Total Funds Put to Work: \$18,837,181.17 (as of 7/31/2026)

Initiative 1: Transforming Rural Care: Chronic Disease Prevention, Training and Management (\$3,915,396)

IT Advances (\$835,396)

- \$835,396 for increasing referral focused community-clinic linkages.

Prevention and Chronic Disease (\$3,080,000)

- \$660,000 for chronic disease prevention training and management.
- \$820,000 for expanding fruit and vegetable program.
- \$1,600,000 for creating regional collaborations.

Initiative 2: Build Data and Evaluation Infrastructure for Chronic Disease Programs: Diabetes, Cardiovascular Disease, Hypertension, and Obesity (\$1,310,000)

IT Advances (\$410,000)

- \$410,000 for prevention program data collection.

Prevention and Chronic Disease (\$900,000)

- \$400,000 for developing a chronic disease dashboard.
- \$500,000 for chronic disease prevention and management staff support.

Initiative 7: Expand Clinical Capacity to Perform Preventive Care (\$6,300,000)

Training and Technical Assistance (\$6,300,000)

- \$6,300,000 for Community Health Worker (CHW)/clinician training delivery, training costs, implementation staffing, and implementation costs.

Initiative 8: Strengthening State and Local Health Care Coordination (\$250,000)

Training and Technical Assistance (\$250,000)

- \$250,000 for expanding interagency coordination training.

Initiative 10: Expand Rural Telehealth & Technology Integration (\$2,300,000)

IT Advances (\$400,000)

- \$400,000 for engaging rural/frontier chronic disease prevention and management programs.

Prevention and Chronic Disease (\$1,900,000)

- \$1,900,000 for expanding mobile public health program clinics in rural regions.

Program Operations (\$4,761,785.17)

Program Administration Expense (\$4,761,785.17)

- \$499,506 for rural provider administrative support and technical assistance.
- \$50,100 for stakeholder/advisory committee engagement.
- \$1,830,800 for facilitation and administrative vendor.
- \$2,381,379.17 for personnel, indirect costs, travel, and program administration.

No information provided on Initiatives 3, 4, 5, 6, 9.

Connecticut Total Budget Period 1 Award: \$154,249,105.53

Total Funds Put to Work: \$151,820,672 (as of 7/31/2026)

Initiative 1: Population Health Outcomes (\$13,918,233)

Capital Expenditures and Infrastructure (\$2,000,000)

- **\$2,000,000** for minor renovations and facility modifications to support implementation of Adult 23-Hour Crisis Stabilization Units.

Consumer Tech Solutions (\$500,000)

- **\$500,000** for digital literacy, telehealth access, and technology support for older adults and individuals with disabilities.

Prevention of Chronic Disease (\$10,201,000)

- **\$201,000** for exercise, fall prevention, and healthy aging programming for older adults.
- **\$3,000,000** in seed funding for container farms, vertical farms, aquaponics, and other sustainable farming models.
- **\$7,000,000** for outdoor recreation infrastructure and trail accessibility improvements.

Training and Technical Assistance (\$520,000)

- **\$520,000** for program evaluation, sustainability planning, cost-savings analysis, and marketing support for the Family Bridge program.

Program Administration Expense (\$697,233)

- **\$697,233** for salaries and wages, fringe benefits, travel, supplies, and program administration support.

Initiative 2: Workforce (\$12,000,000)

Workforce (\$12,000,000)

- **\$10,500,000** for rural provider incentives, workforce training, residency development, and workforce pipeline expansion.
- **\$1,500,000** for rural healthcare workforce pipeline development, rural clinical rotations, provider retention, and workforce tracking activities.

Initiative 3: Data and Technology (\$8,211,972)

IT Advances (\$6,900,000)

- **\$6,900,000** for Health information exchange, predictive analytics, telehealth, cybersecurity, bed capacity tracking, AI-powered care management, remote monitoring, and digital health tools.

Program Administrative Expense (\$1,311,972)

- **\$1,311,972** for salaries and wages, fringe benefits, travel, supplies, and program administration support.

Initiative 4: Care Transformation and Stability (\$104,282,109)

Appropriate Care Availability (\$16,324,994)

- **\$6,124,994** for hospital transformation and right-sizing activities not related to renovations or electronic medical records (EMR) replacement.
- **\$9,700,000** for mobile health and community care services supporting rural access to care.
- **\$500,000** for community health navigator services supporting health promotion, care coordination, and home visits for rural residents with access barriers.

Behavioral Health (\$11,189,523)

- **\$3,789,523** for autism spectrum disorder consultation, school-based mental health support, psychiatric consultation, and clinical guidance services.
- **\$3,800,000** for school-based behavioral health services, telehealth coordination, trauma-informed training, and mental health support.
- **\$3,600,000** for mental health expansion for adults.

Capital Expenditures and Infrastructure (\$20,372,236)

- \$20,372,236 for rural hospital infrastructure improvements, right-sizing initiatives, facility upgrades, and minor renovations.

Fostering Collaboration (\$1,200,000)

- \$1,200,000 for regional stakeholder coordination, community engagement, service provider collaboration, and implementation support.

Innovative Care (\$1,406,204)

- \$1,406,204 for Program of All-Inclusive Care for the Elderly (PACE) program design, analytics, rate-setting, and implementation support for integrated care services for older adults.

IT Advances (\$19,502,770.99)

- \$15,192,335.92 for electronic medical record replacement and hospital system modernization activities.
- \$4,310,435.07 for hospital transformation and right-sizing activities not related to renovations or EMR replacement.

Provider Payments (\$7,014,680)

- \$7,014,680 for provider practice transformation, Person-Centered Medical Home (PCMH) certification support, value-based care implementation, and care delivery improvement activities.

Training and Technical Assistance (\$26,558,857.44)

- \$2,465,321 for practice transformation, behavioral health integration, electronic health record (EHR) adoption support, and technical assistance for value-based care implementation.
- \$7,067,305 for practice transformation, technical assistance, care model implementation support, EHR adoption, and value-based care readiness.
- \$2,823,000 for dental practice transformation, EHR upgrades, mobile dental service coordination, and technical assistance support.
- \$6,904,547.44 for practice transformation, technology implementation support, and value-based care readiness activities.
- \$5,298,684 for rural hospital transformation, integrated care network planning, feasibility analysis, and technical assistance support.
- \$2,000,000 for value-based payment model design, payment reform strategy, and implementation support for primary care, maternal health, behavioral health, and dental care.

Program Administration Expense (\$712,844)

- \$712,844 for salaries and wages, fringe benefits, travel, supplies, and program administration support specific to Initiative 4.

Program Operations (\$13,408,358)**Prevention of Chronic Disease (\$3,203,161)**

- \$4,480,000 for nurse home visiting and community health worker support for families with newborns across all initiatives.

Program Administration Expense (\$3,203,161)

- \$1,153,161 for salaries and wages, fringe benefits, travel, supplies, and program administration support.
 - \$2,050,000 for program management, performance measurement, reporting framework development, and outcome monitoring.
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Delaware Total Budget Period 1 Award: \$157,394,963.86

Total Funds Put to Work: \$76,882,711 (as of 7/31/2026)

Initiative 1: Rural “Hope Center” (\$26,370,000)

Capital Expenditures and Infrastructure (\$17,042,570)

- **\$17,042,570** for establishing two new Hope Centers in Kent and Sussex Counties to serve homeless rural populations through integrated housing, primary care, behavioral health, and social services.

Prevention of Chronic Disease (\$9,327,430)

- **\$9,327,430** for establishing two new Hope Centers in Kent and Sussex Counties to serve homeless rural populations through integrated housing, primary care, behavioral health, and social services.

Initiative 2: Rural Community Health Hubs (\$49,005)

Program Administration Expense (\$49,005)

- **\$49,005** for recruiting and providing highly qualified personnel to support implementation specific to Initiative 2.

Initiative 3: School-Based Health Centers Expansion (\$48,750)

Prevention of Chronic Disease (\$48,750)

- **\$48,750** for establishing school-based health centers, including all planning, startup, and operational readiness activities.

Initiative 4: Food is Medicine Infrastructure (\$1,648,000)

Fostering Collaboration (\$324,526)

- **\$324,526** for designing the billing, payment, technology, and evaluation infrastructure required for Food is Medicine (FIM) services to be reimbursable through Medicaid, integrated into provider electronic medical record (EMR) systems, and rigorously evaluated for clinical and cost outcomes for Kent & Sussex County.

Prevention of Chronic Disease (\$1,323,474)

- **\$324,526** for designing the billing, payment, technology, and evaluation infrastructure required for FIM services to be reimbursable through Medicaid, integrated into provider EMR systems, and rigorously evaluated for clinical and cost outcomes for Kent & Sussex County.
- **\$998,948** for leading a multi-partner program that integrates food-based nutritional interventions into clinical care for rural Delawareans living with diet-sensitive chronic conditions.

Initiative 6: Rural Provider and FQHC Value-Based Care Readiness (\$22,135,711)

Consumer Tech Solutions (\$174,699)

- **\$174,699** for obtaining certain services to address persistent barriers to healthcare access and value-based payment adoption.

Innovative Care (\$21,748,840.94)

- **\$149,000** for providing strategic consulting and technical assistance to Delaware to develop its Action Plan for Rural Care Transformation, including related planning, stakeholder engagement, and deliverable development.
- **\$200,000** for developing financial modeling to support evaluation of existing value-based care opportunities, such as the federal Achieving Healthcare Efficiency through Accountable Design (AHEAD) model.
- **\$9,635,949** for implementing a comprehensive value-based care transformation initiative to strengthen clinical, operational, and financial readiness for participation in alternative payment models and improve health outcomes for medically underserved populations.
- **\$11,763,891.94** for obtaining certain services to address persistent barriers to healthcare access and value-based payment adoption.

Prevention of Chronic Disease (\$212,171.06)

- \$212,171.06 for obtaining certain services to address persistent barriers to healthcare access and value-based payment adoption.

Initiative 8: Rural Delaware Diabetes Wellness Pilot Program (\$929,615)**Consumer Tech Solutions (\$212,536.85)**

- \$59,051.60 for implementing a comprehensive diabetes prevention and control initiative designed to identify individuals at risk of developing type 2 diabetes and connect rural Sussex County residents to evidence-based prevention services, health education, and coordinated support.
- \$153,485.25 for implementing a comprehensive diabetes wellness pilot program designed to improve diabetes prevention, management, and health outcomes among rural Sussex County residents through technology-enabled, patient-centered care.

Fostering Collaboration (\$153,485.25)

- \$153,485.25 for implementing a comprehensive diabetes wellness pilot program designed to improve diabetes prevention, management, and health outcomes among rural Sussex County residents through technology-enabled, patient-centered care.

Prevention of Chronic Disease (\$410,107.65)

- \$256,622.40 for implementing a comprehensive diabetes prevention and control initiative designed to identify individuals at risk of developing type 2 diabetes and connect rural Sussex County residents to evidence-based prevention services, health education, and coordinated support.
- \$153,485.25 for implementing a comprehensive diabetes wellness pilot program designed to improve diabetes prevention, management, and health outcomes among rural Sussex County residents through technology-enabled, patient-centered care.

Training and Technical Assistance (\$153,485.25)

- \$153,485.25 for implementing a comprehensive diabetes wellness pilot program designed to improve diabetes prevention, management, and health outcomes among rural Sussex County residents through technology-enabled, patient-centered care.

Initiative 9: Delaware Medical School (\$16,755,416)**Capital Expenditures and Infrastructure (\$12,112,260)**

- \$12,112,260 for establishing a medical school and creating an innovative medical education pipeline.

Fostering Collaboration (\$890,368)

- \$890,368 for establishing a medical school and creating an innovative medical education pipeline.

Workforce (\$3,752,788)

- \$3,752,788 for establishing a medical school and creating an innovative medical education pipeline.

Initiative 11: Rural Medical Residency Recruitment Program (\$140,000)**Workforce (\$140,000)**

- \$140,000 for education awards for eligible third- and fourth-year medical students enrolled at Sidney Kimmel Medical College (SKMC) who make a commitment to serving five years in Rural Delaware.

Initiative 14: Healthcare Workforce Data Center (\$1,403,494.13)**Appropriate Care Availability (\$280,698.83)**

- \$280,698.83 for ensuring funding from the Rural Health Transformation Program is spent according to the project plan for establishing the Healthcare Workforce Data Center Initiative.

Fostering Collaboration (\$280,698.83)

- \$280,698.83 for ensuring funding from the Rural Health Transformation Program is spent according to the project plan for establishing the Healthcare Workforce Data Center Initiative.

IT Advances (\$561,397.65)

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- **\$561,397.65** for ensuring funding from the Rural Health Transformation Program is spent according to the project plan for establishing the Healthcare Workforce Data Center Initiative.

Workforce (\$280,698.82)

- **\$280,698.82** for ensuring funding from the Rural Health Transformation Program is spent according to the project plan for establishing the Healthcare Workforce Data Center Initiative.

Initiative 15: Statewide Health Information Technology Infrastructure for Real-Time Insurance Verification and Prior Authorizations (\$6,550,000)

Behavioral Health (\$327,500)

- **\$327,500** for addressing persistent connectivity gaps in rural Delaware by creating comprehensive digital infrastructure connecting rural providers, payers, hospital systems, and patients through Smart Health Network and Delaware Health Information Network.

Fostering Collaboration (\$1,310,000)

- **\$1,310,000** for addressing persistent connectivity gaps in rural Delaware by creating comprehensive digital infrastructure connecting rural providers, payers, hospital systems, and patients through Smart Health Network and Delaware Health Information Network.

Innovative Care (\$1,310,000)

- **\$1,310,000** for addressing persistent connectivity gaps in rural Delaware by creating comprehensive digital infrastructure connecting rural providers, payers, hospital systems, and patients through Smart Health Network and Delaware Health Information Network.

IT Advances (\$2,620,000)

- **\$2,620,000** for addressing persistent connectivity gaps in rural Delaware by creating comprehensive digital infrastructure connecting rural providers, payers, hospital systems, and patients through Smart Health Network and Delaware Health Information Network.

Prevention of Chronic Disease (\$655,000)

- **\$655,000** for addressing persistent connectivity gaps in rural Delaware by creating comprehensive digital infrastructure connecting rural providers, payers, hospital systems, and patients through Smart Health Network and Delaware Health Information Network.

Training and Technical Assistance (\$327,500)

- **\$327,500** for addressing persistent connectivity gaps in rural Delaware by creating comprehensive digital infrastructure connecting rural providers, payers, hospital systems, and patients through Smart Health Network and Delaware Health Information Network.

Program Operations (\$803,924.97)

Program Administration Expense (\$803,924.97)

- **\$405,505** for implementation and operational activities for the Rural Health Transformation Program (RHTP), including initiative support, implementation assistance, financial monitoring, and federal reporting preparation.
 - **\$113,547.47** for administrative support services for the planning, coordination, oversight, monitoring, and reporting of RHTP activities and expenditures.
 - **\$284,872.50** for recruiting and providing highly qualified personnel to support RHTP implementation.
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No information provided for Initiatives 5, 7, 10, 12, 13.

Florida Total Budget Period 1 Award: \$209,938,194.50

Total Funds Put to Work: \$1,834,280 (as of 7/31/2026)

Program Operations (\$1,834,280)

Program Administration Expense (\$1,834,280)

- **\$912,008** for personnel costs.
 - **\$423,750.52** for fringe benefits.
 - **\$34,700.02** for supplies.
 - **\$8,056.64** for travel.
 - **\$455,764.78** for project management oversight, administration support, and other personnel services.
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Georgia Total Budget Period 1 Award: \$218,862,169.63

Total Funds Put to Work: \$218,862,169.63 (as of 7/31/2026)

Initiative 1: Transforming for a Sustainable Health System in Rural Georgia (\$84,960,000)

Appropriate Care Availability (\$61,021,778.78)

- \$61,021,778.78 for Achieving Healthcare Efficiency through Accountable Design (AHEAD) hospital and AHEAD primary care assessments, technical assistance, and risk mitigation.

Capital Expenditures and Infrastructure (\$14,613,221.22)

- \$14,613,221.22 for AHEAD hospital and AHEAD primary care assessments, technical assistance, and risk mitigation.

Program Administration Expense (\$9,325,000)

- \$7,525,000 for actuary AHEAD assessment strategy and implementation.
- \$1,800,000 for actuary general implementation planning.

Initiative 2: Strengthening the Continuum of Care in Rural Georgia (\$16,933,333)

Appropriate Care Availability (\$1,906,080)

- \$1,906,080 for an ambulance purchase.

Behavioral Health (\$750,000)

- \$750,000 for expanding “Transportation to Treatment for Mental Health Crisis” pilot program.

Capital Expenditures and Infrastructure (\$211,528)

- \$211,528 for upgrading public health labs for faster screenings in the GA Newborn Screening Program.

Fostering Collaboration (\$3,189,952)

- \$1,586,852 for school-based health services infrastructure.
- \$1,603,100 for nursing home transportation pilot program.

Innovative Care (\$258,500)

- \$1,500 for school-based health services infrastructure.
- \$257,000 for the “Support for Acquired Brain Injury Survivors” program by expanding the Side-by-Side Clubhouse model to rural areas.

IT Advances (\$2,535,000)

- \$2,535,000 for school-based health services infrastructure.

Prevention and Chronic Disease (\$4,133,513)

- \$500,000 for pursuing 1115 amendment to expand eligibility category for “Planning for Healthy Babies: Nutrition and Weight Management” program.
- \$3,633,513 for upgrading public health labs for faster screenings in the GA Newborn Screening Program.

Training and Technical Assistance (\$213,760)

- \$107,250 for Continuing Medical Education (CME) modules and tele-consult training for autism spectrum disorder (ASD) nutrition.
- \$106,510 for school-based health services infrastructure.

Program Administration Expense (\$3,735,000)

- \$3,735,000 for administrative costs related to Georgia Facility Resiliency Initiative.

Initiative 3: Connecting to Care to Improve Healthcare Access in Rural Georgia (\$17,285,813.50)

Appropriate Care Availability (\$13,815,452.50)

- \$6,210,474.06 for deploying point-of-care tele-pods and mobile clinic units.
- \$4,155,268.44 for Rural Stabilization Grants for AHEAD readiness and access.

- **\$3,449,710** for strengthening perinatal systems of care through obstetric (OB) emergency carts and patient safety bundles.

Behavioral Health (\$2,401,350)

- **\$2,401,350** for rural telepsychiatry, including pediatric psychiatry services and expansion of the “Perinatal Psychiatry, Education, Access and Community (PEACE) for Moms” program.

Capital Expenditures and Infrastructure (\$509,997)

- **\$509,997** for Rural Stabilization Grants for AHEAD readiness and access.

Consumer Tech Solutions (\$309,014)

- **\$309,014** for Rural Stabilization Grants for AHEAD readiness and access.

Training and Technical Assistance (\$250,000)

- **\$250,000** for equipping rural health departments with telehealth infrastructure.

Initiative 4: Growing a Highly Skilled Healthcare Workforce in Rural Georgia (\$37,126,730)

Capital Expenditures and Infrastructure (\$1,250,000)

- **\$1,250,000** for expanding residencies, fellowships, and recruitment incentives.

Training and Technical Assistance (\$2,008,730)

- **\$2,008,730** for a statewide training hub and Extension of Community Healthcare Outcomes (ECHO) model for telehealth services for dementia.

Workforce (\$33,618,000)

- **\$975,000** for retaining educators to build the clinical workforce.
- **\$19,900,000** for expanding residencies, fellowships, and recruitment incentives.
- **\$4,790,000** for faculty development, simulation training, and summer camps for nursing care improvements.
- **\$7,820,000** for emergency medical technician (EMT) and paramedic scholarships with service commitments.
- **\$133,000** for Area Health Education Center (AHEC) training pipeline programs and housing stipends.

Program Administration Expense (\$250,000)

- **\$250,000** for administrative support for Initiative 4.

Initiative 5: Leveraging Technology for Healthcare Innovations in Rural Georgia (\$56,911,013.22)

Appropriate Care Availability (\$4,000,000)

- **\$4,000,000** for robotic surgical equipment for rural hospitals.

Consumer Tech Solutions (\$21,700,000)

- **\$11,500,000** for verification services for social services.
- **\$10,200,000** for enhancing consumer engagement through expanded wellness platforms and AI-driven health risk profiles.

IT Advances (\$6,989,384)

- **\$2,840,000** for cybersecurity assessments and enhancements.
- **\$4,149,384** for telehealth integration for emergency medical services (EMS) non-emergency calls.

Workforce (\$22,000,000)

- **\$22,000,000** for robotic surgical equipment for rural hospitals to retain workforce.

Program Administration Expense (\$2,221,629.22)

- **\$2,221,629.22** for administration of the Georgia Advancing Access to Robust Care and Health in Rural Georgia (ARCHER) Health Tech Catalyst Fund & electronic medical record (EMR) Enhancement Strategy.

Program Operations (\$4,794,279.91)

Program Administration Expense (\$4,794,279.91)

- **\$994,279.91** for staff and personnel.
 - **\$1,000,000** for program evaluation and performance data support.
 - **\$1,250,000** for project management oversight.
 - **\$1,550,000** for RHTP Grant Allocation administration.
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Hawai'i Total Budget Period 1 Award: \$188,892,439.75

Total Funds Put to Work: \$188,892,439.75 (as of 7/31/2026)

Initiative 1: Rural Health Information Network (\$45,447,889)

IT Advances (\$45,447,889)

- \$45,447,889 for combining critical technology upgrades with a suite of tech-enabled hubs that transform care delivery, data exchange, and community coordination.

Initiative 2: Pili Ola Telehealth Network (\$12,501,176)

Appropriate Care Availability (\$4,295,901)

- \$5,260,552 for operations logistics, data collection, and analysis of telehealth programs.

Behavioral Health (\$1,310,110)

- \$10,880,000 for behavioral health telehealth services.

Consumer Tech Solutions (\$2,134,639)

- \$12,660,101 for remote patient monitoring systems and telehealth integration into schools for student access to health services.

Fostering Collaboration (\$656,497)

- \$717,102 for collaboration and coordination between sub-programs and participants within the initiative.

IT Advances (\$330,000)

- \$12,660,101 for the artificial intelligence (AI) and Technology Innovation Lab under the Pili Ola Telehealth Network initiative.

Program Administration Expense (\$1,948,751)

- \$717,102 for administrative costs specific to Initiative 2.

Training and Technical Assistance (\$1,825,278)

- \$717,102 for training and technical assistance for telehealth programs.

Initiative 3: Rural Infrastructure for Care Access (RICA) (\$52,981,063.75)

Appropriate Care Availability (\$13,024,999.97)

- \$22,848,000 for statewide Medical Communications (MEDICOM) center and rapid response efforts.

Behavioral Health (\$5,190,542)

- \$18,496,000 for mobile behavioral health teams and community-based behavioral health care, and behavioral health care at rural facilities.

Capital Expenditures and Infrastructure (\$3,545,026.36)

- \$22,848,000 for the renovations to support statewide MEDICOM center and improve rural ambulance bays.

Fostering Collaboration (\$5,519,500)

- \$18,496,000 for coordination between initiative sub-programs, program outreach efforts, and community engagement; provide mentorship and value-based care readiness for independent rural providers.

IT Advances (\$9,779,473.64)

- \$22,848,000 for statewide MEDICOM center's technology infrastructure and electronic case reporting from rural providers.

Program Administration Expense (\$2,704,954.84)

- \$18,496,000 for administrative costs specific to Initiative 3.

Prevention and Chronic Disease (\$10,347,566.94)

- \$22,848,000 for mobile care units, community-based health efforts, and operations to support preventative care aspect of statewide MEDICOM center.

Provider Payments (\$1,670,000)

- \$18,496,000 for community paramedicine programs.

Training and Technical Assistance (\$1,199,000)

- \$18,496,000 for training and technical assistance for statewide MEDICOM efforts, community paramedicine staff, and other rural providers

Initiative 4: Hawai'i Outreach for Medical Education in Rural Under-resourced Neighborhoods (HOME RUN) (\$45,000,000)**Workforce (\$45,000,000)**

- \$45,000,000 for developing their health workforce infrastructure through a combination of educational programs from high school through the life span of their health careers.

Initiative 5: Rural Respire Network (RRN) (\$3,240,000)**Appropriate Care Availability (\$2,840,000)**

- \$2,840,000 for start-up and operations of medical respite sites in two counties (Hawai'i County and Kaua'i County).

Capital Expenditures and Infrastructure (\$400,000)

- \$400,000 for minor renovations to prepare medical respite sites in two counties (Hawai'i County and Kaua'i County).

Initiative 6: Rural Value-Based Innovation (RVBI) & AHEAD Readiness Fund (\$25,000,000)**Innovative Care (\$25,000,000)**

- \$25,000,000 for medical diagnostic equipment and technology, including electronic health record (EHR) upgrades and data sharing.

Program Operations (\$4,722,311)**Program Administration Expense (\$4,722,311)**

- \$319,557.55 for administrative expenses for fiscal and compliance oversight of all initiatives.
 - \$4,402,753.45 for administrative expenses for operation of the Rural Health Transformation (RHT) Program Programmatic Oversight Team, providing programmatic oversight of all initiatives.
-

Idaho Total Budget Period 1 Award: \$185,974,367.81

Total Funds Put to Work: \$430,414 (as of 7/31/2026)

Program Operations (\$430,414)

Program Administration Expense (\$430,414)

- **\$430,414** for administrative expenses.

Illinois Total Budget Period 1 Award: \$193,418,216.21

Total Funds Put to Work: \$165,226,823 (as of 7/31/2026)

Initiative 1: Transforming Rural Healthcare Delivery - Hospital Transformation (\$10,500,000)

- **\$8,000,000** for the expansion of Healthcare Transformation Collaborative activities.
- **\$2,500,000** for technical assistance to facilitate the development of regionally tailored and data-driven transformation plans to help hospital transformation grantees identify community needs, conduct any additional community and provider-capacity needs assessment, and provide hands-on practice facilitation to support the transition to new operating and payment models.

Initiative 2: Transforming Rural Healthcare Delivery - Community Care Infrastructure (\$28,500,000)

- **\$28,500,000** for rural primary care and behavioral health providers to build integrated care models, improve care coordination, and embed new provider types into care teams.

Initiative 3: Transforming Rural Healthcare Delivery - Hospital Disease Prevention (\$14,000,000)

- **\$14,000,000** for hospitals to provide evidence-based chronic disease prevention programming through the development of classes, curriculum, materials, and other interventions.

Initiative 4: Overcoming Geographic Barriers to Care – Emergency Medical Services (EMS) and Mobile Healthcare (\$34,500,000)

- **\$34,500,000** for mobile health infrastructure, staffing, technology, and data systems to deploy new and reinforce existing mobile health clinics and mobile crisis units.

Initiative 5: Overcoming Geographic Barriers to Care - Technological Innovation for Virtual Care (\$31,008,265.21)

- **\$31,008,265.21** for technology interventions to bring specialty care to those high-need rural populations through technology solutions, rather than transporting individuals out of their communities.

Initiative 6: Building a Resilient Rural Workforce - Healthcare Workforce Expansion (\$29,000,000)

- **\$29,000,000** for expanding workforce programs to attract and retain health professionals, including physicians, advanced practitioners, and allied professionals.

Initiative 7: Building a Resilient Rural Workforce - Training Healthcare Support Workers (\$11,000,000)

- **\$11,000,000** for the expansion and establishment of new training and certification programs tailored to local needs. Programs will focus on development of healthcare support workers.

Initiative 8: Building a Resilient Rural Workforce - Rural Health Education Pipeline (\$4,500,000)

- **\$4,500,000** for the expansion of career pathways and workforce development programs for rural high school students through the University of Illinois Chicago (UIC) Area Health Education Center (AHEC).

Program Operations (\$2,218,558)

Program Administration Expense (\$2,218,558)

- **\$1,471,350** for salaries, travel, and equipment for Rural Health Transformation (RHT) Program staff.
 - **\$747,208** for implementation, oversight, stakeholder engagement, and data analytics.
-

Indiana Total Budget Period 1 Award: \$206,927,896.80

Total Funds Put to Work: \$202,503,451.57 (as of 7/31/2026)

Initiative 1: Growing Care Coordination: Medical Operations Coordination Center and Alternate Payment Model Feasibility Study (\$14,050,860.78)

Appropriate Care Availability (\$14,050,860.78)

- \$14,050,860.78 for building a 24/7 statewide Medical Operations Coordination Center to streamline patient transfers, emergency medical service (EMS) coordination and hospital capacity monitoring, as well as launching an Alternate Payment Model feasibility study to support sustainable rural care delivery.

Initiative 2: Growing Community Connections through Indiana 211 (\$635,678.05)

Fostering Collaboration (\$81,370)

- \$81,370 for technical implementation support for hospital and healthcare provider integration activities.

IT Advances (\$554,308.05)

- \$554,308.05 for system enhancements through State's software master agreement.

Initiative 3: Growing Improved Patient Outcomes Through Enhanced Interoperability and Technology (\$10,908,951.94)

IT Advances (\$10,908,951.94)

- \$10,908,951.94 for expanding connections to the statewide Health Information Exchange so rural clinics, EMS, behavioral health and long-term-care providers can securely share patient information, reducing delays and improving care coordination.

Initiative 4: Growing Pediatric & Obstetric Readiness in Rural Emergency Departments (\$13,923,352.57)

Appropriate Care Availability (\$11,423,352.57)

- \$11,423,352.57 for equipping rural emergency departments and EMS teams with training, standardized protocols and readiness certification to reduce preventable child deaths and improve maternal outcomes amid rising obstetrics (OB) unit closures.

Training and Technical Assistance (\$2,500,000)

- \$2,500,000 for conducting OB and pediatric readiness needs assessment for pre-hospital EMS transport agencies via procured vendor to conduct assessments. Procure statewide software licensure for pediatric dosing technology and pediatric appropriate equipment for EMS agencies, including stocked equipment bags for EMS providers and training services.

Initiative 5: Growing Cardiometabolic Health Standards of Care in Rural Indiana (\$8,545,783.81)

Prevention and Chronic Disease (\$8,545,783.81)

- \$8,545,783.81 for promoting access to chronic disease prevention in rural communities through cardiovascular-kidney-metabolic syndrome (CKM) Centers of Excellence, nutrition and physical activity supports, Food is Medicine planning and broad Lifestyle Medicine workforce training.

Initiative 6: Growing Access to Hospital Post-Discharge Medications (\$1,822,978.27)

Appropriate Care Availability (\$1,822,978.27)

- **\$1,822,978.27** for rural hospitals receive planning grants and implementation funding to ensure patients leave with needed medications at outpatient prices, reducing readmissions and supporting safe transitions of care.

Initiative 7: Growing Specialty Provider Access through Expanded Teleconsult Capabilities (\$91,676)

Appropriate Care Availability (\$91,676)

- **\$91,676** for assessing rural telehealth needs, launching regional pilots, and building statewide infrastructure to expand virtual care, reduce travel burdens, strengthen chronic disease management, and enable timely specialist support.

Initiative 8: Growing Telehealth Access and Infrastructure (\$3,717,938.18)

Appropriate Care Availability (\$3,717,938.18)

- **\$3,717,938.18** for assessing rural telehealth needs, launching regional pilots, and building statewide infrastructure to expand virtual care, reduce travel burdens, strengthen chronic disease management, and enable timely specialist support.

Initiative 9: Growing our Rural Health Paraprofessional Workforce (\$3,151,146.09)

Workforce (\$3,151,146.09)

- **\$3,151,146.09** for developing a statewide strategy to strengthen rural paraprofessional roles—such as community health workers—through employer support, workforce integration playbooks, rural healthcare academies and targeted recruitment and retention strategies.

Initiative 10: Growing Clinical Training and Readiness (\$18,074,556.73)

Workforce (\$18,074,556.73)

- **\$18,074,556.73** for providing rural physician training pathways, increasing clinical rotation capacity, offering incentives for rural practice and precepting, and investing in maternal-health training to address shortages and long travel distances for care.

Initiative 11: Growing our Rural Behavioral Health Workforce (\$130,580)

Workforce (\$130,580)

- **\$130,580** for providing project management support implementation for Initiative 11 activities, ensuring alignment with IN behavioral health workforce strategy and grant and program administration.

Initiative 12: Make Rural Indiana Healthy Again Regional Grants (\$122,119,132.04)

Prevention and Chronic Disease (\$120,795,887)

- **\$120,795,887** for a five-year regional grant model designed to place local data, partnerships, and decision-making at the center of rural health transformation.

Training and Technical Assistance (\$1,323,245.04)

- **\$1,323,245.04** for technical assistance support for eight rural regions to develop innovative and compliant proposals for the Growing Rural Opportunities for Wellbeing in Health (GROW) Regional Grants.

Program Operations (\$5,330,817.11)

Program Administration Expense (\$5,330,817.11)

- **\$2,634,817.11** for personnel, fringe, travel, and indirect costs for program-wide administrative staff.
- **\$2,592,000** for project management, Rural Health Transformation (RHT) Program reporting and compliance, operational support, scopes of work drafting, and budgeting and financial tracking across all GROW Initiatives to assist in planning and implementation of Budget Period 1 (BP1) activities.

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- **\$104,000** for RHT Program-specific procurement and contracting activities. Funds provided to Indiana Department of Administrative Services via an interagency Memoranda of Understanding (MOU).

Iowa Total Budget Period 1 Award: \$209,040,063.71

Total Funds Put to Work: \$191,784,688 (as of 7/31/2026)

Initiative 1: Hometown Connections (\$147,536,277.36)

Appropriate Care Availability (\$95,817,723.81)

- **\$7,754,538.42** for computed tomography (CT) scanners, expanding rural access to advanced diagnostic imaging.
- **\$24,420,383.35** for fixed-site magnetic resonance imaging (MRI) machines, improving rural access to advanced diagnostics.
- **\$39,104,244.56** for robotic surgical systems, increasing rural access to advanced robotic surgical procedures.
- **\$12,467,190.71** for positron emission tomography (PET)/CT systems, improving rural access to advanced nuclear imaging and diagnostics.
- **\$242,474.85** for ultrasound equipment, increasing rural access to obstetric and diagnostic imaging.
- **\$465,813** for x-ray equipment, expanding rural access to advanced imaging including orthopedic and scoliosis scans.
- **\$1,246,000** for robotic diagnostic and biopsy systems, supporting advanced pulmonary diagnostics.
- **\$2,375,828.92** for other diagnostic and imaging equipment, including nuclear imaging, lab analyzers, mammography, endoscopy, and fluoroscopy.
- **\$1,049,750** for maternal and child health programs and equipment, expanding rural access to obstetric and pediatric care.
- **\$700,000** for care coordination and chronic disease management programs, improving rural patient care navigation.
- **\$5,991,500** for major equipment, including a linear accelerator and a hyperbaric oxygen chamber.

Behavioral Health (\$250,000)

- **\$250,000** for establishing a behavioral health substance use disorder (SUD) recovery center of excellence, including expanding access to SUD treatment, formalizing referral pathways and care coordination, expanding community education and school-based prevention, and implementing a robust data and evaluation system.

Capital Expenditures and Infrastructure (\$24,769,958.22)

- **\$10,714,093.56** for minor building renovations.
- **\$964,700** for new 3D mammography unit and upgraded digital mammography unit, increasing rural access to advanced breast imaging.
- **\$501,928.66** for new endoscopy system that ensures continued access to endoscopy for rural patients.
- **\$5,782,577** for new on-site CT scanners providing increased rural access to advanced imaging, including cardiac CT, neuro perfusion, operating room oncology protocols, and bariatric patient support.
- **\$5,315,410** for on-site MRI machines providing increased rural access for advanced imaging, including new imaging scans for breast, prostate, rectal, and pacemakers.
- **\$500,000** for new overhead support X-ray systems providing increased rural access to advanced imaging, including spinal stitching and trauma mapping as new services.
- **\$837,235** for new telemetry system to ensure continued and expanded rural access to advanced monitoring.
- **\$154,014** for new ultrasound console system providing increased rural access to advanced imaging, including expanded vascular capabilities and pediatric abdominal, renal, and soft-tissue imaging.

Fostering Collaboration (\$750,000)

- **\$100,000** for establishing a hub and spoke network focusing on chronic disease management and prevention, including diabetes, cardiovascular disease, heart failure, neurological conditions, cancer, and chronic obstructive pulmonary disease (COPD) and asthma.

- **\$250,000** for implementing a coordinated, community-based maternal health model integrating behavioral health, social services, and healthcare to improve perinatal outcomes and improving sustainability.
- **\$250,000** for establishing formal maternal health partnerships with federally qualified health centers (FQHC) and surrounding hospitals that establishes a primary labor and delivery site, increasing access to perinatal services at local community health centers, and work to grant privileges to partner facilities.

Prevention and Chronic Disease (\$450,000)

- **\$200,000** for implementing cancer screening navigation program, expanding cancer prevention education and modifying risk factors, and survivorship programs.
- **\$250,000** for implementing an Integrated Care Model that uses a collaborative approach across physicians, nursing staff, physical therapy, occupational therapy, speech therapy, and respiratory therapy, expanding the model to increase the number of health coaches and outpatient dietician services.

Training and Technical Assistance (\$2,000,000)

- **\$2,000,000** to aid healthcare organizations in developing hub and spoke models of care.

Workforce (\$18,290,000)

- **\$18,290,000** for recruitment bonuses for eligible provider types, which require a 5-year service commitment in rural areas and no non-compete agreement.

Program Administration Expense (\$5,208,595.33)

- **\$5,208,595.33** for administrative costs associated with equipment procurement and installation.

Initiative 2: Combat Cancer: Prevent and Treat (\$28,556,609)

Appropriate Care Availability (\$11,055,352)

- **\$11,055,352** for establishing hub and spoke cancer networks including one hub facility and three surrounding spoke sites that expand access to advanced diagnostics, oncology surgery, screening, and coordination of care through formalized partnership agreements and clinical workforce development.

Capital Expenditures and Infrastructure (\$5,4967,800.72)

- **\$750,300** for minor building renovations.
- **\$4,717,500.72** for upgrading and replacing capital medical equipment to increase access to advanced cancer care, including upgrading linear accelerator software, upgrading to 3D mammography to improve rural access to advanced imaging, and upgrading components of existing MRI. Minor renovations to accommodate local access to advanced imaging and chemotherapy.

Prevention and Chronic Disease (\$8,608,788)

- **\$6,206,288** for a comprehensive cancer mitigation program including radon testing, radon mitigation, radon credentialing, dermatoscope distribution, telehealth tablet distribution, and cancer screening knowledge and risk reduction.
- **\$1,805,000** for a comprehensive evaluation of evidence-based interventions to reduce cancer burden in rural Iowa including identifying county clusters and implementing cancer prevention and screening in target areas.
- **\$597,500** for Expanding the Iowa Cancer Affiliate Network (ICAN) to expand rural access to cancer services, improving cancer care and cancer screening through cancer outreach and messaging.

Provider Payments (\$1,123,475)

- **\$1,123,475** for payments and reimbursements for cancer screening, diagnostics, and treatments for uninsured patients.

Training and Technical Assistance (\$2,000,000)

- **\$2,000,000** to aid healthcare organizations in developing hub and spoke models of care.

Workforce (\$120,000)

- **\$120,000** for recruitment and retention bonuses for eligible provider types, which require a 5-year service commitment in rural areas and no non-compete agreement.

Program Administration Expense (\$181,193.36)

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- **\$181,193.36** for administrative costs associated with establishing a hub and spoke cancer network and program implementation.
-

Initiative 3: Communities of Care (\$2,029,350)

Appropriate Care Availability (\$29,350)

- **\$29,350** for procuring telehealth supplies to address chronic disease needs of children and youth with special health needs, including computers, tablets, and mobile carts for telehealth setup.

Training and Technical Assistance (\$2,000,000)

- **\$2,000,000** to aid organizations in developing co-location sites.
-

Initiative 4: Health Information Exchange (\$11,812,156.20)

IT Advances (\$11,698,588.20)

- **\$11,698,588.20** for implementation of Iowa's new Health Information Exchange.

Program Administration Expense (\$113,568)

- **\$113,568** for implementation of Iowa's new Health Information Exchange.
-

Initiative 5: Emergency Medical Service (EMS) Community Care Mobile (\$65,900)

IT Advances (\$65,900)

- **\$65,900** for connecting the Community Health module to the statewide EMS and Trauma Registries, including specialized electronic medical record solution for mobile integrated health programs and operationalized data collection for perinatal programs.
-

Program Operations (\$1,784,395.33)

Appropriate Care Availability (\$411,295.60)

- **\$411,295.60** for procuring and distributing dental health supplies to Iowan communities.

Program Administration Expense (\$1,373,099.73)

- **\$1,373,099.73** for grant management.
-

Kansas Total Budget Period 1 Award: \$221,898,007.82

Total Funds Put to Work: \$126,958,972.42 (as of 7/31/2026)

Initiative 1: Expand Primary and Secondary Prevention Programs (\$24,613,105.73)

Appropriate Care Availability (\$5,259,702)

- \$5,259,702 for integrated care for dual eligible beneficiaries.

Behavioral Health (\$5,376,611.65)

- \$3,020,381 for behavioral health integration in primary care.
- \$248,646.65 for behavioral health services in nursing facilities.
- \$840,002 for emergency department behavioral health intervention hubs.
- \$1,267,582 for a statewide substance use disorder network.

Capital Expenditures and Infrastructure (\$2,344,470)

- \$2,344,470 for integrated care for dual eligible beneficiaries.

Consumer Tech Solutions (\$9,970,000.16)

- \$6,600,000 for computerized cognitive behavioral health therapy.
- \$500,000 for Lifestyle Empowerment for Alzheimer's Prevention (LEAP!) technology.
- \$2,500,000 for My ALZ Journey technology.
- \$250,000 for lifestyle/fitness/nutrition applications.
- \$120,000.16 for Asynchronous Diabetes Prevention program.

Provider Payments (\$1,661,813.84)

- \$7,395.84 for Asynchronous Diabetes Prevention program pharmacist support services.
- \$144,000 for mobile cancer screening program.
- \$1,200,000 for behavioral health services in nursing facilities provide payments.
- \$150,000 for psychiatric Advanced Practice Registered Nurses (APRNs) in emergency department behavioral health intervention hubs.
- \$160,418 for statewide substance use disorder network provider payments.

Program Administration Expense (\$508.08)

- \$508.08 for partnerships specific to Initiative 1.

Initiative 2: Secure Local Access to Primary Care (\$16,059,843)

Appropriate Care Availability (\$501,000)

- \$501,000 for the Pathways to Integration - Rural Primary Care/Public Health Integration Program.

Fostering Collaboration (\$414,000)

- \$414,000 for the Anchor Hospital Advancement Program.

Innovative Care (\$114,000)

- \$114,000 for direct-to-employer contracting infrastructure.

IT Advances (\$9,800,000)

- \$9,800,000 for the Anchor Hospital Advancement Program.

Training and Technical Assistance (\$5,105,843)

- \$1,500,000 for a statewide rural provider commercial rate analysis.
- \$3,605,843 for the Revenue Cycle Support and Centralized Credentialing Organization.

Workforce (\$125,000)

- \$125,000 for the Mobile Integrated Health Pilot Program.

Initiative 3: Build a Sustainable Rural Health Workforce (\$12,560,915.63)

Training and Technical Assistance (\$1,254,325.63)

- \$1,254,325.63 for a mobile simulation lab.

Workforce (\$11,306,590)

- **\$8,500,000** for a rural residency program.
- **\$654,500** for the expansion of the Kansas Bridging Program.
- **\$500,000** for medical student rural rotation housing.
- **\$303,142** for rural nurse residencies.
- **\$500,000** for clinical instructor and preceptor incentives.
- **\$135,000** for rural chapters of the HOSA-Future Health Professionals (HOSA) high school club.
- **\$256,500** for K-12 Health Science Career and Technical Education (CTE) courses.
- **\$43,500** for regional career expositions
- **\$255,548** for central Kansas Hospital Association (KHA) support.
- **\$158,400** for behavioral health apprenticeships.

Initiative 4: Enable Value-Based Care (\$40,555,479)

Appropriate Care Availability (\$2,706,229)

- **\$2,706,229** for behavioral health crisis transports.

Prevention of Chronic Disease (\$22,377,027)

- **\$22,377,027** for the Evidence-Based Practices program.

Provider Payments (\$15,472,223)

- **\$11,000,000** for the Evidence-Based Practices Program provider payments.
- **\$3,400,000** for the Accountable Care Organization (ACO) Readiness Program.
- **\$1,072,223** for the Medicare Provider Incentive Payment Program.

Initiative 5: Harness Data and Technology (\$23,977,578)

IT Advances (\$14,052,438)

- **\$1,096,063** for the Diabetes Dock.
- **\$12,758,000** for the Emerging Technology Program.
- **\$198,375** for the Certified Community Behavioral Health Clinic (CCBHC) Data Center.

Provider Payments (\$175,140)

- **\$175,140** for the Telehealth Navigator Program.

Training and Technical Assistance (\$9,750,000)

- **\$9,750,000** for remote patient monitoring.

Program Operations (\$9,192,051.06)

Program Administration Expense (\$9,192,051.06)

- **\$9,190,802.33** for state agencies, contractors, and consultants.
- **\$1,248.73** for travel.

Kentucky Total Budget Period 1 Award: \$212,905,590.56

Total Funds Put to Work: \$98,312,201.05 (as of 7/31/2026)

Initiative 1: Rural Community Hubs for Chronic Care Innovations **(\$55,443,890.50)**

IT Advances (\$2,554,278)

- \$2,554,278 for the Vitality Signs Project.

Prevention and Chronic Disease (\$52,889,612.50)

- \$2,399,012.50 for the Rural Health Ambassador Program.
- \$9,102,500 for consulting, analytics, and decision support for launch and implementation.
- \$41,388,100 for rural community hubs support.

Initiative 2: PoWERing Rural Maternal and Infant Health: Community-Based Teams (\$3,081,558.50)

Appropriate Care Availability (\$2,289,347)

- \$175,000 for doula expansion.
- \$2,114,347 for the Health Access Nurturing Developmental Services Expansion Program.

Prevention and Chronic Disease (\$639,102)

- \$639,102 for People Who Work for Engagement and Resilience (PoWER) staffing.

Program Administration Expense (\$153,109.50)

- \$153,109.50 for PoWER Doula Lead.

Initiative 3: Rapid Response to Recovery: EmPATH Model, Mobile Crisis and Telehealth (\$2,949,165)

Behavioral Health (\$2,949,165)

- \$2,485,165 for the Emergency Psychiatric Assessment, Treatment and Healing (EmPATH) and Telehealth program.
- \$464,000 for Rapid Response to Recovery staffing.

Initiative 4: Rooted in Health: Kentucky Rural Dental Access Program (\$8,985,935)

Appropriate Care Availability (\$4,684,970)

- \$1,884,970 for new public health dental hygiene programs.
- \$2,800,000 for retention of public health dental hygiene programs.

Innovative Care (\$3,689,096)

- \$3,689,096 for digital dentures, mobiles, extractions, and tele-dentistry.

Prevention and Chronic Disease (\$261,000)

- \$261,000 for Rooted in Health staffing.

Workforce (\$350,869)

- \$350,869 for Rooted in Health Dental Hygiene School.

Initiative 5: From Crisis to Care: Integrated Emergency Medical Service (EMS) and Trauma Response (\$4,453,573.24)

Appropriate Care Availability (\$1,213,455.24)

- \$1,213,455.24 for Crisis to Care staffing.

Innovative Care (\$3,240,118)

- \$3,240,118 for medical operations and special needs support.

Program Operations (\$23,398,078.81)

Fostering Collaboration (\$350,928.25)

- \$350,928.25 for data collaborative guidance services.

IT Advances (\$1,760,264.22)

- \$1,760,264.22 for building and implementing a grants accelerator tool.

Training and Technical Assistance (\$10,955,641)

- \$865,125 for program-specific consulting and technical assistance.
- \$1,979,721 for data collection, analysis, and support.
- \$8,110,795 for strategic planning and grants management support.

Workforce (\$3,628,068)

- \$1,130,733 for community health worker training and support.
- \$2,497,335 for Area Health Education Centers (AHEC) support.

Program Administration Expense (\$6,703,177.34)

- \$1,067,516 for A3 Program Deputy Director & Educational Content and Transformation Enablement Consultant.
 - \$1,085,241 for Rural Health Transformation (RHT) Program staffing.
 - \$3,285,559 for consultant staffing.
 - \$370,087.50 for communication, outreach, and engagement support.
 - \$161,071.84 for software licenses.
 - \$663,502 for personnel, fringe, travel, and supplies.
 - \$70,200 for a medical advisor contract.
-

Louisiana Total Budget Period 1 Award: \$208,374,447.57

Total Funds Put to Work: \$19,164,871.60 (as of 7/31/2026)

Initiative 1: Strengthen Health and Emergency Systems through Workforce Expansion and Integration (\$6,566,298)

Consumer Tech Solutions (\$498,723)

- \$498,723 for a Rural Health Geographic Information System (GIS) Analytics Platform.

Workforce (\$6,067,575.80)

- \$845,981 for increasing nursing program admittance.
- \$1,143,275.70 for expanding nursing education capacity and establishing a Diagnostic Medical Sonographers program.
- \$4,078,319 for expanding nursing and radiologic tech programs.

Initiative 2: Modernize Technology Infrastructure and Capacity for Efficiency and Care Coordination (\$9,087,392)

Consumer Tech Solutions (\$4,761,288)

- \$4,761,288 for building out a healthcare engagement platform.

Training and Technical Assistance (\$4,326,104)

- \$4,326,104 for electronic health record (EHR) integration.

Initiative 3: Reinforce Innovative, Outcomes-Based Care Delivery in Rural Areas (\$1,673,896)

Training and Technical Assistance (\$1,673,896)

- \$1,673,896 for technical assistance on alternative payment models.

Program Operations (\$1,837,284.80)

Program Administration Expense (\$1,837,284.80)

- 1,837,284.80 for program administration.

Maine Total Budget Period 1 Award: \$190,008,051.09

Total Funds Put to Work: \$52,132,567.72 (as of 7/31/2026)

Initiative 1: Population Health: Promoting timely access to high-quality care (\$10,890,848.19)

Behavioral Health (\$5,209,871.90)

- **\$244,284** for supporting the expansion of Certified Intentional Peer Support Specialists and Recovery Coaches in emergency department (ED) services, including budget monitoring, performance reporting, fidelity, hospital engagement, training, and technical assistance.
- **\$1,323,983.65** for implementing workflows, agreements, and physical space to embed primary care in each Certified Community Behavioral Health Clinic (CCBHC) service area.
- **\$1,740,152.25** for funding the hiring and management of additional Peer Recovery Coaches and Certified Intentional Peer Support Specialists to ensure Maine EDs have this coverage.
- **\$350,000** for Community Health Worker (CHW) training and defrayed supervisor costs.
- **\$135,420** for developing trainings for the integration of Peers in multi-disciplinary settings, including core and continuing education, and training OBH staff and per-diem trainers for sustainability.
- **\$1,416,032** for ensuring tribal populations have access to critical substance use treatment and mental health support.

Fostering Collaboration (\$60,976.29)

- **\$60,976.29** for the Population Health initiative.

Innovative Care (\$620,000)

- **\$500,000** for developing a comprehensive inventory, implementation support toolkit, assessment framework, and purchase of mobile health units.
- **\$120,000** for managing Rural Health Transformation (RHT) deliverables and scaling CHW certification.

Prevention of Chronic Disease (\$5,000,000)

- **\$5,000,000** for coordinating and administering nutrition education for rural communities and developing clinical linkages models with the Nutrition Education Coordinator.

Initiative 2: Workforce: Strengthening Maine's rural health workforce (\$18,358,230.82)

Fostering Collaboration (\$1,586,487.52)

- **\$1,586,487.52** for the Workforce initiative.

Workforce (\$16,771,743.30)

- **\$54,149** for establishing Maine's early approach to Initiative Two: Workforce Activities needed under the Rural Health Transformation Program.
- **\$14,189,817** for recruitment awards, which may be used for relocation or educational expenses.
- **\$500,000** for developing career exploration programs and a student pipeline through local school districts and community-based organizations serving youth.
- **\$1,752,777.30** for supporting the expansion of MaineJobLink, a case management platform that captures trainee, apprentice, and pre-apprentice information for Maine Department of Labor healthcare workforce programs to monitor enrollment, completion, employment, and wage outcomes for grant reporting.
- **\$25,000** for providing health career navigation and support to jobseekers, including administering tuition remission training funds for individuals and cohorts.
- **\$250,000** for a Healthcare Workforce Uniform Data Set.

Initiative 3: Technology: Modernizing rural care delivery with digital health technology (\$17,655,278.13)

Appropriate Care Availability (\$144,660.80)

- **\$144,660.80** for implementing and modernizing in-house data systems to improve healthcare.

Fostering Collaboration (\$239,051.14)

- \$239,051.14 for the Innovation and Technology initiative.

Innovative Care (\$9,622,874)

- \$9,622,874 for providing overall project leadership, management, contracting, and oversight of contractors needed to expand all non-"state-owned" RHT Program Tech & Innovation activities.

IT Advances (\$7,590,837.66)

- \$3,225,000 for Provider Connectivity and Rural HIE Expansion: expanding and maintaining health information exchange (HIE) access and data connections for Maine providers serving rural communities, producing monthly HIN utilization reports on rural designation, and developing a Provider and User Engagement and Education Plan.
- \$275,000 for the statewide HIE, maintaining connections to more than 3,900 medical providers and organizations statewide, and delivering data transmission, integration, and dissemination services to the Maine Center for Disease Control and Prevention.
- \$440,000 for the Maine Department of Education to procure EMR upgrades and enhancements for school health nurses across school administrative units.
- \$1,346,150 for Medical Care Development (MCD) to serve as Subrecipient providing project leadership, management, and oversight of Tech & Innovation activities, including training Telehealth Facilitators and implementing the Maine Rural AI Hub.
- \$316,357 for implementing Remote Patient Monitoring (RPM) programs and patient-facing digital tools.
- \$936,640 for staff and researchers working with rural health AI startups and technology developers on innovations for rural health populations.
- \$102,250.66 for implementing or modernizing in-house data systems to improve healthcare.
- \$449,440 for telehealth services for Mainers with intellectual and developmental disabilities residing in rural group homes, ensuring 24/7 immediate care.
- \$500,000 for expanding community information exchange (CIE) services.

Program Administration Expense (\$57,854.53)

- \$57,854.53 for operational support and administrative support for the central oversight of Initiative 3.

Initiative 4: Access: Bridging the healthcare affordability gap for rural Mainers (\$525,668.72)**Fostering Collaboration (\$525,668.72)**

- \$84,918.72 for the Access initiative.
- \$440,750 for partnering with community-based organizations to strengthen and grow transportation programs. Funds would support standardized statewide training, stipends for transportation coordinators, trip scheduling software, volunteer promotion and recruitment activities, etc.

Initiative 5: Sustainable rural health ecosystems: Addressing financial instability of rural providers (\$2,072,283.49)**Appropriate Care Availability (\$33,766)**

- \$33,766 for establishing Maine's early approach to Initiative Five.

Fostering Collaboration (\$33,967.49)

- \$33,967.49 for the Sustainable Ecosystems initiative.

IT Advances (\$1,754,550)

- \$250,000 for implementing change requests to MaineCare claims system to implement rates and Alternative Payment Models.
- \$450,000 for implementing and modernizing in-house data systems to improve healthcare.
- \$1,054,550 for publishing a hospital financial measurement dashboard and creating comprehensive benchmarking report.

Training and Technical Assistance (\$250,000)

-
- **\$250,000** for developing an adequate, economic, and efficient reimbursement methodology for school-based health centers that rewards high value care.
-

Program Operations (\$2,630,258.37)

IT Advances (\$57,854.53)

- **\$57,854.53** for administrative staff to provide operational and administrative support for Tech & Innovation.

Program Administration Expense (\$2,572,403.84)

- **\$1,991,903.84** for operational support and administrative support for the central oversight of the RHT Program.
 - **\$580,500** for developing dashboards and progress reporting tools internally and externally, supporting continuous improvement, informed decision-making, and stakeholder transparency.
-

Maryland Total Budget Period 1 Award: \$168,180,837.61

Total Funds Put to Work: \$167,198,410 (as of 7/31/2026)

Initiative 1: Transform the Rural Health Workforce (\$24,791,720)

Capital Expenditures and Infrastructure (\$15,000)

- \$15,000 for minor renovation funding to create functional flexible office and training space at Area Health Education Centers (AHECs).

IT Advances (\$2,732,624)

- \$1,968,468 for creating an online platform for healthcare workforce development applications.
- \$764,156 for implementing a Maryland Health Workforce Data Clearinghouse.

Workforce (\$22,044,096)

- \$1,944,096 for expanding existing AHEC program capacity and opening new AHECs.
- \$3,700,000 for recruitment and training opportunities for healthcare and public health professionals.
- \$16,400,000 for expanding training, recruitment and retention strategies for rural Maryland physicians and advanced practice professionals.

Initiative 2: Promote Sustainable Access and Innovative Care for Rural Marylanders (\$126,006,543)

Appropriate Care Availability (\$53,704,908)

- \$4,400,580 for expanding new primary care sites in rural communities, upgrading electronic health records, and piloting a pre-hospital Blood Transfusion Program with rural emergency medical service (EMS).
- \$839,901 for expanding School-Based Health Center hours and services and procuring mobile units.
- \$28,318,590 for expanding services to meet current demand and build long-term capacity to improve health outcomes and deploy technology-enabled chronic disease management.
- \$20,145,837 for supporting regional mobile health programs, including chronic disease management, partnerships with EMS for community paramedicine and mobile health integrated health models and community-based care teams.

Behavioral Health (\$9,957,981)

- \$9,957,981 for increasing sustainable access to priority services across the full continuum of behavioral health care in rural areas.

Capital Expenditures and Infrastructure (\$14,356,505)

- \$14,356,505 for minor renovations in primary care office spaces, dental health service spaces, behavioral health office spaces, and school-based health centers.

Innovative Care (\$12,432,368)

- \$900,000 for hiring a contractor to support coding, billing and revenue cycle management Technical Assistance (TA), strengthening Local Health Department (LHD) and Area Agency on Aging (AAA) revenue and self-sufficiency.
- \$11,532,368 for preparing rural providers to participate in innovative, value-based care models.

IT Advances (\$10,481,578)

- \$10,481,578 for increasing rural provider connectivity, piloting AI technology to improve clinical workflows, connecting closed loop referrals, supporting Central Billing Office (CBO) billing, and developing a centralized telehealth infrastructure.

Provider Payments (\$25,073,203)

- \$25,073,203 for utilizing provider payments to transform the healthcare system by providing services in new settings and covering startup costs to support the transition to sustainable, billable services. Providers include primary care, school-based health centers, mobile health clinics, and behavioral health services.

Initiative 3: Empower Rural Marylanders to Eat for Health (\$15,267,339)

Fostering Collaboration (\$546,543)

- **\$546,543** for establishing a Rural Food Coordination program.

Prevention and Chronic Disease (\$14,720,796)

- **\$4,000,000** for locating cold storage infrastructure within rural communities to expand food aggregation and distribution capacity for small farms.
- **\$1,800,000** for providing small grocers and mobile access points with funds for equipment purchases, minor renovations, technology infrastructure and marketing to create a sustainable business.
- **\$4,123,796** for providing targeted nutritional education to improve food and physical activity behaviors among rural residents.
- **\$4,797,000** for implementing Food Aggregation and food hubs to increase availability of affordable, local foods.

Program Operations/Governance (\$1,132,808)

Fostering Collaboration (\$244,546)

- **\$244,546** for governance.

Program Administration Expense (\$888,262)

- **\$888,262** for governance.
-

Massachusetts Total Budget Period 1 Award: \$162,005,238.13

Total Funds Put to Work: \$74,605,333.92 (as of 7/31/2026)

Initiative 1: Population Health Advancement Initiative (\$11,725,000)

Appropriate Care Availability (\$5,700,000)

- \$5,700,000 for new home visiting programs.

IT Advances (\$450,000)

- \$450,000 for the Automated Adverse Event Monitoring pilot.

Prevention and Chronic Disease (\$3,000,000)

- \$3,000,000 for the development and implementation of chronic disease networks.

Training and Technical Assistance (\$2,575,000)

- \$2,575,000 for expansion of remote patient monitoring.

Initiative 2: Innovation in Rural Care Models (\$12,356,820)

Appropriate Care Availability (\$9,490,000)

- \$6,490,000 for filling in gaps in healthcare.
- \$3,000,000 for developing integrated specialty care networks.

Behavioral Health (\$2,866,820)

- \$2,866,820 for expansion of Opioid Treatment Program sites.

Initiative 3: Training Healthcare for Retention, Innovation, and Excellence (THRIVE) (\$7,500,000)

Workforce (\$7,500,000)

- \$7,500,000 for workforce recruitment, retention, and training.

Initiative 4: Healthy Rural Communities (\$9,575,309)

Appropriate Care Availability (\$3,147,309)

- \$3,147,309 for developing population-specific programs.

Fostering Collaboration (\$3,963,000)

- \$3,963,000 for expanding community-based organizations networks.

Prevention and Chronic Disease (\$2,000,000)

- \$2,000,000 for establishing community-based chronic disease prevention programs.

Training and Technical Assistance (\$465,000)

- \$465,000 for supporting technology infrastructure.

Initiative 5: Emergency Medical System (EMS) Service Integration Initiative (\$11,209,880)

Innovative Care (\$3,000,000)

- \$3,000,000 for providing community paramedicine support.

IT Advances (\$2,000,000)

- \$2,000,000 for launch medication dosing mobile application.

Provider Payments (\$6,209,880)

- \$6,209,880 for piloting the EMS reimbursement program.

Initiative 6: Enhancing Technology Interoperability and Connectivity Initiative (\$2,500,000)

IT Advances (\$2,500,000)

- **\$2,500,000** for creating and deploying a local public health electronic record system.
-

Initiative 7: Facility Modernization and Re-Use Initiative (\$5,010,576)

Behavioral Health (\$5,010,576)

- **\$5,010,576** for establishing specialized rural nursing units.
-

Program Operations (\$14,727,748.92)

Program Administration Expense (\$14,727,748.92)

- **\$14,727,748.92** for staffing, salaries, program oversight, and administrative costs.
-

Michigan Total Budget Period 1 Award: \$173,128,201.02

Total Funds Put to Work: \$13,336,877 (as of 7/31/2026)

Initiative 1: Transforming Rural Health through Partnerships (\$2,625,000)

Fostering Collaboration (\$2,625,000)

- **\$2,625,000** for supporting the Rural Health Partnership Collaborative Care initiative, including development of rural provider partnerships, care coordination infrastructure, cross-sector collaboration activities, stakeholder engagement, and implementation support to strengthen integrated rural healthcare delivery.

Initiative 2: Workforce for Wellness (\$250,000)

Workforce (\$250,000)

- **\$250,000** for conducting an assessment that supports the Workforce for Wellness initiative, which includes recruitment, training, workforce development, retention strategies, and capacity-building activities designed to strengthen the rural healthcare workforce.

Initiative 3: Interoperability in Action (\$600,000)

IT Advances (\$600,000)

- **\$600,000** for supporting the Rural Health Community Information Exchange Coordination initiative, including coordination, implementation, interoperability planning, information exchange infrastructure, and activities that improve data sharing among rural healthcare providers and community partners.

Initiative 4: Care Closer to Home Blueprint Initiative (\$6,000,000)

Fostering Collaboration (\$6,000,000)

- **\$6,000,000** for implementing the Care Closer to Home initiative, supporting hub-and-spoke care delivery models, provider collaboration, community partnerships, and expanded access to healthcare services in rural communities.

Program Operations (\$3,861,877)

Fostering Collaboration (\$665,877)

- **\$665,877** for engaging with the American Indian Health and Family Services of Southeastern Michigan to implement the Rural Health Tribal Initiative, supporting access to culturally responsive healthcare services, tribal engagement, care coordination, and activities that improve healthcare access and outcomes for tribal and Native populations in rural communities.

Program Administration Expense (\$3,196,000)

- **\$3,196,000** for grant administration support from contractors.

Minnesota Total Budget Period 1 Award: \$193,090,618.14

Total Funds Put to Work: \$20,881,682.14 (as of 7/31/2026)

Initiative 1: Community-Based Preventive Care and Chronic Disease Management (\$612,070)

Prevention and Chronic Disease (\$612,070)

- \$612,070 for rural provider grants.

Initiative 2: Recruit and Retain Talent in Rural Communities (\$1,566,821)

Workforce (\$1,566,821)

- \$386,146 for community health worker apprenticeships.
- \$654,773 for frontline worker apprenticeships and K12 career exposure.
- \$525,902 for rural clinical rotations for medical residents.

Initiative 3: Sustain Access to Services to Keep Care Closer to Home (\$179,710)

Appropriate Care Availability (\$179,710)

- \$179,710 for rural provider grants.

Initiative 4: Create Regional Care Models to Improve Whole Person Health (\$10,318,355)

Appropriate Care Availability (\$76,701)

- \$76,701 for rural provider grants.

Behavioral Health (\$741,654)

- \$741,654 for rural provider grants.

Provider Payments (\$9,500,000)

- \$9,500,000 for the Emergency Medical Service (EMS) Rural Ambulance treatment in place program.

Initiative 5: Invest in Technology, Infrastructure, and Collaboration for Financial Viability (\$3,493,505)

Capital Expenditures and Infrastructure (\$1,488,337)

- \$1,488,337 for rural provider grants.

Innovative Care (\$399,603)

- \$399,603 for rural provider grants.

IT Advances (\$1,605,565)

- \$1,605,565 for rural provider grants.

Program Operations (\$4,711,221.14)

Program Administration Expense (\$4,711,221.14)

- \$3,463,636.14 for staff salaries.
- \$803,563 for indirect costs.
- \$120,000 for temporary staffing.
- \$170,772 for strategic direction for and management.
- \$54,860 for planning and early implementation of Rural Health Transformation (RHT) Program.

Mississippi Total Budget Period 1 Award: \$205,907,220.16

Total Funds Put to Work: \$94,423,464.51 (as of 7/31/2026)

Initiative 1: Statewide Rural Health Assessment (\$650,000)

Program Administration Expense (\$650,000)

- \$650,000 for administrative expenses relating to the statewide rural health assessment.

Initiative 2: Coordinated Regional Integrated Systems (CRIS) Initiative (\$2,000,000)

Program Administration Expense (\$2,000,000)

- \$2,000,000 for administrative expenses relating to the emergency medical services capacity assessment.

Initiative 3: Workforce Expansion Initiative (WEI) (\$0)

\$0

Initiative 4: Health Technology Advancement and Modernization (HTAM) Initiative (\$47,500,000)

IT Advances (\$47,500,000)

- \$47,500,000 for the Rural Provider Technology Grant program.

Initiative 5: Telehealth Adoption and Provider Support (TAPS) Initiative (\$5,700,000)

IT Advances (\$1,900,000)

- \$1,900,000 for the Telehealth Hub Connectivity and Equipment Grant program.

Training and Technical Assistance (\$3,800,000)

- \$3,800,000 for the Telehealth Education Grant program.

Initiative 6: Building Rural Infrastructure for Delivery, Growth, and Efficiency (BRIDGE) Initiative (\$28,500,000)

Capital Expenditures and Infrastructure (\$28,500,000)

- \$28,500,000 for the Rural Capital Care Gap Closure Grant Program.

Program Operations (\$10,073,464.51)

Program Administration Expense (\$10,073,464.51)

- \$71,035.86 for personnel and fringe expenses.
- \$2,428.65 for other expenses.
- \$10,000,000 for a grant management contractual agreement.

Missouri Total Budget Period 1 Award: \$216,276,817.66

Total Funds Put to Work: \$106,330,417.49 (as of 7/31/2026)

Initiative 1: Regional Coordinating Networks and Hub Activation (\$36,161,501.35)

Appropriate Care Availability (\$34,331,501.35)

- \$3,456,528.01 for staffing costs, including training and onboarding.
- \$1,953,762.96 for expanding pharmacy-based services such as test-and-treat, chronic disease management, behavioral health screening, and care coordination. Contractual support enables training, workflow development, and interoperability integration, allowing pharmacists to function as accessible points of care within Hub networks.
- \$15,221,667.70 for implementation of discretionary hubs, local partner service delivery costs, partner coordination and convening, performance monitoring and reporting to support community-led programs addressing local care gaps, including nutrition services, non-emergency medical transportation, perinatal home visits, and school-based health clinics.
- \$1,000,000 for rural critical trauma certifications.
- \$4,700,000 for funding mobile health units.
- \$8,000,000 for improving provider digital innovation.

Program Administration Expense (\$1,830,000)

- \$1,830,000 for a grant management vendor to distribute funds to Regional Coordinating Networks (RCNs), Hubs, and approved initiatives.

Initiative 3: Digital Backbone (\$35,156,194.48)

Innovative Care (\$976,881.48)

- \$976,881.48 for telehealth adoption and workflow optimization, platform licenses and access, electronic health record (EHR)/application programming interface (API) integration, and equipment.

IT Advances (\$24,422,037)

- \$24,422,037 for EHR replacement, enhancements, and implementation.

Training and Technical Assistance (\$9,757,276)

- \$9,757,276 for program-wide data analytics, reporting, and dashboards.

Initiative 4: Rural Health Workforce Programs (\$5,568,224.40)

Workforce (\$5,568,224.40)

- \$1,660,698.52 for awards for rural clinicians who commit to serving as preceptors to students and trainees growing rural teaching capacity and improve workforce retention.
- \$3,907,525.88 for Hubs or local partners to implement community-tailored retention strategies, including childcare planning and capacity expansion, temporary housing support, transportation assistance, and other enablers that reduce barriers to rural practice. Funds support program design, partner coordination, and local delivery.

Initiative 5: Provider Transformation (\$6,720,535.85)

Training and Technical Assistance (\$15,024,028.43)

- \$2,539,891.85 for remote patient monitoring licensing, implementation, technical assistance, and change management.
- \$4,180,644 for ambient artificial intelligence (AI) technology licenses, deployment, implementation support, and change management.

Program Operations (\$22,723,961.41)

Fostering Collaboration (\$22,901,149.62)

- \$21,985,000 for strategy and launch planning and program implementation.

Program Administration Expense (\$738,961.41)

- **\$21,985,000** for staffing.
-

No information provided on Initiative 2.

Montana Total Budget Period 1 Award: \$233,509,358.76

Total Funds Put to Work: \$41,761,906.50 (as of 7/31/2026)

Initiative 1: Develop Workforce Through Recruitment, Training, and Retention (\$22,093,078.00)

Workforce (\$22,093,078.00)

- \$22,093,078.00 for developing workforce through recruitment, training, & retention.

Initiative 2: Ensure Rural Facility Sustainability and Access Through Partnership and Restructuring (\$946,800.00)

Consumer Tech Solutions (\$946,800.00)

- \$946,800.00 for intellectual and developmental disabilities (IDD) Telehealth Services.

Initiative 3: Launch innovative Care Delivery and Payment Models (\$1,927,412.50)

Innovative Care (\$202,412.50)

- \$202,412.50 for development and maintenance of Medicaid reimbursement rates for nursing facilities.

Training and Technical Assistance (\$1,725,000.00)

- \$1,725,000.00 for value based technical assistance to primary care providers.

Initiative 4: Invest in Community Health and Preventive Infrastructure (\$1,275,325.00)

Prevention and Chronic Disease (\$120,000.00)

- \$120,000.00 for Supplemental Nutrition Assistance Program (SNAP) Waiver Implementation.

Workforce (\$1,155,325.00)

- \$1,155,325.00 for Caring for Our Own Program.

Initiative 5: Deploy Modern Health Care Technologies to Guide Rural Health Interventions (\$2,425,637.00)

IT Advances (\$2,425,637.00)

- \$2,425,637.00 for Health Information Exchange (HIE) Tool Development.

Program Operations (\$1,727,664.86)

Fostering Collaboration (\$163,550.00)

- \$163,550.00 for Rural Health Transformation (RHT) Program Stakeholder Advisory Council.

Program Administration Expense (\$1,988,350.67)

- \$849,564.00 for personnel costs within State Health Dept. to operate program
- \$14,540.00 for travel costs within State Health Dept. to operate program
- \$2,406,000.00 for indirect costs within State Health Dept. to operate program
- \$60,000.00 for supplies costs within State Health Dept. to operate program
- \$8,450,000.00 for RHT Program consultation
- \$150,000.00 for RHT targeted intervention and stakeholder engagement activities for existing state structure.

Nebraska Total Budget Period 1 Award: \$218,529,075.01

Total Funds Put to Work: \$128,089,294.68 (as of 7/31/2026)

Initiative 1: Make Rural Nebraska Healthy Again Through Food as Medicine **(\$14,012,772.70)**

Capital Expenditures and Infrastructure (\$370,730.02)

- **\$360,000.00** for Abie Vegetable People LLC, Classen Land & Cattle LLC, and 3 other organizations to develop regional food systems and expand access to nutritious food.
- **\$10,730.02** for Southwest Nebraska Public Health Dept. to promote healthy living and reduce obesity rates throughout Nebraska.

Consumer Tech Solutions (\$500,000.00)

- **\$500,000.00** for funds distributed to support school kitchen modernization, farm-to-school initiatives, and healthy nutrition programs.

Fostering Collaboration (\$16,098.10)

- **\$16,098.10** for South Heartland District Health Department to promote healthy living and reduce obesity rates throughout Nebraska.

Prevention of Chronic Disease (\$11,651,837.91)

- **\$10,588,903.60** for funds distributed to support school kitchen modernization, farm-to-school initiatives, and healthy nutrition programs.
- **\$578,756.37** for South Heartland District Health Department and Southwest Nebraska Public Health Department to promote healthy living and reduce obesity rates throughout Nebraska.
- **\$484,177.94** for University of Nebraska Medical Center to promote healthy eating and physical activity among Nebraska youth through fitness and nutrition programming.

Program Administration Expense (\$603,358.60)

- **\$554,428.40** for funds distributed to support school kitchen modernization, farm-to-school initiatives, and healthy nutrition programs.
- **\$48,930.20** for South Heartland District Health Department and Southwest Nebraska Public Health Department to promote healthy living and reduce obesity rates throughout Nebraska.

Training and Technical Assistance (\$870,748.07)

- **\$856,668.00** for funds distributed to support school kitchen modernization, farm-to-school initiatives, and healthy nutrition programs.
- **\$14,080.07** for South Heartland District Health Department to promote healthy living and reduce obesity rates throughout Nebraska.

Initiative 2: Regionalized Rural Access and Navigation (\$23,312,922.73)

Appropriate Care Availability (\$2,205,500.00)

- **\$2,205,500.00** for Redi Health Analytics LLC to provide financial sustainability and workflow improvement support for rural hospitals.

Capital Expenditures and Infrastructure (\$3,729,211.96)

- **\$3,474,937.50** for Nebraska Hospital Association to support Critical Access Hospitals evaluating and transitioning to the Rural Emergency Hospital model.
- **\$195,942.95** for Central District Health Department - Hall County to expand medical countermeasure and personal protective equipment stockpiles for emergency preparedness.
- **\$58,331.51** for Loup Basin Public Health Department to expand access to preventive dental services, oral health education, and emergency diversion programs.

Consumer Tech Solutions (\$109,774.55)

- **\$109,774.55** for Douglas County - Health Dept, East Central District Health Department, and Sarpy Cass Health Department to provide Community Health Worker (CHW) services that increase access to preventive care, chronic disease management, and care coordination.

Fostering Collaboration (\$1,377,067.48)

- **\$494,829.57** for Douglas County Health Department, Four Corners Health Department, and Lincoln City of - Health Department to provide CHW services that increase access to preventive care, chronic disease management, and care coordination.
- **\$257,853.49** for Panhandle Public Health to ensure access to medical countermeasures and expand rural emergency medical stockpiles in Nebraska.
- **\$245,470.81** for University of Nebraska Medical Center to strengthen regional perinatal care and improve access to maternal and newborn health services.
- **\$184,678.00** for Facilitate Co to support development of rural health hubs.
- **\$115,673.71** for Loup Basin Public Health Department to expand access to preventive dental services, oral health education, and emergency diversion programs.
- **\$65,150.00** for University of Nebraska - Lincoln to support emergency medical service (EMS) regionalization and emergency medical services coordination.
- **\$13,411.90** for 2 additional smaller-scale awards supporting similar activities.

IT Advances (\$3,064,999.63)

- **\$1,980,538.75** for Nebraska Rural Health Association to improve coordination and interoperability of electronic health records for veterans receiving rural health care services.
- **\$895,000.00** for ImageTrend Inc to support EMS regionalization and emergency medical services coordination.
- **\$110,379.63** for University of Nebraska Medical Center to strengthen regional perinatal care and improve access to maternal and newborn health services.
- **\$36,494.00** for Central District Health Department - Hall County to expand medical countermeasure and personal protective equipment stockpiles for emergency preparedness.
- **\$25,625.00** for East Central District Health Department and Two Rivers Public Health Department - Kearney to provide Community Health Worker services that increase access to preventive care, chronic disease management, and care coordination.
- **\$16,962.25** for Loup Basin Public Health Department to expand access to preventive dental services, oral health education, and emergency diversion programs.

Program Administration Expense (\$783,052.66)

- **\$372,705.67** for Carl T Curtis H Ed Ctr, East Central District Health Department, and 5 other organizations to provide CHW services that increase access to preventive care, chronic disease management, and care coordination.
- **\$109,512.51** for Panhandle Public Health to ensure access to medical countermeasures and expand rural emergency medical stockpiles in Nebraska.
- **\$86,517.82** for Northeast Nebraska Health to provide CHW services that increase access to preventive care, chronic disease management, remote patient monitoring, and care coordination.
- **\$79,621.52** for Central District Health Department - Hall County to expand medical countermeasure and personal protective equipment stockpiles for emergency preparedness.
- **\$71,162.76** for Loup Basin Public Health Department to expand access to preventive dental services, oral health education, and emergency diversion programs.
- **\$63,532.38** for University of Nebraska Medical Center to strengthen regional perinatal care and improve access to maternal and newborn health services.

Prevention of Chronic Disease (\$8,908,475.72)

- **\$5,339,708.23** for Carl T Curtis H Ed Ctr, Douglas County Health Department, and 7 other organizations to provide CHW services that increase access to preventive care, chronic disease management, and care coordination.
- **\$1,140,680.38** for Panhandle Public Health to ensure access to medical countermeasures and expand rural emergency medical stockpiles in Nebraska.
- **\$1,112,803.69** for Northeast Nebraska Health to provide Community Health Worker services that increase access to preventive care, chronic disease management, remote patient monitoring, and care coordination.

- **\$658,285.06** for Central District Health Department- Hall County to expand medical countermeasure and personal protective equipment stockpiles for emergency preparedness.
- **\$656,998.36** for Loup Basin Public Health Department to expand access to preventive dental services, oral health education, and emergency diversion programs.

Training and Technical Assistance (\$3,134,840.73)

- **\$1,510,617.63** for University of Nebraska Medical Center to strengthen regional perinatal care and improve access to maternal and newborn health services.
- **\$1,169,000.00** for Safetech Solutions LLP to support EMS regionalization and emergency medical services coordination.
- **\$327,127.47** for East Central District Health Department, Four Corners Health Department, and 3 other organizations to provide Community Health Worker services that increase access to preventive care, chronic disease management, and care coordination.
- **\$61,633.00** for Panhandle Public Health to ensure access to medical countermeasures and expand rural emergency medical stockpiles in Nebraska.
- **\$34,324.14** for Loup Basin Public Health Department to expand access to preventive dental services, oral health education, and emergency diversion programs.
- **\$19,442.78** for Northeast Nebraska Health to provide CHW services that increase access to preventive care, chronic disease management, remote patient monitoring, and care coordination.
- **\$12,695.71** for 2 additional smaller-scale awards supporting similar activities.

Initiative 3: Rural Workforce Acceleration (\$1,880,324.00)

Workforce (\$1,880,324.00)

- **\$1,172,900.37** for Lutheran Family Services Nebraska, Inc., Mid Plains Community College, and 4 other organizations to support rural healthcare workforce development and training programs.
- **\$256,841.21** for Northeast Community College to establish a Supplemental Nutrition Assistance Program (SNAP) Employment and Training program that provides case management, healthcare workforce training, and program evaluation.
- **\$250,000.00** for Metropolitan Community College – payments to establish a chronic disease training curriculum for Community Health Workers by integrating certified modules and case-based simulations.
- **\$200,000.00** for United Way of Western Nebraska to expand access to preventive dental services, oral health education, and emergency diversion programs.
- **\$546.43** for lodging and travel-related costs associated with program activities.
- **\$35.99** for CDW Government for computer hardware, software, information technology equipment, and related technology products.

Initiative 4: eHealth and Mobile (\$51,265,177.63)

Appropriate Care Availability (\$3,291,592.48)

- **\$1,183,162.22** for Elkhorn Logan Valley Public Health Dept, North Central District Health, and Panhandle Public Health District to expand access to preventive dental services, oral health education, and emergency diversion programs.
- **\$910,397.55** for Box Butte General Hospital, Jefferson Community Health Center Inc, and 4 other organizations to implement remote patient monitoring programs to improve patient outcomes.
- **\$705,248.50** for Public Health Solutions to plan and implement a Maternal Mobile Health Clinic (MMHC).
- **\$284,957.28** for the Antelope Memorial Hospital to develop chronic disease training curriculum and simulation-based training for Community Health Workers.
- **\$118,439.43** for East Central District Health Department to expand access to preventive dental services and oral health care in rural Nebraska.
- **\$38,239.96** for CHI Health St Marys to implement healthcare-associated infection prevention initiatives.
- **\$51,147.54** for 3 additional smaller-scale awards supporting similar activities.

Behavioral Health (\$415,174.52)

- **\$317,710.88** for Encounter Telehealth LLC to promote the development of quality, accessible health care services and chronic disease management in rural Nebraska.
- **\$76,607.43** for Elkhorn Logan Valley Public Health Department, Three Rivers Public Health Department, and West Central District Health Department to expand access to preventive dental services, oral health education, and emergency diversion programs.
- **\$14,857.71** for One World Community Health Center to implement remote patient monitoring programs to improve patient outcomes.
- **\$5,998.50** for Public Health Solutions to plan and implement a Maternal Mobile Health Clinic (MMHC).

Capital Expenditures and Infrastructure (\$1,463,945.01)

- **\$838,455.20** for East Central District Health Department, and Two Rivers Public Health Department to expand access to preventive dental services and oral health care in rural Nebraska.
- **\$254,347.00** for Regional West Medical Center to implement healthcare-associated infection prevention programs to improve healthcare outcomes in rural Nebraska.
- **\$163,582.44** for Elkhorn Logan Valley Public Health Dept, North Central District Health, and Three Rivers Public Health Department to expand access to preventive dental services, oral health education, and emergency diversion programs.
- **\$109,957.65** for Box Butte General Hospital, Midtown Health Center Inc, and Nebraska High Value Network Inc to implement remote patient monitoring programs to improve patient outcomes.
- **\$91,989.50** for Public Health Solutions to plan and implement a Maternal Mobile Health Clinic (MMHC).
- **\$2,584.53** for CHI Health St Marys to implement healthcare-associated infection prevention initiatives.
- **\$3,028.69** for 3 additional smaller-scale awards supporting similar activities.

Consumer Tech Solutions (\$1,781,546.52)

- **\$1,018,710.66** for Genoa Community Hospital & Park Street M, Good Neighbor Community Health Center, and 5 other organizations to implement remote patient monitoring programs to improve patient outcomes.
- **\$315,889.21** for the Antelope Memorial Hospital to develop chronic disease training curriculum and simulation-based training for Community Health Workers.
- **\$150,000.00** for Nebraska Enhanced Services Pharmacies (NESP) to expand access to pharmacy services through technology-enhanced care and medication management.
- **\$96,296.65** for CHI Health Good Samaritan, Heartland Health Center Inc, and Providence Medical Center - Payments to implement remote patient monitoring programs that improve patient outcomes and expand access to care in rural Nebraska.
- **\$87,732.10** for Chase County Community Hospital to implement healthcare-associated infection prevention programs to improve healthcare outcomes in rural Nebraska.
- **\$53,808.40** for Elkhorn Logan Valley Public Health Department, Panhandle Public Health District, and Three Rivers Public Health Department to expand access to preventive dental services, oral health education, and emergency diversion programs.
- **\$59,109.50** for 5 additional smaller-scale awards supporting similar activities.

Fostering Collaboration (\$1,131,691.51)

- **\$972,432.87** for Creighton University, Elkhorn Logan Valley Public Health Department, and 5 other organizations to expand access to preventive dental services, oral health education, and emergency diversion programs.
- **\$55,829.25** for Csi - Syracuse Area Health to implement healthcare-associated infection prevention programs to improve healthcare outcomes in rural Nebraska.
- **\$43,150.28** for East Central District Health Department to expand access to preventive dental services and oral health care in rural Nebraska.
- **\$42,417.73** for Good Neighbor Community Health Center, and One World Community Health Center to implement remote patient monitoring programs to improve patient outcomes.
- **\$11,792.13** for Providence Medical Center - Payments to implement remote patient monitoring programs that improve patient outcomes and expand access to care in rural Nebraska.
- **\$5,999.25** for Public Health Solutions to plan and implement a Maternal Mobile Health Clinic (MMHC).

- **\$70.00** for 1 additional smaller-scale awards supporting similar activities.

IT Advances (\$12,474,950.25)

- **\$9,832,975.98** for Box Butte General Hospital, Genoa Community Hospital & Park Street M, and 4 other organizations to implement remote patient monitoring programs to improve patient outcomes.
- **\$505,655.31** for Elkhorn Logan Valley Public Health Department, Mary Lanning Memorial Hospital Association, and 3 other organizations to expand access to preventive dental services, oral health education, and emergency diversion programs.
- **\$471,518.40** for CHI Health St Marys, and St. Mary's Community Hospital to implement healthcare-associated infection prevention initiatives.
- **\$442,758.04** for CHI Health Good Samaritan, Faith Regional Health Services, Heartland Health Center INC, and Providence Medical Center - Payments to implement remote patient monitoring programs that improve patient outcomes and expand access to care in rural Nebraska.
- **\$358,626.59** for Chase County Community Hospital, Csi - Syracuse Area Health, and Regional West Medical Center to implement healthcare-associated infection prevention programs to improve healthcare outcomes in rural Nebraska.
- **\$351,791.56** for the Antelope Memorial Hospital to develop chronic disease training curriculum and simulation-based training for Community Health Workers.
- **\$511,624.37** for 4 additional smaller-scale awards supporting similar activities.

Innovative Care (\$1,022,373.87)

- **\$680,670.33** for Creighton University, North Central District Health, Panhandle Public Health District, and Three Rivers Public Health Department to expand access to preventive dental services, oral health education, and emergency diversion programs.
- **\$285,000.00** for Nebraska Enhanced Services Pharmacies (NESP) to expand access to pharmacy services through technology-enhanced care and medication management.
- **\$39,244.96** for Jefferson Community Health Center Inc, and One World Community Health Center to implement remote patient monitoring programs to improve patient outcomes.
- **\$17,458.58** for Providence Medical Center - Payments to implement remote patient monitoring programs that improve patient outcomes and expand access to care in rural Nebraska.

Program Administration Expense (\$3,160,331.19)

- **\$1,548,792.00** for Box Butte General Hospital, Genoa Community Hospital & Park Street M, and 7 other organizations to implement remote patient monitoring programs to improve patient outcomes.
- **\$561,877.36** for Creighton University, Elkhorn Logan Valley Public Health Dept, and 8 other organizations to expand access to preventive dental services, oral health education, and emergency diversion programs.
- **\$415,638.34** for East Central District Health Department, Southeast District Health Department, Two Rivers Public Health Department, and University of Nebraska Medical Center to expand access to preventive dental services and oral health care in rural Nebraska.
- **\$155,925.06** for Public Health Solutions to plan and implement a Maternal Mobile Health Clinic (MMHC). The MMHC.
- **\$114,069.30** for Chi Health Good Samaritan, Faith Regional Health Services, Heartland Health Center INC, and Providence Medical Center - Payments to implement remote patient monitoring programs that improve patient outcomes and expand access to care in rural Nebraska.
- **\$84,875.35** for Chase County Community Hospital, Csi - Syracuse Area Health, and Regional West Medical Center to implement healthcare-associated infection prevention programs to improve healthcare outcomes in rural Nebraska.
- **\$279,153.78** for 7 additional smaller-scale awards supporting similar activities.

Prevention of Chronic Disease (\$20,679,160.63)

- **\$4,070,851.55** for Central District Health Department - Hall County, Elkhorn Logan Valley Public Health Department, and 9 other organizations to expand access to preventive dental services, oral health education, and emergency diversion programs.

- **\$3,601,468.09** for Good Neighbor Community Health Center, Jefferson Community Health Center Inc, and 5 other organizations to implement remote patient monitoring programs to improve patient outcomes.
- **\$3,326,235.32** for East Central District Health Department, Northeast Nebraska Surgery Center LLC, and 3 other organizations to expand access to preventive dental services and oral health care in rural Nebraska.
- **\$1,952,067.70** for Beatrice Community Hospital Foundation, Blue Valley Community Action Inc, and 4 other organizations to promote the development of quality, accessible health care services and chronic disease management in rural Nebraska.
- **\$1,546,325.71** for Nebraska Urban Indian Health Coalition, and Pawnee County Memorial Hospital to promote development and quality/accessible healthcare to people.
- **\$1,239,165.00** for Caringwire, Morrill County Community Hospital, and Niobrara Valley Hospital Corp - Payments to implement chronic disease management programs.
- **\$4,943,047.26** for 11 additional smaller-scale awards supporting similar activities.

Provider Payments (\$223,250.00)

- **\$223,250.00** for NESP to expand access to pharmacy services through technology-enhanced care and medication management.

Training and Technical Assistance (\$2,104,397.29)

- **\$917,307.83** for Box Butte General Hospital, Good Neighbor Community Health Center, and 3 other organizations to implement remote patient monitoring programs to improve patient outcomes.
- **\$418,825.84** for Central District Health Department - Hall County, Elkhorn Logan Valley Public Health Dept, and 5 other organizations to expand access to preventive dental services, oral health education, and emergency diversion programs.
- **\$225,000.00** for NESP to expand access to pharmacy services through technology-enhanced care and medication management.
- **\$125,739.15** for Brodstone Family Medical Center Superior, Bryan Medical Center, and 15 other organizations to implement healthcare-associated infection prevention initiatives.
- **\$120,000.00** for Mayo Clinic to provide chronic disease management services that improve health outcomes for rural Nebraska patients.
- **\$73,625.94** for Public Health Solutions to plan and implement a Maternal Mobile Health Clinic (MMHC).
- **\$223,898.53** for 7 additional smaller-scale awards supporting similar activities.

Workforce (\$3,516,764.36)

- **\$2,614,429.89** for Box Butte General Hospital, Genoa Community Hospital & Park Street M, and 4 other organizations to implement remote patient monitoring programs to improve patient outcomes.
- **\$341,584.82** for Chase County Community Hospital, and Regional West Medical Center to implement healthcare-associated infection prevention programs to improve healthcare outcomes in rural Nebraska.
- **\$177,841.67** for CHI Health Good Samaritan, Heartland Health Center Inc, and Providence Medical Center - Payments to implement remote patient monitoring programs that improve patient outcomes and expand access to care in rural Nebraska.
- **\$169,000.00** for Metropolitan Community College - payments to establish a chronic disease training curriculum for Community Health Workers by integrating certified modules and case-based simulations.
- **\$119,705.83** for CHI Health St Marys, and Vetter Senior Living to implement healthcare-associated infection prevention initiatives.
- **\$46,137.25** for CHI Health Plainview to implement remote patient monitoring services that improve patient outcomes and reduce avoidable hospital utilization.
- **\$48,064.90** for 4 additional smaller-scale awards supporting similar activities.

Initiative 5: Rural Emergency Behavioral Health (\$10,688,840.13)***Appropriate Care Availability (\$29,954.23)***

- **\$29,954.23** for CHI Health Schuyler to renovate clinical facilities that support crisis stabilization services.

Behavioral Health (\$7,153,388.94)

- **\$3,222,927.85** for Baart Community Healthcare, Central Wyoming Counseling Center, and 3 other organizations to expand behavioral health crisis stabilization services and facility capacity.
- **\$1,867,746.00** for Region 1 Behavioral Health Authority, Region 4 Behavioral Health System, and 5 other organizations to implement telehealth crisis response services for law enforcement.
- **\$1,800,000.00** for Nebraska Health Care Association to expand access to preventive dental services, oral health education, and emergency diversion programs.
- **\$209,100.00** for the Avel ECare to provide 24/7 crisis intervention services and ongoing community support.
- **\$53,615.09** for Winnebago Tribe of Nebraska to modify existing clinical facilities to improve behavioral health crisis response and patient care capacity.

Capital Expenditures and Infrastructure (\$2,181,014.58)

- **\$1,295,101.53** for CHI Health Plainview, and Mary Lanning Memorial Hospital Association to modify existing clinical facilities to improve behavioral health crisis response and patient care capacity.
- **\$648,093.26** for Dundy County Hospital, Heartland Counseling Services Inc, and Valley Hope Association to expand behavioral health crisis stabilization services and facility capacity.
- **\$237,819.79** for CHI Health Schuyler to renovate clinical facilities that support crisis stabilization services.

Consumer Tech Solutions (\$20,880.89)

- **\$20,880.89** for CHI Health Schuyler to renovate clinical facilities that support crisis stabilization services.

IT Advances (\$367,749.24)

- **\$367,749.24** for CHI Health Schuyler to renovate clinical facilities that support crisis stabilization services.

Program Administration Expense (\$233,087.42)

- **\$144,831.50** for Region 1 Behavioral Health Authority, Region 4 Behavioral Health System, and 5 other organizations to implement telehealth crisis response services for law enforcement.
- **\$53,372.22** for CHI Health Schuyler to renovate clinical facilities that support crisis stabilization services.
- **\$34,883.70** for Nebraska Medical Association to integrate mental health services into primary care providers in rural locations throughout Nebraska through the Rural Health Transformation Program.

Prevention of Chronic Disease (\$113,416.83)

- **\$113,416.83** for CHI Health Schuyler to renovate clinical facilities that support crisis stabilization services.

Training and Technical Assistance (\$31,826.37)

- **\$31,826.37** for CHI Health Schuyler to renovate clinical facilities that support crisis stabilization services.

Workforce (\$557,521.63)

- **\$465,116.30** for Nebraska Medical Association to integrate mental health services into primary care providers in rural locations throughout Nebraska through the Rural Health Transformation Program.
- **\$92,405.33** for CHI Health Schuyler to renovate clinical facilities that support crisis stabilization services.

Initiative 6: Assisted Living Facility (ALF) Special Needs Population Incentive Model (\$5,535,484.00)***Capital Expenditures and Infrastructure (\$925,000.00)***

- **\$925,000.00** for Nebraska Health Care Foundation to modernize healthcare facilities.

Provider Payments (\$4,610,484.00)

- **\$2,839,419.00** for Oxbow Living Center, Bethany Home Inc, and 77 other organizations to support rural skilled nursing, assisted living, long-term care, rehabilitation, and related resident care services.
- **\$1,133,784.00** for Lincoln II Al LLC, Edgewood Vista, Grand Island, and 19 other organizations to support healthcare, assisted living, senior care, long-term care, and related patient or resident services.
- **\$153,120.00** for Funds paid to Immanuel Affordable II, Inc. for housing, property, facility, or related operational costs associated with program activities.

- **\$117,015.00** for Tri Valley Health System, Good Samaritan Society, and Perkins County Health Services to support healthcare delivery, clinical services, facility operations, and other program-related health system activities.
- **\$112,752.00** for Funds paid to Kismet Holdings, LLC. for housing, property, facility, or related operational costs associated with program activities.
- **\$75,000.00** for Nebraska Health Care Foundation to modernize healthcare facilities.
- **\$179,394.00** for 8 additional smaller-scale awards supporting similar activities.

Initiative 7: Nebraska Rural Health Technology Catalyst Fund and Partnership Initiative (NETECH) (\$20,000,000.00)

IT Advances (\$20,000,000.00)

- **\$20,000,000.00** for Invest Nebraska Corp to support rural health technology innovation and commercialization.

Program Operations (\$5,535,484.00)

Appropriate Care Availability (\$6,500.00)

- **\$6,500.00** for professional consulting, program administration, and technical support services.

Fostering Collaboration (\$1,007,626.67)

- **\$495,000.00** for Payment to Learfield Communications to provide media planning, advertising, and campaign management services for the Rural Health Transformation Program.
- **\$269,700.00** for Rural Health Innovators to support invoicing, and operations.
- **\$132,341.70** for Funds paid to Covendis for vendor management, staffing, and professional consulting support services.
- **\$106,965.00** for Funds paid to Public Consulting Group for professional consulting, program administration, and technical support services.
- **\$3,619.97** for Purchase card expenditures for allowable program-related goods, services, supplies, travel, or other operational costs.

IT Advances (\$882.00)

- **\$882.00** for computer hardware, information technology equipment, software, and related technology products.

Program Administration Expense (\$360,557.82)

- **\$360,557.82** for personnel costs within State health department to operate program.

Provider Payments (\$14,500.00)

- **\$14,500.00** for professional consulting, program administration, and technical support services.

Training and Technical Assistance (\$3,572.00)

- **\$3,572.00** for grants management training, professional development, and related technical assistance.

Workforce (\$135.00)

- **\$135.00** for lodging and travel-related costs associated with program activities.
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Nevada Total Budget Period 1 Award: \$179,931,608.42

Total Funds Put to Work: \$2,376,546.26 (as of 7/31/2026)

Initiative 1: Rural Health Outcomes Accelerator Program (\$234,220.00)

Program Administration Expense (\$234,220.00)

- **\$234,220.00** for providing resources, support & technical assistance regarding procurement material drafting.

Initiative 3: Workforce Recruitment & Rural Access Program (\$234,220.00)

Program Administration Expense (\$234,220.00)

- **\$234,220.00** for providing resources, support & technical assistance regarding procurement material drafting.

Initiative 4: Rural Health Innovation & Technology (RHIT) Grant (\$538,000.00)

Program Administration Expense (\$496,000.00)

- **\$496,000.00** for providing resources, support & technical assistance regarding procurement material drafting.
- **\$42,000.00** for providing resources, support & technical assistance for feasibility reviews.

Program Operations (\$1,370,106.26)

Program Administration Expense (\$1,370,106.26)

- **\$429,574.00** for acquiring & validating multi-source health data in alignment with National Committee for Quality Assurance (NCQA) specifications.
- **\$395,000.00** for Traditional Tribal Healthcare Practices 1115 Waiver Support
- **\$144,748.88** for providing two contract staff to support RHT program at Nevada Health Authority (NVHA).
- **\$340,133.68** for Rural Health Transformation (RHT) Program Personnel Costs.
- **\$11,173.90** for RHT Program Travel Costs.
- **\$49,475.80** for RHT Program Supplies and Other Costs.

No information provided for Initiative 2.

New Hampshire Total Budget Period 1 Award: **\$204,016,550.20**

Total Funds Put to Work: \$204,016,550.20 (as of 7/31/2026)

Initiative 1: Rural Population Health (\$14,455,592.11)

Consumer Tech Solutions (\$2,272,695.50)

- **\$2,272,695.50** for technology that helps rural residents access, navigate, and engage with healthcare and community-based services. Investments may include digital navigation, patient-facing tools, remote monitoring, closed-loop referral capabilities, and other technologies that connect individuals with clinical care, prevention services, and community supports.

Fostering Collaboration (\$5,000,000)

- **\$5,000,000** for regional and statewide partnerships among healthcare providers, community-based organizations, public health partners, and other rural stakeholders to coordinate population health strategies. Funding may support convening, regional planning, shared infrastructure, referral networks, and development of sustainable clinical-community partnerships.

Prevention and Chronic Disease (\$7,182,896.61)

- **\$7,182,896.61** for clinical and community-based population health strategies that prevent disease, improve chronic disease management, and address priority needs such as nutrition, maternal and child health, behavioral health prevention and early intervention, healthy aging, and physical activity. Investments may support evidence-based interventions, care coordination, community-based services, and partnerships that improve health outcomes in rural populations.

Initiative 2: Rural Healthcare Access (\$74,670,900.78)

Appropriate Care Availability (\$12,628,209.97)

- **\$12,628,209.97** for expansion, preservation, and redesign of healthcare services so rural residents can receive the right care in the right setting. Investments may increase access to primary care, EMS, post-acute and long-term care, specialty services, oral health, and other essential services while reducing avoidable emergency department use, hospital stays, and unnecessary transfers.

Behavioral Health \$11,800,000)

- **\$11,800,000** for expanded access to behavioral health services and integration of behavioral health into rural care delivery. Investments may include Certified Community Behavioral Health Clinic (CCBHC) expansion, crisis and transition services, integrated care models, workforce supports, technology, and other activities that improve timely access and continuity of behavioral healthcare.

Capital Expenditures and Infrastructure (\$13,601,103.33)

- **\$13,601,103.33** for renovations and other allowable capital improvements that enable transformation of rural healthcare delivery. Priority investments include maintaining or increasing nursing facility bed capacity and supporting Federally Qualified Health Centers (FQHCs), Community Mental Health Centers (CMHCs), emergency medical services (EMS) agencies, and other eligible providers with physical improvements needed to expand access, implement new models of care, and improve patient flow across the healthcare continuum.

Fostering Collaboration (\$6,039,104.98)

- **\$6,039,104.98** for supporting collaboration among rural providers, regional partners, payers, and implementation hubs to identify access barriers and develop shared solutions. Activities may include regional planning, provider convenings, shared service models, referral relationships, and coordination across primary care, behavioral health, EMS, hospitals, and post-acute care.

Provider Payments \$30,602,482.50)

- **\$30,602,482.50** for supporting targeted payments to healthcare providers to implement and sustain new or expanded models of care that improve rural access. Investments may support primary care transformation, Mobile Integrated Health, specialty access, oral health, behavioral health, team-based

care, and other delivery models where payment is necessary to enable implementation or bridge to a sustainable financing approach.

Initiative 3: Rural Workforce Recruitment and Retention (\$34,601,103.33)

Behavioral Health (\$6,000,000)

- **\$6,000,000** for the development of the behavioral health workforce, including recruitment, education, training, clinical placement, and retention strategies. Investments may strengthen pipelines into behavioral health occupations and help CMHCs, CCBHCs, and other providers build the workforce needed to expand access and sustain new models of care.

Capital Expenditures and Infrastructure (\$13,601,103.33)

- **\$13,601,103.33** for allowable educational and training infrastructure needed to expand rural healthcare workforce capacity. Investments may include simulation facilities, training equipment, learning environments, and other physical assets that increase the number of students who can enter and complete healthcare training programs.

Workforce (\$15,000,000)

- **\$15,000,000** for recruitment, education, training, and retention of healthcare workers needed in rural communities. Investments through Community College System of New Hampshire (CCSNH), University System of New Hampshire (USNH), and other partners may expand nursing and other high-need training capacity, strengthen career pathways, support rural clinical experiences, develop employer partnerships, and increase the number of workers prepared to practice in rural settings.

Initiative 4: Rural Health Technology (\$29,940,939.25)

Consumer Tech Solutions (\$2,500,000)

- **\$2,500,000** for patient-facing technology that improves access, care coordination, and engagement, including remote patient monitoring, telehealth access, digital navigation, and other tools that allow rural residents to connect with care and manage their health more effectively.

IT Advances (\$19,940,939.25)

- **\$19,940,939.25** for modernization and integration of healthcare technology systems, including electronic health records (EHRs), interoperability, cybersecurity, data infrastructure, electronic dental records, EMS technology, and care management platforms. This includes Community Behavioral Health Association (CBHA)'s work to assess the technology environment across all 10 CMHCs and support coordinated selection of an EHR platform that strengthens care coordination and data sharing.

Training and Technical Assistance (\$7,500,000)

- **\$7,500,000** for technical assistance to help healthcare organizations assess, select, implement, and optimize technology. Assistance may address EHRs, interoperability, cybersecurity, data reporting, digital workflow redesign, technology readiness, and adoption of tools that support clinical transformation and value-based care.

Initiative 5: Rural Financial Solvency (\$29,946,359.73)

Capital Expenditures and Infrastructure (\$13,601,103.33)

- **\$13,601,103.33** for capital investments that improve both care delivery and financial sustainability, including nursing facility renovations that preserve or expand post-acute capacity, reduce hospital administrative stays by enabling timely discharge, and allow nursing facilities to serve more patients eligible for skilled nursing reimbursement.

Fostering Collaboration (\$14,452,751.40)

- **\$14,452,751.40** for engagement among providers, payers, State agencies, and other partners to develop sustainable strategies. Activities include collaboration with NH Department of Health and Human Services (DHHS) Medicaid and Behavioral Health, Medicaid and Dental Managed Care Organizations, Critical Access Hospitals, FQHCs, EMS providers, the NH Insurance Department, and commercial payers to identify multi-payer approaches to coverage and alignment on reimbursement of services (e.g.

comprehensive team-based primary care, mobile integrated health, CCBHC, value-based hospital reimbursement, etc.); inter-facility transport redesign work; projects to reduce hospital discharge barriers (e.g. streamlining Medicaid long-term care (LTC) eligibility processes, etc.).

Innovative Care (\$1,892,505)

- **\$1,892,505** for the development and implementation of financially sustainable care-delivery and payment approaches, including value-based payment, alternative payment models, shared services, and other strategies that improve efficiency while maintaining or expanding rural access. Investments may include development of a Medicaid hospital payment model and other approaches designed to sustain transformation beyond Rural Health Transformation (RHT) funding.

Program Operations (\$20,401,655)

Program Administration Expense (\$20,401,655)

- **\$20,401,655** for supporting the staffing, financial management, contracting, compliance, evaluation, reporting, governance, project management, and administrative infrastructure necessary to oversee the RHT Program. These expenses support the Governor's Office of New Opportunities & Rural Transformational Health (GO-NORTH) Program and State responsibilities for federal grant administration, program integrity, monitoring, coordination, and accountability across all five initiatives.

New Jersey Total Budget Period 1 Award: \$147,250,805.85

Total Funds Put to Work: \$79,181,620.49 (as of 7/31/2026)

Initiative 1: Building the workforce we need to care for rural New Jerseyans (\$24,719,971.00)

Fostering Collaboration (\$308,960.00)

- \$308,960.00 for activities to foster collaboration under Rural Health Transformation (RHT) 1.

Prevention of Chronic Disease (\$3,242,715.00)

- \$3,242,715.00 for program administration expenses specific to RHT1.

Program Administration Expense (\$456,028.00)

- \$456,028.00 for chronic disease prevention activities under RHT1.

Workforce (\$20,712,268.00)

- \$20,712,268.00 for workforce activities under RHT1.

Initiative 2: Targeted Infrastructure Investments to Transform Care for Rural New Jerseyans (\$18,577,034.00)

Capital Expenditures and Infrastructure (\$1,886,361.00)

- \$1,886,361.00 for capital expenditures and infrastructure under RHT2.

IT Advances (\$12,097,758.00)

- \$12,097,758.00 for IT advances under RHT2.

Prevention of Chronic Disease (\$4,458,840.00)

- \$4,458,840.00 for program administration expenses specific to RHT2.

Program Administration Expense (\$134,075.00)

- \$134,075.00 for prevention of chronic disease under RHT2.

Initiative 3: Investing in Technologies That Bring Care to Where People Live (\$14,528,221.00)

Consumer Tech Solutions (\$1,951,386.00)

- \$1,951,386.00 for consumer tech solutions under RHT3.

IT Advances (\$10,200,702.00)

- \$10,200,702.00 for IT advances under RHT3.

Prevention of Chronic Disease (\$196,788.00)

- \$196,788.00 for prevention of chronic disease under RHT3.

Program Administration Expense (\$593,044.00)

- \$593,044.00 for program administration expenses specific to RHT3.

Provider Payments (\$1,586,301.00)

- \$1,586,301.00 for provider payments under RHT3.

Initiative 4: Focusing on Preventive Health Interventions for Rural New Jerseyans (\$12,589,147.72)

Behavioral Health (\$1,538,078.00)

- \$1,538,078.00 for behavioral health under RHT4.

Consumer Tech Solutions (\$145,881.00)

- \$145,881.00 for consumer tech solutions under RHT4.

Fostering Collaboration (\$561,550.00)

- \$561,550.00 for activities to foster collaboration under RHT4.

IT Advances (\$564,351.00)

- \$564,351.00 for IT advances under RHT4.

Prevention of Chronic Disease (\$7,213,692.72)

- \$7,213,692.72 for prevention of chronic disease under RHT4.

Program Administration Expense (\$395,731.00)

- \$395,731.00 for program administration expenses specific to RHT4.

Provider Payments (\$1,688,444.00)

- \$1,688,444.00 for provider payments under RHT4.

Training and Technical Assistance (\$481,420.00)

- \$481,420.00 for training and technical assistance under RHT4.

Initiative 5: Helping Rural New Jerseyans Improve Chronic Disease Outcomes (\$3,788,709.01)***Consumer Tech Solutions (\$368,429.00)***

- \$368,429.00 for consumer tech solutions under RHT5.

IT Advances (\$1,352,983.00)

- \$1,352,983.00 for information technology (IT) advances under RHT5.

Prevention of Chronic Disease (\$1,825,197.01)

- \$1,825,197.01 for prevention of chronic disease under RHT5.

Program Administration Expense (\$127,858.00)

- \$127,858.00 for program administration expenses specific to RHT5.

Provider Payments (\$114,242.00)

- \$114,242.00 for provider payments under RHT5.

Program Operations (\$4,978,537.76)***Program Administration Expense (\$4,978,537.76)***

- \$757,149.00 for program-wide administrative expenses across NJ Department of Human Services (DHS)-Department of Medical Assistance and Health Services (DMAHS).
 - \$4,221,388.76 for program-wide administrative expenses across NJ Department of Health (DOH).
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New Mexico Total Budget Period 1 Award: **\$211,484,740.89**

Total Funds Put to Work: \$754,753.95 (as of 7/31/2026)

Program Operations (\$754,753.95)

Program Administration Expense (\$754,753.95)

- **\$51,000** for development and maintenance of Rural Health Transformation (RHT) Program website and advertisement/marketing.
- **\$131,599.04** for deluxe Implementation Tier 2 Government Package subscription fees.
- **\$1,806.90** for RHT Summit travel June 10, 2026.
- **\$17,798.28** for RHT Program Staff Payroll Expenses.
- **\$512,549.12** for submittable subscription and implementation for grants management.
- **\$40,000** for temporary administrative support.

No information provided for Initiatives 1, 2, 3, 4, 5.

New York Total Budget Period 1 Award: \$212,058,207.80

Total Funds Put to Work: \$0 (as of 7/31/2026)

Initiative 1: Rural Community Health Integration (\$0)

Initiative 2: Strengthening Rural Health (\$0)

Initiative 3: Rural Roots: Workforce (\$0)

Initiative 4: Investments in Cybersecurity & Technology (\$0)

No information provided for Initiatives 1, 2, 3, 4.

North Carolina Total Budget Period 1 Award: \$213,008,356.47

Total Funds Put to Work: \$167,718,439.45 (as of 7/31/2026)

Initiative 1: Build Rural Community Care Network "Hubs" (\$78,000,000.00)

Fostering Collaboration (\$75,000,000.00)

- **\$75,000,000.00** for North Carolina Rural Health Transformation (NCRHT) Program Hub Lead to establish regional governance and action planning. Investments in appropriate care based on action plan.

Prevention and Chronic Disease (\$3,000,000.00)

- **\$3,000,000.00** for conducting needs assessment.

Initiative 2: Create Models & Capacity for Expanded Primary Care, Prevention, and Chronic Disease (\$7,225,000.00)

Prevention of Chronic Disease (\$7,225,000.00)

- **\$7,200,000.00** for preventing chronic disease based on regional needs and action plan.
- **\$25,000.00** for Minority Diabetes Prevention Program (MDPP) Awardee.

Initiative 3: Expand and Integrate Behavioral Health and Substance Use Disorder Services (\$10,000,000.00)

Behavioral Health (\$10,000,000.00)

- **\$1,333,333.33** for implementation of the NCRHT Program's Certified Community Behavioral Health Clinics (CCBHC) Project which is designed to improve access to community-based mental health and substance use disorder treatment and support, including 24/7 crisis services, to anyone in their service area who needs it, regardless of their age, ability to pay, or place of residence, particularly in rural and underserved communities.
- **\$1,500,000.00** for implementation of the NCRHT Program's Expansion of First Episode Psychosis (FEP) Services Project which involves early intervention services for youth and young adults ages 15-30 who are experiencing the emergence of a psychotic disorder.
- **\$750,000.00** for implementation of the NCRHT Program's Opioid Treatment Program (OTP) Project which is designed to expand access to evidence-based treatment for individuals with opioid use disorder (OUD), particularly in rural and underserved communities.

Initiative 4: Build a Robust & Resilient Workforce & Innovative Care Team Models for Rural Communities (\$34,794,450.00)

Workforce (\$34,794,450.00)

- **\$34,794,450.00** for regional workforce needs based on regional needs and action plan.

Initiative 5: Ensure Fiscal Sustainability of Rural Health Providers Through Innovative Financial Models (\$3,899,998.00)

Innovative Care (\$3,499,998.00)

- **\$3,499,998.00** for hospital feasibility studies and capacity building for Primary Care Pilot.

Program Administration Expense (\$400,000.00)

- **\$400,000.00** for strategy & design related to value-based payment (VBP) model, performance measures, member attribution model and stakeholder feedback support.

Initiative 6: Modernize Rural Care Delivery Through Digital Forward Solutions

(\$27,402,958.45)

IT Advances (\$27,402,958.45)

- **\$5,532,572.00** for onboarding eligible rural providers to the Health Information Exchange (HIE) Network in a manner that will maximize health care savings and efficiencies to the State as well as optimize positive impacts on health outcomes for rural communities. Further, the NC HIE Authority will enhance and customize its services—and the training and technical assistance needed to support those services—to meet the expressed needs of rural providers.
- **\$20,000,000.00** for The Rural Health Innovation Fund (RHIF) will serve as a catalytic investment to help rural health providers modernize operations and health information technology (IT) infrastructure. The fund will enable providers to assess existing data systems, identify technology needs, evaluate vendors, and manage procurement and implementation.
- **\$1,870,386.45** for Digital Health Literacy Partnership.

Program Operations (\$6,396,033.00)

Fostering Collaboration (\$3,499,608.00)

- **\$3,499,608.00** for delivers technical assistance and peer learning across Rural Organizations Orchestrating Transformation for Sustainability (ROOTS) Hubs and partners.

Program Administration Expense (\$2,896,425.00)

- **\$1,000,000.00** for designing an evaluation plan and evaluate NCRHTP activities and investments across six initiatives.
 - **\$264,795.00** for Microsoft (MS) Power Platform implementation support for sub-recipient and vendor management solution.
 - **\$1,631,630.00** for NC Department of Health and Human Services (DHHS) personnel, fringe, travel supply costs, and cost allocation as detailed in most recent projected budget.
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North Dakota Total Budget Period 1 Award: \$198,936,969.55

Total Funds Put to Work: \$11,242,063.10 (as of 7/31/2026)

Initiative 1: Strengthen and Stabilize Rural Health Workforce (\$7,380,015.52)

Workforce (\$6,692,080.58)

- \$610,815.64 for Critical Access Hospital (CAH) workforce retention strategies.
- \$9,720 for public health residency apprenticeship contracts.
- \$54,370 for rural family medicine residency programs.
- \$13,029 for workforce assessment and planning.

Program Administration Expense (\$687,934.94)

- \$4,615,960.58 for CAH workforce retention strategies.
- \$115,266 for public health residency apprenticeship contracts.
- \$549,766 for rural family medicine residency programs.
- \$130,293 for workforce assessment and planning.

Initiative 2: Make North Dakota Healthy Again | Preventive Care, Healthy Eating (\$1,591,753.68)

Prevention and Chronic Disease (\$1,446,759.16)

- \$915,470.16 for local public health implementation assistance.
- \$421,289 for North Dakota State University (NDSU) Extension Eats & Moves Well Programming.
- \$110,000 for Supplemental Nutrition Assistance Program (SNAP) Data Ineligible Listings for Point of Sale Systems.

Program Administration Expense (\$144,994.52)

- \$61,780.52 for local public health implementation assistance.
- \$83,214 for NDSU Extension Eats & Moves Well Programming.

Initiative 3: Bring High-Quality Health Care Closer to Home (\$1,282,782)

Appropriate Care Availability (\$411,620)

- \$411,620 for strategic consulting.

Fostering Collaboration (\$80,000)

- \$80,000 for strategic consulting.

Prevention and Chronic Disease (\$739,463.80)

- \$739,463.80 for a mobile dental unit to provide rural services.

Program Administration Expense (\$51,698.20)

- \$41,162 for administrative costs.
- \$10,536.20 for a mobile dental unit to provide rural services.

Initiative 4: Connect Tech, Data and Providers for a Stronger North Dakota (\$217,073.40)

IT Advances (\$217,073.40)

- \$217,073.40 for strategic consulting.

Program Operations (\$770,438.50)

Fostering Collaboration (\$472,410.51)

- \$739,463.80 for a regional technical assistance provider for grant applicants.

Program Administration Expense (\$298,027.99)

- \$258,400 for financial transparency dashboards, reporting, and work management.

-
- **\$39,627.99** for a regional technical assistance provider for grant applicants.
-

Ohio Total Budget Period 1 Award: \$202,030,262.02

Total Funds Put to Work: \$26,545,567 (as of 7/31/2026)

Initiative 1: Ohio Rural School Based Health Centers (SBHCs) (\$4,005,003)

- \$4,005,003 for health centers, health systems, health departments, medical centers, and health organizations.

Initiative 5: Rural Health Workforce Pipeline and Development Projects (\$12,300,000)

- \$10,000,000.00 for Ohio University.
- \$2,000,000.00 for Ohio Pharmacists Association.
- \$300,000.00 for Ohio Department of Agriculture.

Initiative 6: Maternal and Infant Wellness Home Visiting in Rural Ohio (\$7,000,000.00)

- \$7,000,000.00 for Ohio Department of Children and Youth.

Initiative 8: Electronic Medical Record Access for Pharmacies (\$1,150,000.00)

- \$1,150,000.00 for Ohio Board of Pharmacy.

Program Operations (\$2,090,564.00)

Program Administration Expense (\$2,090,564.00)

- \$2,090,564.00 for salary, fringe, indirect.

No information provided for Initiatives 2, 3, 4, 7, 9.

Oklahoma Total Budget Period 1 Award: \$223,476,948.62

Total Funds Put to Work: \$140,294,829.68 (as of 7/31/2026)

Initiative 1: Innovating Care Models (\$15,296,292)

Appropriate Care Availability (\$4,494,358)

- **\$1,843,358** for expanding community paramedicine program operations.
- **\$2,651,000** for expanding the transportation pilot to include mileage reimbursement and volunteer driver recruitment.

Behavioral Health (\$250,000)

- **\$250,000** for a contractual agreement for program design and implementation for behavioral health integration.

Fostering Collaboration (\$250,000)

- **\$250,000** for a contractual agreement for program design and implementation for technical collaboration.

Innovative Care (\$3,090,000)

- **\$3,090,000** for technical assistance and initial recruitment of school-based providers to enable rural schools in Oklahoma to bill for Medicaid services.

Prevention and Chronic Disease (\$750,000)

- **\$750,000** for contractual agreements for program design, implementation, microgrants, community paramedicine, and doulas.

Training and Technical Assistance (\$6,461,934)

- **\$2,252,567** for implementation, service delivery, and sustainability of Oklahoma State University (OSU) medicine virtual care obstetrics and gynecology (OBGYN) clinic.
- **\$769,000** for improving maternal health outcomes in rural Oklahoma by implementing a remote patient monitoring (RPM) demonstration using connected blood pressure (BP) cuffs for up to 900 high-risk obstetrical patients/year.
- **\$499,555** for establishing a statewide Tele-neurosciences network for rural patients.
- **\$2,940,812** for expanding the reach of Maternal Fetal Medicine (MFM) specialists through a tele-MFM network connecting rural hospitals, clinics, and county health departments.

Initiative 2: Moving Upstream (\$10,531,631.02)

Capital Expenditures and Infrastructure (\$358,684.67)

- **\$100,000** for replacing x-ray equipment.
- **\$59,220** for architecture fees for expansion of facility.
- **\$49,714.72** for replacement of physical therapy equipment.
- **\$100,000** for replacement of hospital beds and pharmacy equipment.
- **\$49,749.95** for replacement of diagnostic, respiratory, pharmacological, and patient care services equipment.

Consumer Tech Solutions (\$250,000)

- **\$250,000** for a contractual agreement for program design and implementation for consumer tech.

IT Advances (\$830,400)

- **\$830,400** for expanding reach of Oklahoma's current closed-loop referral system.

Prevention and Chronic Disease (\$9,092,546.35)

- **\$1,492,856.71** for new fitness and exercise programs, such as equipment to create an employee exercise program, expansion of a physical therapy department, purchase and installation of a full outdoor basketball court and exercise equipment, physical fitness equipment, fitness tracking tools to provide teachers and students for the Presidential Fitness Test, purchase of recumbent bike and ergometers and other cardiac rehab equipment, and shared-use wellness and strength-training equipment to expand safe, structured physical activity opportunities for students in grades 6-12.
- **\$250,000** for a contractual agreement for program design and implementation for chronic disease.

- **\$290,125.50** for emergency medical services (EMS) and ambulance equipment, including modern communications equipment.
- **\$1,390,584.06** for clinical and medical equipment, including defibrillators, intravenous (IV) pumps, vein visualization systems, ultrasounds, and diagnostic tools.
- **\$60,878.50** for food, supplies, early education materials, and community resources.
- **\$126,670.27** for laboratory and monitoring equipment.
- **\$144,820** for health information services and medical educational and research equipment for preventative care.
- **\$523,557.90** for telehealth and mobile care unit equipment, including transport vans, laptops, and x-ray machines.
- **\$49,275** to redesign outpatient therapy rooms for improved care.
- **\$4,586,721.33** to expand coverage of community health workers (CHWs) across payer types.
- **\$177,057.08** for vaccine management systems and vaccine refrigerators.

Initiative 3: Facilitating Regional Collaboration (\$43,538,960.66)

Fostering Collaboration (\$3,000,000)

- **\$3,000,000** for contractual agreements for program design and implementation for provider collaboration and rural regional reorientation.

Innovative Care (\$38,167,600)

- **\$3,790,000** for implementation of the Pulsara Total Care package.
- **\$33,862,084** for building joint resiliency for rural hospitals through a rural-focused provider collaborative.
- **\$515,516** for facilitating rural regional reorientation to strengthen collaboration of healthcare and social service organizations.

Prevention of Chronic Disease (\$2,371,360.66)

- **\$2,371,360.66** for expanding comprehensive lung cancer screening programs in the rural area.

Initiative 4: Shifting to Value (\$19,060,000)

Appropriate Care Availability (\$625,000)

- **\$625,000** for using the Transforming Maternal Health (TMaH) Model (TMHM) to direct participating states to implement value-based payment arrangements with providers to reward improved outcomes in the perinatal health space.

Innovative Care (\$18,435,000)

- **\$15,165,000** for the Oklahoma Health Care Authority (OHCA) Program of All-Inclusive Care for the Elderly (PACE) Rural Health Program.
- **\$1,635,000** for piloting clinic extension models to support management of high-risk Medicaid and dual-eligible members.
- **\$1,635,000** for supporting the primary care movement to value-based arrangements by providing capacity building funds to primary care practices.

Initiative 5: Growing the Next Generation of Rural Talent (\$22,991,799)

Capital Expenditures and Infrastructure (\$250,000)

- **\$250,000** for addressing significant healthcare workforce shortages in rural OK by increasing the number of physicians choosing to practice in rural areas by providing opportunities for rural healthcare experience in residency.

Prevention and Chronic Disease (\$22,028,267)

- **\$13,086,285** for funding the Rural Track General Surgery, Obstetrics/Gynecology, and Psychiatry Programs.
- **\$8,732,982** for addressing significant healthcare workforce shortages in rural OK by increasing the number of physicians choosing to practice in rural areas by providing opportunities for rural healthcare experience in residency.

-
- **\$209,000** for expanding the CareerTech high school Licensed Practical Nurse (LPN) program to 10 additional schools and students in rural Oklahoma.

Workforce (\$713,532)

- **\$713,532** for bringing behavioral health providers into rural areas of Oklahoma.

Initiative 6: Building Health Data Utility (\$16,023,961)

IT Advances (\$16,023,961)

- **\$6,179,961** for extending Health Information Exchange (HIE) coverage to Oklahoma's unconnected rural facilities, estimated to be up to 40% of Substance Abuse Service Centers, 46% of rural hospitals, and 97% of Rural Health Center.
- **\$5,672,000** for extending electronic health record system (EHR) coverage to Oklahoma's unconnected rural facilities, estimated to be 3 hospitals & 20-Federally-Qualified Health Centers (FQHCs).
- **\$4,172,000** for developing high-need analytics and dashboards focused on rural Oklahoma and create a data roadmap for expanded functionality and HIE integration.

Program Operations (\$12,852,186)

Innovative Care (\$1,250,000)

- **\$1,250,000** for a contractual agreement for program design and Implementation across all initiatives.

Program Administration Expense (\$11,602,186)

- **\$5,000,000** for a contractual agreement for Rural Health Transformation (RHT) Program Grant Management & Reporting.
 - **\$2,960,000** for fiscal oversight, compliance monitoring, and an internal audit framework.
 - **\$3,142,186** for personnel and other costs.
 - **\$500,000** for a media campaign.
-

Oregon Total Budget Period 1 Award: \$192,271,577.67

Total Funds Put to Work: \$102,723,439.06 (as of 7/31/2026)

Initiative 1: Regional Partnerships & System Transformation (\$2,568,677.09)

Appropriate Care Availability (\$1,561,520)

- **\$1,561,520** for improving emergency medical services through regional collaboration and advanced lifesaving equipment.

Fostering Collaboration (\$678,034.50)

- **\$436,906.76** for advancing maternity services through regional partnerships and training.
- **\$241,127.74** for regional, shared governance planning among communities, traditional health workers (THWs), and community-based organizations.

Prevention and Chronic Disease (\$234,488.17)

- **\$234,488.17** for strengthening early childhood health through coordinated prenatal and family supports.

Provider Payments (\$94,634.42)

- **\$15,000** for strengthening early childhood health through coordinated prenatal and family supports.
- **\$79,634.42** for advancing maternity services through regional partnerships and training.

Initiative 2: Healthy Communities & Prevention (\$47,591,464.95)

Appropriate Care Availability (\$13,405,982.15)

- **\$1,013,464.46** for expanding access to home visiting services.
- **\$600,000** for emergency medical services.
- **\$334,799.38** for restoring local healthcare access in a frontier community.
- **\$600,000** for rural cancer treatment expansion.
- **\$3,208,988** for protecting and expanding access to maternal and surgical care in Northeast Oregon.
- **\$1,200,000** for protecting access to local surgical and specialty care through critical infrastructure improvements.
- **\$198,390.88** for strengthening maternal and child health through community-based prenatal care.
- **\$648,337** for helping rural seniors age in place through pharmacy delivery and community health worker support.
- **\$872,432.39** for expanding access to behavioral health care across rural Oregon communities.
- **\$153,228.00** preventive health outreach services.
- **\$236,545.57** for mobile health outreach.
- **\$550,466.04** for behavioral health in school settings.
- **\$29,006.06** for improving social support services and expanding epidemiology capacity.
- **\$504,049.85** for community health worker (CHW) enabled navigation programs, suicide prevention outreach, and home visiting program.
- **\$194,304.42** for regional mobile health program that will connect multiple counties and provide essential services.
- **\$81,817.93** for improving emergency medical services (EMS) and vision care.
- **\$1,278,095.37** for expanding pharmacy, dental, and care navigation services for Tribal and rural communities.
- **\$356,367.97** for expanded vision care for students through mobile school-based services.
- **\$1,345,688.83** for expanded access to specialty and diagnostic care.

Behavioral Health (\$7,921,337.34)

- **\$532,878.94** for behavioral health and substance use disorder services.
- **\$1,811,408.79** for family-centered substance use and mental health treatment.
- **\$580,178.28** for expanding life-saving overdose response tools in communities that need them most.
- **\$270,000.00** for withdrawal management and recovery services.
- **\$825,537.05** for substance use treatment and mental health services, including facility improvements.
- **\$495,466.00** for school-based behavioral health support for children and families.

- **\$244,406.20** for expanding access to substance use treatment and recovery services across Eastern Oregon.
- **\$177,545.81** for strengthening children's mental health and family well-being through integrated early childhood services.
- **\$554,425.77** for school-based behavioral health support for rural youth and students.
- **\$210,719.39** for supporting the development of a new EMS pilot focused on reversing overdoses by giving buprenorphine in the field.
- **\$103,015.62** for supporting whole-family recovery through integrated healthcare and substance use treatment.
- **\$715,691.03** for expanding mobile and integrated health outreach to rural communities.
- **\$174,628.56** for improving access to mental health services, integrating with home visiting programs.
- **\$478,450.67** for expanding recovery support and behavioral health access through a community-centered recovery hub.
- **\$746,985.23** for expanding behavioral health and recovery services for youth and families.

Capital Expenditures and Infrastructure (\$1,900,596.20)

- **\$12,398** for substance use treatment and mental health services.
- **\$119,097.50** for restoring local healthcare access in a frontier community, including purchase of a mobile vehicle.
- **\$115,894** for mobile dental care access for rural communities, including teledentistry and purchase of a mobile van.
- **\$185,394** for strengthening behavioral health access and recovery support through a community-centered recovery hub, including facility improvements and transportation investments.
- **\$15,000** for expanding pharmacy services through telehealth technology, including infrastructure investment.
- **\$1,421,812.70** for expanding access to behavioral health care across rural Oregon communities, including facility renovation and expansion of clinical space.
- **\$31,000** for expanding access to preventive services and school-based health center models.

Consumer Tech Solutions (\$1,380,030.04)

- **\$1,195,030.04** for preventative mental health support in prenatal care.
- **\$185,000** for expanding pharmacy services through telehealth technology.

Fostering Collaboration (\$3,938,329.49)

- **\$12,398** for substance use treatment and mental health services.
- **\$119,097.50** for restoring local healthcare access in a frontier community, including purchase of a mobile vehicle.
- **\$115,894** for mobile dental care access for rural communities, including teledentistry and purchase of a mobile van.
- **\$185,394** for strengthening behavioral health access and recovery support through a community-centered recovery hub, including facility improvements and transportation investments.
- **\$15,000** for expanding pharmacy services through telehealth technology, including infrastructure investment.
- **\$1,421,812.70** for expanding access to behavioral health care across rural Oregon communities, including facility renovation and expansion of clinical space.
- **\$31,000** for expanding access to preventive services and school-based health center models.

Innovative Care (\$1,904,191.37)

- **\$1,726,304.51** for coordinated support for families affected by perinatal substance use conditions.
- **\$102,549.62** for social health service navigation and expansion.
- **\$75,337.24** for coordination of social supports, school-based services, and community immunization efforts.

IT Advances (\$431,400.54)

- **\$290,388.91** for expanding access to emergency and acute care through in-home medical services.
- **\$141,011.63** for electronic health records (EHR) improvements.

Prevention and Chronic Disease (\$11,571,428.02)

- **\$314,431.10** for expanding family home-visiting services post-partum.
- **\$268,153.36** for general home-visiting and health promotion programming, including nurse family home-visiting.
- **\$3,029,384.14** for expanding mobile and integrated dental care access for rural communities.
- **\$1,785,847.32** for bringing mobile, integrated healthcare and social support services directly to rural communities.
- **\$2,314,583.35** for strengthening care coordination for older adults and people with complex health needs.
- **\$242,525.32** for expanding THW services, capacity, and social supports.
- **\$218,113.19** for senior chronic care management.
- **\$401,887.80** for community-based mental health and preventative health supports.
- **\$86,122.26** for oral health services.
- **\$423,435.04** for community paramedicine, engagement, and mobile outreach.
- **\$115,708.60** for school-based prevention activities and mobile health programming.
- **\$227,599.00** for social health services, including school health fairs, perinatal navigation, and mobile outreach.
- **\$64,240.67** for regional coordination of tobacco, alcohol, and drug prevention strategies, and community outreach.
- **\$192,867.45** for rural nutrition access, including telehealth counseling and community education workshops.
- **\$164,731.74** for mobile outreach support.
- **\$340,508.52** for expanding the communicable disease program.
- **\$48,014** for CHW-led preventative health and chronic disease management work.
- **\$289,198.82** for increasing access to perinatal and specialty care through mobile care delivery.
- **\$188,000** for creating new access to preventative care, including telehealth services.
- **\$109,991.33** for expanding a local school district pilot program focused on physical, mental, and dental health.
- **\$498,974.07** for strengthening student wellness through coordinated school and community supports.
- **\$247,110.94** for expanding medication access and pharmacy supports.

Provider Payments (\$4,034,222.26)

- **\$977,083.33** for substance use treatment and mental health services, including provider payments.
- **\$41,800** for expanding access to substance use treatment and recovery services across Eastern Oregon, including provider payments.
- **\$45,677.50** for strengthening children's mental health and family well-being through integrated early childhood services, including provider payments.
- **\$150,007.51** for supporting expansion of family home-visiting services post-partum, including provider payments.
- **\$487,953.77** for expanding access to home-visiting services and family supports.
- **\$209,862.75** for expanding mobile and integrated dental care access for rural communities, including provider payments.
- **\$173,903.66** for bringing mobile, integrated healthcare, medical, behavioral health, and social services directly to rural communities, including provider payments.
- **\$24,862.33** for supporting the development of a new EMS pilot focused on reversing overdoses by giving buprenorphine in the field, including provider payments.
- **\$722,365.63** for expanding school-based behavioral health support for children, families, and rural youth, including provider payments.
- **\$19,259.73** for connecting rural cancer patients to specialty care through a regional telehealth network, including provider payments.
- **\$245,312.50** for supporting whole-family recovery through integrated healthcare and substance use treatment, including provider payments.

- **\$61,950** for expanding mobile health outreach for underserved rural communities.
- **\$47,630.10** for strengthening maternal and child health through community-based prenatal care, including provider payments.
- **\$7,227.50** for oral health services.
- **\$104,938.75** for school-based prevention activities and mobile health programming.
- **\$27,000** for expanding access to preventive services and school-based health center models.
- **\$281,398.67** for improving access to mental health services, integrating with home visiting programs.
- **\$34,997.15** for improving social support services and expanding epidemiology capacity.
- **\$120,582.72** for supporting rural nutrition access, including telehealth counseling and community education workshops.
- **\$37,500** for increasing access to preventative, perinatal, and specialty care through mobile care delivery.
- **\$2,853.76** for planning, coordinating, and implementing local systems transformation.
- **\$5,450.25** for improving EMS and vision care.
- **\$101,140** for strengthening care coordination for people with complex health needs, including provider payments.
- **\$7,234.33** for expanding recovery support and behavioral health access through a community-centered recovery hub, including provider payments.
- **\$77,668.08** for expanding behavioral health and recovery services for youth and families.
- **\$18,562.24** for expanding pharmacy, dental, and care navigation services for Tribal and rural communities.

Workforce (\$1,103,947.54)

- **\$297,951.18** for improving health literacy and chronic disease prevention in rural communities.
- **\$520,029.48** for strengthening behavioral health access and recovery support in rural and frontier communities.
- **\$131,075.13** for CHW-led programs and care navigation.
- **\$97,345.29** for expanding home-visiting services and family supports.
- **\$57,546.46** for harm reduction and disease intervention services.

Initiative 3: Workforce Capacity & Resilience (\$17,173,772.71)

Behavioral Health (\$239,718.82)

- **\$239,718.82** for bringing psychiatric and women's health specialty care back to a frontier community.

Capital Expenditures and Infrastructure (\$5,346)

- **\$5,346** for training healthcare professionals to deliver integrated, team-based care in rural Southern Oregon, including mobile services through the purchase and use of a mobile clinic.

Fostering Collaboration (\$3,578,330.99)

- **\$3,578,330.99** for training healthcare professionals to deliver integrated, team-based care in rural Southern Oregon.

Provider Payments (\$285,492.73)

- **\$125,492.73** for bringing psychiatric and women's health specialty care back to a frontier community.
- **\$160,000** for expanding pediatric oral health capacity to improve access for children, including provider payments.

Training and Technical Assistance (\$494,692.05)

- **\$494,692.05** for helping rural behavioral health providers build sustainable and resilient careers.

Workforce (\$12,570,192.12)

- **\$840,805.46** for rural workforce development, provider training, and support.
- **\$200,000** for building a community-based workforce that helps rural residents navigate health and social service systems.
- **\$613,435.78** for expanding K-12 health care career pathways.
- **\$330,375.50** for expanding pediatric oral health capacity to improve access for children.
- **\$3,012,547.72** for building local pathways into emergency medical services careers.
- **\$200,000** for expanding access to doula and community-based maternal health support in rural Oregon.

- **\$2,036,998.10** for strengthening the THW workforce through training and community connector roles.
- **\$255,447.08** for expanding a fellowship model to train rural providers in evidence-based infant and early childhood mental health practices.
- **\$737,049.15** for expanding the peer support workforce, including support for people with lived experience and behavioral health services.
- **\$2,481,431.22** for expanding the allied health workforce needed to meet growing rural healthcare demands.
- **\$1,862,102.11** for developing the local dental workforce.

Initiative 4: Technology & Data Modernization (\$18,411,864.54)

Capital Expenditures and Infrastructure (\$144,028.84)

- **\$113,028.84** for improving patient safety and care coordination through integrated healthcare technology, including provider payments.
- **\$31,000** for expanding access to medication treatment for substance use disorders closer to where patients live, including remote pharmacy infrastructure.

Consumer Tech Solutions (\$1,061,538.75)

- **\$475,268.30** for modernizing technology systems to improve access, efficiency, and patient care.
- **\$586,270.45** for expanding remote patient monitoring to help rural residents manage chronic conditions at home.

Fostering Collaboration (\$874,974.25)

- **\$874,974.25** for strengthening digital infrastructure to support sustainable rural healthcare systems.

IT Advances (\$16,181,322.70)

- **\$6,121,790.68** for modernizing behavioral health technology, data systems, and records to improve care coordination, quality, and access.
- **\$1,802,790.04** for expanding access to specialty and rural care through virtual nursing and telehealth technology.
- **\$2,664,385.30** for improving patient safety and care coordination through integrated, interoperable healthcare technology.
- **\$1,847,891.43** for implementing and expanding EHR platforms (Oracle Health and EPIC) to reduce administrative burden and improve care.
- **\$1,091,814.90** for using data-driven approaches to improve behavioral health treatment outcomes.
- **\$1,472,039.35** for expanding access to medication treatment for substance use disorders closer to where patients live.
- **\$656,611** for leveraging drone technology to strengthen emergency response and health system connectivity.
- **\$200,000** for supporting an updated public health information technology (IT) system.
- **\$324,000** for upgrading aging technology systems in rural care facilities.

Training and Technical Assistance (\$150,000)

- **\$150,000** for supporting organizations in conducting self-assessments on technology needs.

Initiative 5: Tribal (\$16,977,659.77)

Appropriate Care Availability (\$18,540)

- **\$18,540** for right-sizing needs.

Behavioral Health (\$4,019,149.75)

- **\$511,223.57** for behavioral health coordination.
- **\$1,607,918.02** for opioid treatment services.
- **\$1,429,863.06** for mobile outreach and services, including mobile opioid treatment.
- **\$150,000** for harm reduction kiosks.
- **\$320,145** for detoxification facility services.

Capital Expenditures and Infrastructure (\$2,426,419.42)

- **\$6,121,790.68** for modernizing behavioral health technology, data systems, and records to improve care coordination, quality, and access.
- **\$1,802,790.04** for expanding access to specialty and rural care through virtual nursing and telehealth technology.
- **\$2,664,385.30** for improving patient safety and care coordination through integrated, interoperable healthcare technology.
- **\$1,847,891.43** for implementing and expanding EHR platforms (Oracle Health and EPIC) to reduce administrative burden and improve care.
- **\$1,091,814.90** for using data-driven approaches to improve behavioral health treatment outcomes.
- **\$1,472,039.35** for expanding access to medication treatment for substance use disorders closer to where patients live.
- **\$656,611** for leveraging drone technology to strengthen emergency response and health system connectivity.
- **\$200,000** for supporting an updated public health IT system.
- **\$324,000** for upgrading aging technology systems in rural care facilities.

Consumer Tech Solutions (\$171,800)

- **\$171,800** for EHR support specialist and one-room technology.

IT Advances (\$2,178,564.67)

- **\$923,582.67** for EHR integration, improved functionality, clinical decision tools, and connections to dental and telehealth services.
- **\$936,982** for IT upgrades and advancements, including AI-enabled care coordination and cybersecurity infrastructure.
- **\$318,000** for telehealth enhancements and a digital connectivity program.

Prevention and Chronic Disease (\$4,938,940.24)

- **\$3,148,134.54** for chronic disease management and community health programs.
- **\$322,219.11** for wellness activities and equipment.
- **\$1,468,586.59** for establishing a memory care wing and providing integrated clinical space for managing comorbidities.

Provider Payments (\$1,040,121.60)

- **\$158,525.60** for non-billable specialty services and providers.
- **\$234,952** for non-billable medical assistant services.
- **\$346,644** for payments to providers on a performance-based model.
- **\$300,000** for behavioral health specialists.

Workforce (\$2,184,124.09)

- **\$326,379.09** for workforce incentives, recruitment, and retention bonuses.
- **\$110,034** for a community health aid training program.
- **\$1,747,711** for workforce development and career pathway opportunities, including rural pathways.

Program Operations (\$0)**Program Administration Expense (\$0)**

Pennsylvania Total Budget Period 1 Award:

\$193,294,053.98

Total Funds Put to Work: \$123,081,435.59 (as of 7/31/2026)

Initiative 1: Maternal Health (\$2,669,615)

Appropriate Care Availability (\$527,340.00)

- **\$527,340.00** for Doula Apprenticeship program.

Capital Expenditures and Infrastructure (\$90,000.00)

- **\$90,000.00** for Rapid Response Services (RRS) 1: This single payment stabilizes rural prenatal care by restoring local services and adding onsite imaging, diagnostics, home blood pressure and glucose monitors, and intravenous (IV) infusion. Mothers get earlier detection and fewer forced trips.

Consumer Tech Solutions (\$377,410.00)

- **\$377,410.00** for RRS1: This single payment stabilizes rural prenatal care by restoring local services and adding onsite imaging, diagnostics, home blood pressure and glucose monitors, and IV infusion. Mothers get earlier detection and fewer forced trips.

Prevention and Chronic Disease (\$1,674,865)

- **\$1,494,932.00** for Peripartum Depression Screening and Support.
- **\$179,933.00** for expanding core Perinatal Telephonic Psychiatric Consultation Service Program (TiPS): provider to provider consultation, care coordination with referrals and resource connections, and training to help providers identify and treat prenatal and postpartum behavioral health conditions.

Initiative 2: Behavioral Health (\$7,745,484.72)

Appropriate Care Availability (\$223,127.00)

- **\$223,127.00** for essential upgrades: a backup generator, Transcranial Magnetic Stimulation renovations and equipment, new flooring, and updated computers.

Behavioral Health (\$7,157,033.72)

- **\$1,341,202.50** for embedding a Collaborative Care Model (CoCM), a team based approach where primary care providers, behavioral health managers, and psychiatric consultants coordinate care, track outcomes, and expand timely behavioral health access in rural Pennsylvania.
- **\$1,097,821.20** for a statewide access system led by University of Pennsylvania Health System (UPHS) and University of Pittsburgh Medical Center (UPMC), combining rapid telemedicine treatment, peer recovery support, regional care coordination, and local treatment partnerships into one coordinated network.
- **\$718,010.02** for a statewide access system led by UPHS and UPMC, combining rapid telemedicine treatment, peer recovery support, regional care coordination, and local treatment partnerships into one coordinated network.
- **\$4,000,000** for raising awareness of the 988 Suicide and Crisis Lifeline in rural Pennsylvania and meeting rising demand for the service.

Capital Expenditures and Infrastructure (\$365,324.00)

- **\$365,324.00** for essential facility upgrades: a backup generator, Transcranial Magnetic Stimulation renovations and equipment, new flooring, and updated computers.

Initiative 3: Aging and Access (\$9,508,157.67)

Appropriate Care Availability (\$2,227,164)

- **\$2,134,208.00** for a coordinated, home based follow up model for rural Pennsylvanians using trained paramedics and local emergency medical services (EMS) agencies.
- **\$92,956.00** for the Lutheran Home at Kane to build a state of the art nurse aide training center.

Behavioral Health (\$1,735,692.67)

- **\$1,735,692.67** for older adults in rural Northwestern, Central, and Northeastern Pennsylvania, this strengthens access to comprehensive, person-centered care through the Living Independence for the Elderly (LIFE) Program of All-Inclusive Care for the Elderly (PACE) model.

Capital Expenditures and Infrastructure (\$850,500)

- **\$230,000.00** for minor renovations and retrofitting to expand PACE and Integrated Behavioral Health access for older adults in rural Northwestern, Central, and Northeastern Pennsylvania through the LIFE PACE model.
- **\$620,500.00** for expanding the fire sprinkler system to cover the assisted living portion of the campus, supporting safer, more independent, lower cost care as an in lieu of provider for Home and Community-Based Services (HCBS) Managed Care Organizations (MCOs).

Consumer Tech Solutions (\$850,135.00)

- **\$850,135.00** for redesigning Pennsylvania's Aging and Disability Resource Center, PA Link, to strengthen leadership, partnerships, and infrastructure so individuals with complex needs can more easily find and access supportive services.

IT Advances (\$2,748,540.00)

- **\$2,748,540.00** for structuring statewide and facility level investments across six standardized intervention tracks focused on operational feasibility, facility readiness, and measurable quality improvement.

Training and Technical Assistance (\$1,096,126.00)

- **\$1,096,126.00** for rural clinical partners like Primary Health Network, this builds on Penn State's Primary Care Medic proof of concept to prepare information technology (IT) support and infrastructure, including curriculum delivery, telehealth workflows, secure field deployment, endpoint management, helpdesk support, and implementation readiness.

Initiative 4: EMS-Transportation (\$14,322,964.80)

Appropriate Care Availability (\$14,234,896.08)

- **\$368,112.00** for LIFE Lawrence, Armstrong, and Butler Counties to each purchase a new Micro Bird bus, enhancing transportation access across three rural counties.
- **\$142,652.08** for Lewistown, Clearfield, and Watsonstown Comprehensive Treatment Centers to each purchase a passenger transportation van, expanding access to medication assisted treatment, counseling, and behavioral health services in rural and underserved communities.
- **\$13,399,330.00** for strengthening Pennsylvania's rural EMS system, including equipment for EMS personnel and the purchase of an ambulance, to deliver the best possible emergency care.
- **\$63,579.00** for Hyndman Area Health Center to purchase a wheelchair accessible van, establishing non emergency transportation for patients lacking safe, reliable rides to medical appointments.
- **\$183,937.00** for The Guidance Center to purchase four vehicles, providing safe, reliable transportation to behavioral health, crisis stabilization, specialty medical, and maternal health services for enrolled individuals.
- **\$77,286.00** for Transitions Healthcare Gettysburg to acquire a customized transport van with a specialized stretcher chair system for non-emergency medical transportation.

Capital Expenditures and Infrastructure (\$88,068.72)

- **\$88,068.72** for Cameron County Ambulance Service to convert and expand its training room into a flexible, professional grade space supporting Emergency Medical Technician (EMT) and Advanced EMT (AEMT) instruction, hands on skills development, and continuing education.

Initiative 5: Technology and Infrastructure (\$43,232,013.80)

Appropriate Care Availability (\$13,921,828.00)

- **\$4,679,526.00** for replacing and upgrading diagnostic imaging equipment across rural hospitals, including computerized tomography (CT) scanners, an X-ray unit, a fluoroscopy system, a mammography unit, and ultrasound equipment, ensuring continued local access to essential imaging services.
- **\$3,518,649.00** for expanding and equipping operating rooms and surgical capabilities across St. Luke's Carbon, St. Luke's Monroe, Geisinger St. Luke's, and Washington County Hospital (WCH), including sterile

storage, new operating room (OR) equipment, and neuro navigation and 3D imaging technology to meet growing surgical demand.

- **\$572,869.00** for facility improvements at Cornerstone Care's Mount Morris and Rogersville sites and the Greensboro health center, including new roofing, generators, IT upgrades, Americans with Disabilities Act (ADA) enhancements, a new dental operatory, and a prescription vending system.
- **\$1,104,749.00** for skilled nursing and long term care facility upgrades, including parking lot and mechanical system repairs, lighting, flooring, laundry equipment, access control systems, resident transportation vehicles, and 120 specialized low profile beds to reduce falls and injuries.
- **\$1,886,092.00** for Lehigh Valley Hospital's Pocono and Schuylkill campuses to purchase ultrasound machines, Teladoc carts, RetinaVue scanners, smart beds, stretchers, and behavioral health unit safety upgrades, expanding telehealth and specialty care access.
- **\$1,000,000.00** for Corry Memorial Hospital to upgrade radiology and inpatient critical care technology, including a new radiology system, ventilator, cardiac monitoring system, call bell system, and IV pumps.
- **\$752,605.00** for Wellspan Waynesboro Hospital (WWH) to modernize its outpatient wound and IV therapy clinic space and replace ultrasound and echocardiogram equipment.
- **\$240,895.00** for Gaughn's Drug Store to renovate its space and expand telehealth pharmacy and clinical visit capacity.
- **\$166,443.00** for Columbia, Montour, Snyder, and Union (CMSU) Counties to replace aging field IT equipment and purchase a passenger van, supporting mobile staff and client connections.

Behavioral Health (\$190,204)

- **\$190,204.00** for Center for Behavioral Health and Discovery House Comprehensive Treatment Centers (Farrell, Cranberry Township, New Castle, and Duncansville) to each purchase a passenger transportation van expanding access to medication assisted treatment, counseling, and behavioral health services in rural Pennsylvania, and to complete facility enhancements, including flooring, painting, and security infrastructure upgrades, supporting patient safety and quality of care.

Capital Expenditures and Infrastructure (\$22,198,948)

- **\$2,949,686.00** for replacing aging and failed Heating, Ventilation, and Air Conditions (HVAC) and air handling systems across rural hospitals, including an operating room air handling system, a rooftop air handling unit, a twenty year old HVAC system, and minisplit units at Bucktail Medical Center, restoring safe environmental controls and continuity of care.
- **\$4,000,000.00** for renovating resident care areas, including lobbies, resident room corridors, resident rooms, resident bathrooms, dining rooms, and gym and physical therapy rooms, at Darway, Epworth, Meadow View, and Weatherwood Rehabilitation and Healthcare Centers to address resident safety, infection control, and rehabilitation capacity needs.
- **\$953,009.00** for Farrell, Cranberry Township, New Castle, and Duncansville Comprehensive Treatment Centers to each purchase a passenger transportation van expanding access to medication assisted treatment, counseling, and behavioral health services, and to complete facility enhancements, including flooring, painting, and security upgrades.
- **\$1,213,655.00** for Cornerstone Care's Mount Morris and Rogersville sites and the Greensboro health center to complete facility upgrades, including a new dental operatory, a prescription vending system, roofing, generators, IT upgrades, and ADA enhancements.
- **\$668,096.00** for purchasing diagnostic imaging equipment, including a mammography unit, a breast ultrasound machine, a medical vacuum system, and a fluoroscopy system, along with supporting operating room technology, to maintain rural access to imaging services.
- **\$2,729,483.00** for safety and infrastructure upgrades at rural senior care facilities, including parking lot and mechanical system repairs, lighting, flooring, painting, laundry equipment, access control systems, transportation vehicles, roofing, chiller systems, air handlers, walk in refrigeration, and elevators.
- **\$2,873,087.00** for behavioral health facility stabilization and safety projects, including documentation and video conferencing technology, water damage and sewage repair, inpatient bathroom and ligature resistant door upgrades, ADA accessible routes, stair improvements, and roof replacement at a rural mental health hospital.

- **\$2,879,750.00** for critical electrical infrastructure upgrades, including a cogeneration engine upgrade at Robert Packer Hospital, ten automated transfer switches to connect hospital systems to backup generators, and replacement of major electrical distribution infrastructure at Wyoming County Healthcare Center (WCHC).
- **\$985,100.00** for Chan Soon Shiong Medical Center at Windber to complete elevator repairs and modernization supporting patient safety, access to care, and emergency readiness.
- **\$678,456.00** for replacing aging roof infrastructure to maintain safe, reliable, and high quality healthcare services.
- **\$190,000.00** for St. Luke's Hospital Carbon Campus to purchase new operating room equipment and build a sterile storage space, enhancing surgical workflows and efficiency.
- **\$129,384.00** for WWH to modernize its outpatient wound and IV therapy clinic space and replace ultrasound and echocardiogram equipment.
- **\$247,547.00** for Wayne Memorial Community Health Centers (WMCHC) to renovate space supporting women's health and obstetric care in Pike County, add a gutter system in Wayne County, and invest in AI and technology.
- **\$269,000.00** for Gaughn's Drug Store to renovate its space, expanding in person clinical visits, telehealth pharmacy services, and prescription dispensing capacity.
- **\$1,000,000.00** for a rural pharmacy serving Montour and surrounding counties to install a modular compounding suite, upgrade its HVAC system, and add hazardous drug compounding capacity.
- **\$325,031.00** for repairing a collapsed sewer line and drainage structure and installing an Internet Protocol (IP) based paging and communication system.
- **\$107,664.00** for Lehigh Valley Hospital Pocono to modify its behavioral health unit and purchase ultrasound equipment, telehealth carts, retinal screening scanners, and anti ligature door upgrades, stabilizing rural health access.

IT Advances (\$3,957,456.80)

- **\$1,033,978.80** for a six month Health Tech Ecosystem Audit contract, developing service blueprints for rural care journeys, a stakeholder map with power analysis, a current state architecture diagram of Pennsylvania's rural Health Information Exchange (HIE) with Fast Healthcare Interoperability Resources (FHIR) readiness assessment, and future state architecture options for the Department to consider.
- **\$475,783.00** for stabilizing rural facility infrastructure and communication systems, including artificial intelligence (AI) supported documentation and video conferencing at Corry Counseling, sewer and drainage repair with IP based paging and wireless handset replacement, and roof, flooring, chiller, and resident call system upgrades at a senior care facility.
- **\$1,198,369.00** for replacing aging telecommunications systems at Conemaugh Memorial Medical Center and implementing a modern Voiceover Internet Protocol (VoIP) system at Transitions Healthcare Allens Cove, improving call reliability, care coordination, and resident and family communication.
- **\$749,876.00** for WMCHC to renovate space supporting women's health and obstetric care in Pike County, add a gutter system in Wayne County, and invest in AI and technology.
- **\$499,450.00** for Nulton Diagnostic and Treatment Center to implement a centralized technology platform supporting Rapid Access Psychiatric Services and Community Based Intensive Treatment across rural Pennsylvania.

Program Administration Expense (\$386,553.62)

- **\$386,553.62** for The Guthrie Clinic Pulse Center Pilot, a technology enabled care model using centralized virtual telesitting and virtual nursing support to extend bedside capacity, reduce avoidable safety events, and ease rural nursing workload without added on site staff.

Training and Technical Assistance (\$2,577,023.38)

- **\$2,577,023.38** for The Guthrie Clinic Pulse Center Pilot operating expenses, supporting a technology enabled care model that uses centralized virtual telesitting and virtual nursing to extend bedside capacity, reduce avoidable safety events, and ease rural nursing workload without added on site staff.

Initiative 6: Workforce (\$42,843,718.34)

Capital Expenditures and Infrastructure (\$6,150,000)

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- **\$1,000,000.00** for Indiana University of Pennsylvania to retrofit a building for the College of Osteopathic Medicine, Pennsylvania's first public osteopathic medical school.
 - **\$5,150,000.00** for the University of Pittsburgh School of Dental Medicine to retrofit Regional Training Centers, partnering with rural hospitals and health centers to train dental hygienists, dental assistants, and general practice residents where they live, addressing rural dental workforce shortages.

Program Administration Expense (\$4,872,852.33)

- **\$4,872,852.33** for Indiana University of Pennsylvania's administrative expenses to establish the College of Osteopathic Medicine, Pennsylvania's first public osteopathic medical school.

Workforce (\$31,820,866.01)

- **\$24,366,346.00** for educational awards to establish Indiana University of Pennsylvania's College of Osteopathic Medicine, Pennsylvania's first public osteopathic medical school.
- **\$4,128,042.01** for program funding for the University of Pittsburgh School of Dental Medicine's Regional Training Centers, partnering with rural hospitals and health centers to train dental hygienists, dental assistants, and general practice residents where they live, addressing rural dental workforce shortages.
- **\$3,265,883.00** for Temple University Kornberg School of Dentistry to launch a rural dental clinic and education center in Tamaqua, training students to serve Schuylkill, Carbon, Luzerne, and adjacent counties while providing dental care to Medicaid patients.
- **\$60,595.00** for early career exploration helping students take their first step toward a future in health care.

Program Operations (\$2,759,481.26)

Fostering Collaboration (\$800,000)

- **\$800,000.00** for grantees to establish and manage Rural Care Collaboratives across eight Pennsylvania regions, Central, Northeast, Northwest, North Central, Northern Tier, Southwest, Southern Alleghenies, and South Central, in collaboration with the Department of Human Services Office of Policy Development.

Program Administration Expense (\$1,959,481.26)

- **\$585,236.76** for Administrative costs for Rural Health Transformation (RHT) Program salaries, supplies, fringe benefits, and travel.
 - **\$305,242.00** for Administrative costs for Department of Health (DOH)-specific RHT Program funding.
 - **\$492,998.50** for Administrative costs for RHT Program funded programs.
 - **\$576,004.00** for Program Evaluation.
-

Rhode Island Total Budget Period 1 Award: \$156,169,931.19

Total Funds Put to Work: \$114,158,926.10 (as of 7/31/2026)

Initiative 1: Integrated Rural Population Health Infrastructure (\$4,505,481.90)

Appropriate Care Availability (\$1,191,232.15)

- **\$8,571.70** for Executive Office of Health and Human Services (EOHHS) and Rhode Island Department of Health (RIDOH) direct costs to coordinate state health strategies, identify gaps, and expand availability of care under Initiative 1.
- **\$1,182,660.46** for Guidesoft and Uncommon Solutions to provide contracted support and strategy development for community clinical care hubs and networks, ensuring rural residents have access to the right type of care.

Fostering Collaboration (\$514,779.71)

- **\$168,610.81** for EOHHS and RIDOH direct costs to implement community engagement strategies, build stakeholder partnerships, and support long term collaboration under Initiative 1 network development.
- **\$50,461.65** for Rhode Island League of Cities and Towns (RILCT) to support convenings of members, including rural municipalities, informing collaboration as part of an integrated health strategy.
- **\$207,696.03** for Alvarez & Marsal to support program management and infrastructure work, bringing together stakeholders and facilitating partnerships for implementation and beyond.
- **\$88,011.22** for Guidesoft and RDW Group to provide contracted support for community engagement, partnership, and communications strategies, building collaboration across the rural healthcare system.

Prevention and Chronic Disease (\$2,505,516.41)

- **\$2,505,516.41** for RILCT and RIDOH to support integrated care approaches that improve prevention and management of chronic disease.

Program Administration Expense (\$293,953.62)

- **\$166,300.69** for EOHHS, RIDOH, and RILCT direct and administrative costs supporting program administration and integrated population health infrastructure under Initiative 1.
- **\$111,836.32** for Alvarez & Marsal for program wide administrative support, allocated for its proportional impact on Initiative 1.
- **\$14,154.26** for Chace Ruttenberg & Freedman for legal services supporting the program, allocated for its proportional impact on Initiative 1.
- **\$1,662.67** for Guidesoft contracted staff providing administrative support services for Initiative 1.

Initiative 2: Rural Community-Integrated and Mobile Health Services (\$7,358,864.29)

Appropriate Care Availability (\$1,664,852.22)

- **\$1,664,852.22** for RIDOH mobile health units targeting areas of greatest need, and RIDOH and EOHHS coordination of state health strategies to expand availability of care under Initiative 2.

Behavioral Health (\$1,115,900)

- **\$428,400** for Rhode Island Department of Education (RIDE) for improved educator awareness of and skills to address behavioral health needs in schools.
- **\$687,500.00** for RIDOH to provide access to mental health support for disabled students in rural areas.

Fostering Collaboration (\$171,982)

- **\$26,282.03** for RIDOH and EOHHS to engage stakeholders and implement community engagement strategies, building meaningful partnerships for long term collaboration under Initiative 2.
- **\$126,273.30** for Alvarez & Marsal to support program management and infrastructure work, bringing together stakeholders and facilitating partnerships for implementation and beyond.
- **\$19,426.66** for RDW Group for communications strategies supporting collaboration and stakeholder engagement across the program under Initiative 2.

Prevention and Chronic Disease (\$1,766,145)

- \$1,766,145 for RIDOH for activities that will help individuals prevent chronic disease.

Program Administration Expense (\$529,985.08)

- \$452,374.93 for RIDOH, RIDE, and EOHHS administrative costs supporting mobile, community integrated health programs and rural school health strategies under Initiative 2.
- \$67,993.32 for Alvarez & Marsal for program wide administrative support, allocated for its proportional impact on Initiative 2.
- \$8,605.39 for Chace Ruttenberg & Freedman for legal services supporting the program, allocated for its proportional impact on Initiative 2.
- \$1,010.86 for Guidesoft contracted staff providing administrative support services for Initiative 2.

Provider Payments (\$2,110,000)

- \$750,000.00 for RIDE for delivery of behavioral health services in schools.
- \$1,360,000.00 for RIDOH for delivery of clinical services through mobile health units.

Initiative 3: Expanding Access to Rural Community Resources (\$336,273.14)**Appropriate Care Availability (\$4,427.61)**

- \$4,427.61 for direct costs and RIDOH coordination to expand availability of care and align state health strategies under Initiative 3.

Fostering Collaboration (\$176,689.59)

- \$29,115.86 for EOHHS and RIDOH to engage stakeholders and implement community engagement strategies, building meaningful partnerships for long term collaboration under Initiative 3.
- \$121,249.84 for Alvarez & Marsal to support program management and infrastructure work, bringing together stakeholders and facilitating partnerships for implementation and beyond.
- \$26,323.90 for Guidesoft and RDW Group to provide contracted support for community engagement, partnership, and communications strategies, building collaboration across the rural healthcare system under Initiative 3.

Program Administration Expense (\$155,155.93)

- \$80,633.88 for EOHHS and RIDOH direct costs to support program administration under Initiative 3.
- \$65,288.37 for Alvarez & Marsal for program wide administrative support, allocated for its proportional impact on Initiative 3.
- \$8,263.04 for Chace Ruttenberg & Freedman for legal services supporting the program, allocated for its proportional impact on Initiative 3.
- \$970.64 for Guidesoft contracted staff providing administrative support services for Initiative 3.

Initiative 4: Rural EMS Health Access and Integration (\$9,483,674.90)**Appropriate Care Availability (\$6,244,516.33)**

- \$6,244,516.33 for RIDOH and EOHHS to improve rural emergency medical services (EMS) expertise and physical resources, ensuring appropriate availability of emergency care for rural residents under Initiative 4.

Capital Expenditures and Infrastructure (\$200,000.00)

- \$200,000.00 for RIDOH for minor renovations & equipment upgrades to improve capacity of rural EMS agencies.

Fostering Collaboration (\$238,199.05)

- \$37,363.99 for RIDOH and EOHHS to engage stakeholders and implement community engagement strategies, building meaningful partnerships for long term collaboration under Initiative 4.
- \$174,057.92 for Alvarez & Marsal to support program management and infrastructure work, bringing together stakeholders and facilitating partnerships for implementation and beyond.
- \$26,778.14 for RDW Group for communications strategies supporting collaboration and stakeholder engagement across the program under Initiative 4.

Prevention and Chronic Disease (\$852,605.00)

- **\$852,605.00** for Funds to RIDOH to help with innovative strategies for preventing and managing chronic illness.

Program Administration Expense (\$742,474.52)

- **\$635,495.78** for RIDOH and EOHHS direct and administrative costs supporting rural EMS improvements and program administration under Initiative 4.
- **\$93,723.50** for Alvarez & Marsal for program wide administrative support, allocated for its proportional impact on Initiative 4.
- **\$11,861.86** for Chace Ruttenberg & Freedman for legal services supporting the program, allocated for its proportional impact on Initiative 4.
- **\$1,393.39** for Guidesoft contracted staff providing administrative support services for Initiative 4.

Provider Payments (\$1,205,880.00)

- **\$1,205,880.00** for RIDOH for delivery of emergency medical services in rural RI.

Initiative 5: Rural Hospital-at-Home Program (\$16,977,363.81)

Appropriate Care Availability (\$15,788,564.38)

- **\$15,787,413.20** for Hospital Association of Rhode Island (HARI) to assess needs for a rural hospital at home program, providing people with acute care services where they are.
- **\$1,151.18** for EOHHS and RIDOH direct costs to expand availability of care and coordinate state health strategies under Initiative 5.

Fostering Collaboration (\$435,669.66)

- **\$326,417.32** for Alvarez & Marsal to support program management and infrastructure work, bringing together stakeholders and facilitating partnerships for implementation and beyond.
- **\$50,218.05** for RDW Group for communications strategies supporting collaboration and stakeholder engagement across the program under Initiative 5.
- **\$59,034.29** for EOHHS and RIDOH to engage stakeholders and implement community engagement strategies, building meaningful partnerships for long term collaboration under Initiative 5.

Innovative Care (\$52,494.47)

- **\$52,494.47** for HARI to help rural-serving hospitals adopt innovative care strategies, including to support adoption of hospital-at-home models.

Program Administration Expense (\$700,635.29)

- **\$500,014.07** for HARI, EOHHS, and RIDOH direct and administrative costs supporting the rural hospital at home program and overall program administration under Initiative 5.
- **\$175,763.17** for Alvarez & Marsal for program wide administrative support, allocated for its proportional impact on Initiative 5.
- **\$22,244.98** for Chace Ruttenberg & Freedman for legal services supporting the program, allocated for its proportional impact on Initiative 5.
- **\$2,613.07** for Guidesoft contracted staff providing administrative support services for Initiative 5.

Initiative 6: Expanding Behavioral Health Services Availability in Rural Regions (\$11,127,594.07)

Appropriate Care Availability (\$1,281,515.44)

- **\$36,515.45** for EOHHS and RIDOH direct costs to expand availability of care and coordinate state health strategies under Initiative 6.
- **\$1,245,000.00** for the Westerly Area Rest Meals (WARM) Center to expand availability of care for a rural subpopulation with unmet needs.

Behavioral Health (\$2,513,313.71)

- **\$1,373,124.71** for Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH) for non-clinical services and behavioral health programming.
- **\$1,140,189.00** for RIDOH for non-clinical services for implementation of addiction medicine programs.

Capital Expenditures and Infrastructure (\$2,202,995.19)

- **\$2,202,995.19** for BHDDH for minor renovations & equipment upgrades required for crisis stabilization & clinics approved to increased rural access to behavioral health services.

Fostering Collaboration (\$294,073.61)

- **\$43,256.50** for EOHHS and RIDOH to engage stakeholders and implement community engagement strategies, building meaningful partnerships for long term collaboration under Initiative 6.
- **\$215,685.17** for Alvarez & Marsal to support program management and infrastructure work, bringing together stakeholders and facilitating partnerships for implementation and beyond.
- **\$35,131.94** for Guidesoft and RDW Group to provide contracted support for community engagement, partnership, and communications strategies, building collaboration across the rural healthcare system under Initiative 6.

Program Administration Expense (\$507,700.93)

- **\$375,137.44** for EOHHS, BHDDH, and RIDOH direct and administrative costs supporting program administration and improved behavioral healthcare access for rural residents under Initiative 6.
- **\$116,138.17** for Alvarez & Marsal for program wide administrative support, allocated for its proportional impact on Initiative 6.
- **\$14,698.71** for Chace Ruttenberg & Freedman for legal services supporting the program, allocated for its proportional impact on Initiative 6.
- **\$1,726.62** for Guidesoft contracted staff providing administrative support services for Initiative 6.

Provider Payments (\$4,327,995.19)

- **\$1,902,995.19** for BHDDH for delivery of behavioral health services in new crisis stabilization unit and recovery community centers.
- **\$2,325,000.00** for RIDOH for delivery of clinical services as part of rural addiction medicine integration activities.
- **\$100,000.00** for WARM Center for delivery of clinical behavioral health services as part of their medical respite work.

Initiative 7: Strengthening Rural Oral Health Delivery Through Innovation and Integration (\$2,711,136.27)

Appropriate Care Availability (\$750,287.17)

- **\$750,226.14** for RIDOH for work to rightsize provision of dental care to given needs.
- **\$61.04** for EOHHS direct costs for overall program activities to expand availability of care, broken out for impact on Initiative 7.

Capital Expenditures and Infrastructure (\$1,600,000.00)

- **\$1,600,000.00** for RIDOH for minor renovations & equipment upgrades required for launching a specialty dental center.

Fostering Collaboration (\$68,094.92)

- **\$10,681.10** for RIDOH and EOHHS to engage stakeholders and implement community engagement strategies, building meaningful partnerships for long term collaboration under Initiative 7.
- **\$49,758.64** for Alvarez & Marsal to support program management and infrastructure work, bringing together stakeholders and facilitating partnerships for implementation and beyond.
- **\$7,655.18** for RDW Group for communications strategies supporting collaboration and stakeholder engagement across the program under Initiative 7.

Program Administration Expense (\$212,254.18)

- **\$181,671.74** for RIDOH and EOHHS direct and administrative costs supporting oral health programs and program administration under Initiative 7.
- **\$26,793.11** for Alvarez & Marsal for program wide administrative support, allocated for its proportional impact on Initiative 7.
- **\$3,391.00** for Chace Ruttenberg & Freedman for legal services supporting the program, allocated for its proportional impact on Initiative 7.
- **\$398.33** for Guidesoft contracted staff providing administrative support services for Initiative 7.

Provider Payments (\$80,500.00)

- \$80,500.00 for RIDOH for delivery of clinical dental services in new specialty care center.

Initiative 8: Building Capacity for Block Island Health and Human Services (\$2,955,200.36)**Appropriate Care Availability (\$285,744.94)**

- \$285,545.01 for Block Island Health Services.
- \$199.93 for EOHHS and RIDOH direct costs to expand availability of care and coordinate state health strategies under Initiative 8.

Behavioral Health (\$7,999.99)

- \$7,999.99 for BIHS to work with behavioral health experts to support greater capacity on the island long-term.

Capital Expenditures and Infrastructure (\$1,178,000.00)

- \$1,178,000.00 for Block Island Health Services (BIHS) for equipment upgrades needed for program goals, as well as other approved minor renovations to support stronger health infrastructure.

Fostering Collaboration (\$75,664.72)

- \$56,690.38 for Alvarez & Marsal to support program management and infrastructure work, bringing together stakeholders and facilitating partnerships for implementation and beyond.
- \$8,721.60 for RDW Group for communications strategies supporting collaboration and stakeholder engagement across the program under Initiative 8.
- \$10,252.76 for EOHHS and RIDOH to implement community engagement strategies and expand availability of care under Initiative 8.

Prevention and Chronic Disease (\$1,072,715.60)

- \$1,072,715.60 for BIHS for creative strategies to help rural residents prevent illnesses and manage their health.

Program Administration Expense (\$137,464.11)

- \$102,621.30 for BIHS, EOHHS, and RIDOH direct and administrative costs supporting Block Island health system capacity and program administration under Initiative 8.
- \$30,525.59 for Alvarez & Marsal for program wide administrative support, allocated for its proportional impact on Initiative 8.
- \$3,863.39 for Chace Ruttenberg & Freedman for legal services supporting the program, allocated for its proportional impact on Initiative 8.
- \$453.82 for Guidesoft contracted staff providing administrative support services for Initiative 8.

Provider Payments (\$197,611.00)

- \$197,611.00 for BIHS for clinical services required for care transformation strategies.

Initiative 9: Modernizing Health Care Delivery for the Narragansett Indian Tribe (\$1,111,986.30)**Appropriate Care Availability (\$625,519.49)**

- \$1,280.67 for EOHHS and RIDOH direct costs to expand availability of care and support RHTP initiatives under Initiative 9.
- \$624,238.82 for the Narragansett Indian Tribe (NIT).

Capital Expenditures and Infrastructure (\$105,400.00)

- \$105,400.00 for EOHHS direct costs for overall program activities to expand availability of care, broken out for impact on Initiative 9.

Fostering Collaboration (\$30,888.45)

- \$4,310.43 for EOHHS and RIDOH to implement community engagement strategies and expand availability of care under Initiative 9.
- \$22,873.72 for Alvarez & Marsal to support program management and infrastructure work, bringing together stakeholders and facilitating partnerships for implementation and beyond.

- **\$3,704.30** for Guidesoft and RDW Group to provide contracted support for community engagement, partnership, and communications strategies, building collaboration across the rural healthcare system under Initiative 9.

Prevention and Chronic Disease (\$235,015.72)

- **\$235,015.72** for Tribe for public health interventions which will help to prevent illness and injury before they occur.

Program Administration Expense (\$115,162.64)

- **\$4,638.64** for EOHHS and RIDOH direct costs for program administration and overall program activities under Initiative 9.
- **\$96,465.46** for NIT administrative needs to support modernization of care.
- **\$12,316.62** for Alvarez & Marsal for program wide administrative support, allocated for its proportional impact on Initiative 9.
- **\$1,558.82** for Chace Ruttenberg & Freedman for legal services supporting the program, allocated for its proportional impact on Initiative 9.
- **\$183.11** for Guidesoft contracted staff providing administrative support services for Initiative 9.

Initiative 10: Rural Workforce Program (\$24,611,603.29)

Appropriate Care Availability (\$17,553,649.38)

- **\$8,608,375.56** for Department of Labor and Training (DLT) to implement rural health workforce development programs, including upskilling and training activities.
- **\$4,197,879.41** for RIDE career and technical education activities, building a greater talent pipeline to right size the rural health workforce long term.
- **\$3,497,567.49** for RIDOH to identify care needs, build training and development infrastructure, and coordinate state health strategies to meet identified needs.
- **\$1,211,967.00** for Rhode Island Health Center Association (RIHCA) to build residency program infrastructure, producing a stronger pipeline of health providers for rural Rhode Islanders.
- **\$37,860.09** for Guidesoft and EOHHS to develop workforce strategies and support overall program activities, building a stronger pipeline of health providers for rural residents under Initiative 10.

Behavioral Health (\$942,224.00)

- **\$642,225.00** for Child & Family Services of Newport to provide behavioral health expertise (crisis intervention training for improved skills, but not licensure).
- **\$299,999.00** for RI College to provide training (upskilling) for behavioral health.

Capital Expenditures and Infrastructure (\$1,288,320.99)

- **\$1,288,320.99** for Funds to RIDE for minor renovations & equipment upgrades needed for rural health career & technical education program.

Fostering Collaboration (\$3,329,467.78)

- **\$68,585.71** for EOHHS to implement community engagement strategies, building meaningful partnerships focused on workforce development.
- **\$2,556,915.94** for a program connecting providers with different experiences to drive quality improvement.
- **\$22,424.76** for RIHCA and Guidesoft workforce development program management, coordinating stakeholders and hospitals to establish partnerships.
- **\$590,669.19** for Alvarez & Marsal to support program management and infrastructure work, bringing together stakeholders and facilitating partnerships for implementation and beyond.
- **\$90,872.18** for RDW Group for communications strategies supporting collaboration and stakeholder engagement across the program under Initiative 10.

Innovative Care (\$56,080.21)

- **\$56,080.21** for RIHCA to support workforce development, including through innovative strategies.

Program Administration Expense (\$1,441,860.93)

- **\$1,078,826.34** for EOHHS, RIDOH, RIDE, DLT, and RIHCA direct and administrative costs supporting rural workforce development, including programs in rural schools, under Initiative 10.

- **\$318,052.64** for Alvarez & Marsal for program wide administrative support, allocated for its proportional impact on Initiative 10.
- **\$40,253.46** for Chace Ruttenberg & Freedman for legal services supporting the program, allocated for its proportional impact on Initiative 10.
- **\$4,728.48** for Guidesoft contracted staff providing administrative support services for Initiative 10.

Initiative 11: Supporting Hospitals and Primary Care in Value-Based Payment Transition (\$31,941,308.01)

Appropriate Care Availability (\$2,346.38)

- **\$2,346.38** for EOHHS and RIDOH direct costs to expand availability of care and coordinate state health strategies under Initiative 11.

Fostering Collaboration (\$906,325.37)

- **\$135,754.36** for EOHHS, RIHCA, and RIDOH to engage stakeholders and implement community engagement strategies, building meaningful partnerships for long term collaboration under Initiative 11.
- **\$665,317.10** for Alvarez & Marsal to support program management and infrastructure work, bringing together stakeholders and facilitating partnerships for implementation and beyond.
- **\$105,032.32** for Guidesoft and RDW Group to provide contracted support for community engagement, partnership, and communications strategies, building collaboration across the rural healthcare system under Initiative 11.

Innovative Care (\$17,749,120.55)

- **\$17,749,120.55** for Care Transformation Collaborative (CTC)-RI, HARI, Office of the Health Insurance Commissioner (OHIC), and RIHCA to provide implementation support and strategic planning for value based payment structures among primary care practices, hospitals, providers statewide, and health centers, excluding actual incentives.

Program Administration Expense (\$783,695.65)

- **\$374,761.30** for EOHHS, CTC-RI, HARI, OHIC, RIHCA, and RIDOH direct and administrative costs supporting the transition to value based payment and care models under Initiative 11.
- **\$358,247.67** for Alvarez & Marsal for program wide administrative support, allocated for its proportional impact on Initiative 11.
- **\$45,340.63** for Chace Ruttenberg & Freedman for legal services supporting the program, allocated for its proportional impact on Initiative 11.
- **\$5,326.06** for Guidesoft contracted staff providing administrative support services for Initiative 11.

Provider Payments (\$12,499,820.06)

- **\$12,499,820.06** for CTC-RI to implement alternative payment models (APM) incentive structure for primary care practices.

Initiative 12: Rural Health Information Technology Modernization Program (\$948,351.10)

Appropriate Care Availability (\$1,217.37)

- **\$1,217.37** for EOHHS and RIDOH direct costs to expand availability of care and coordinate state health strategies under Initiative 12.

Fostering Collaboration (\$503,019.04)

- **\$24,289.82** for EOHHS to implement community engagement strategies, building meaningful partnerships under Initiative 9.
- **\$345,187.15** for Alvarez & Marsal to support program management and infrastructure work, bringing together stakeholders and facilitating partnerships for implementation and beyond under Initiative 12.
- **\$74,941.71** for Guidesoft and RDW Group to provide contracted support for community engagement, partnership, and communications strategies, building collaboration across the rural healthcare system under Initiative 12.

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- **\$58,600.36** for RIDOH to engage stakeholders and build meaningful partnerships for long term collaboration under Initiative 11.

IT Advances (\$1,200.00)

- **\$1,200.00** for EOHHS direct costs to support modernization of state health IT approaches.

Program Administration Expense (\$441,714.68)

- **\$229,557.23** for EOHHS and RIDOH direct and administrative costs supporting program administration and modernized HIT strategies under Initiative 12.
- **\$185,870.00** for Alvarez & Marsal for program wide administrative support, allocated for its proportional impact on Initiative 12.
- **\$23,524.13** for Chace Ruttenberg & Freedman for legal services supporting the program, allocated for its proportional impact on Initiative 8.
- **\$2,763.33** for Guidesoft contracted staff providing administrative support services for Initiative 12.

Training and Technical Assistance (\$1,200.00)

- **\$1,200.00** for EOHHS direct costs to support health IT modernization efforts, including through training & technical assistance.

Initiative 13: Rural Health Data and Workforce Tracking System (\$90,088.66)

Appropriate Care Availability (\$115.94)

- **\$115.94** for EOHHS and RIDOH direct costs to expand availability of care and coordinate state health strategies under Initiative 13.

Fostering Collaboration (\$47,905.56)

- **\$7,894.14** for EOHHS and RIDOH to engage stakeholders and implement community engagement strategies, building meaningful partnerships for long term collaboration under Initiative 13.
- **\$32,874.27** for Alvarez & Marsal to support program management and infrastructure work, bringing together stakeholders and facilitating partnerships for implementation and beyond.
- **\$7,137.15** for Guidesoft and RDW Group to provide contracted support for community engagement, partnership, and communications strategies, building collaboration across the rural healthcare system under Initiative 13.

Program Administration Expense (\$42,067.17)

- **\$21,862.13** for EOHHS and RIDOH direct and administrative costs supporting program administration and improved data and tracking systems under Initiative 13.
 - **\$17,701.53** for Alvarez & Marsal for program wide administrative support, allocated for its proportional impact on Initiative 13.
 - **\$2,240.35** for Chace Ruttenberg & Freedman for legal services supporting the program, allocated for its proportional impact on Initiative 13.
 - **\$263.17** for Guidesoft contracted staff providing administrative support services for Initiative 13.
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South Carolina Total Budget Period 1 Award: \$200,030,252.32

Total Funds Put to Work: \$26,499,268.94 (as of 7/31/2026)

Initiative 2: Leveling Up (\$6,914,683.31)

Program Administration Expense (\$6,914,683.31)

- \$5,000,000.00 for contractor to perform a comprehensive rural health assessment.
- \$1,914,683.31 for contractor to develop a targeted transition plan for the dual population.

Initiative 3: Wellness Within Reach (\$10,000,000)

Program Administration Expense (\$10,000,000)

- \$10,000,000 for contractor to determine the financial feasibility of developing a rate methodology for community paramedics.

Initiative 5: Tech Catalyst Fund (\$5,025,452.32)

Innovative Care (\$5,025,452.32)

- \$5,025,452.32 for contractor to serve as passthrough to subrecipients for the Tech Catalyst Fund.

Program Administration Expense (\$0)

- \$0 for contractor to serve as overall grant manager for the Tech Catalyst Fund.

Program Operations (\$4,559,133.31)

Program Administration Expense (\$4,559,133.31)

- \$358,568.66 for payroll and fringe expenses to support operations of Rural Health Transformation (RHT) Program.
- \$210,564.65 for other costs to support operations of RHT Program. Indirect cost based on cost allocation plan between state agency and Centers for Medicare and Medicaid Services (CMS).
- \$3,990,000.00 for contractor to perform technical assistance and compliance monitoring of the overall program.

No information provided for Initiatives 1, 4.

South Dakota Total Budget Period 1 Award: \$ \$189,477,607.26

Total Funds Put to Work: \$12,183,935 (as of 7/31/2026)

Initiative 1: Connect Technology and Data for a Healthier South Dakota (\$1,462,802.25)

Program Administration Expense (\$1,462,802.25)

- \$1,462,802.25 for consultant services to help manage the Digital Health Modernization and Technology Grant Program.

Initiative 3: Expand and Strengthen Rural Community Health Worker Workforce (\$399,013)

Appropriate Care Availability (\$199,506.50)

- \$199,506.50 for ongoing technical assistance, support and guidance for organizations who are looking to start or expand a Community Health Worker/Community Health Representative (CHW/CHR) program.

Fostering Collaboration (\$199,506.50)

- \$199,506.50 for ongoing technical assistance, support and guidance for organizations who are looking to start or expand a CHW/CHR program.

Initiative 5: Medicaid Primary Accountable Care Transformation (\$62,500)

Program Administration Expense (\$62,500)

- \$62,500 for project management, coordination, and technical support across multiple Rural Health Transformation (RHT) initiatives.

Initiative 6: Medicaid Rural Health Access and Quality Grants (\$125,000)

Program Administration Expense (\$125,000)

- \$125,000 for project management, coordination, and technical support across multiple RHT initiatives.

Initiative 8: Regional Maternal and Infant Health Hubs (\$651,237.48)

Appropriate Care Availability (\$148,237.48)

- \$148,237.48 for Maternal Health Hub grant recipient to strengthen regional rural maternal healthcare availability and resources.

Program Administration Expense (\$503,000)

- \$503,000 for project management support for the Chronic Disease Management initiative.

Initiative 9: Integrated Behavioral Health through CCBHC & Collaborative Care (\$62,500)

Program Administration Expense (\$62,500)

- \$62,500 for project management, coordination, and technical support across multiple RHT initiatives.

Program Operations (\$9,420,881.93)

Program Administration Expense (\$9,420,881.93)

- \$9,420,881.93 for salaries, fringe benefits, travel, expenses, and indirect costs for South Dakota RHT Management Staff and program implementation.

No information provided on Initiative 2, 4, 7, and 10.

Tennessee Total Budget Period 1 Award: \$206,888,882.11

Total Funds Put to Work: \$31,259,549.59 (as of 7/31/2026)

Initiative 1: Health Resiliency Program (HRP): Service Line Expansion & Co-Location - Activating Sustainable Service Lines in Rural Hospital and Healthcare Facilities (\$4,524.91)

Appropriate Care Availability (\$4,522.91)

- \$4,522.91 for expansion, enhancement, or establishment of healthcare service lines in rural communities.

Program Administration Expense (\$2)

- \$2 for Tennessee Department of Health (TDH) staff time allocated to the design, implementation, and operations of Rural Health Transformation (RHT) initiatives and other admin costs.

Initiative 2: Last Mile Teams - Unifying multiple high-impact efforts to expand Tennessee's rural emergency care infrastructure and bring integrated health services directly to residents in hard-to-reach areas (\$56,376.75)

Fostering Collaboration (\$17,868.98)

- \$17,868.98 for healthcare coalitions, expand system integration, and improve statewide emergency preparedness.

Program Administration Expense (\$38,507.77)

- \$38,507.77 for TDH staff time allocated to the design, implementation, and operations of RHT initiatives and other admin costs.

Initiative 3: Optimizing Rural Health Care - Direct Access to public health, primary care, and dental services for the uninsured (\$865,693.08)

Appropriate Care Availability (\$165,693.08)

- \$165,693.08 for increasing access to primary care and dental services.

Capital Expenditures and Infrastructure (\$700,000)

- \$700,000 for minor renovations to the Lincoln County health department to expand access to dental services.

Initiative 4: Memory Care Assessment Network - Expanded rural access to ADRD Care through a hub-and-spoke model (\$8,663.19)

Program Administration Expense (\$142.10)

- \$142.10 for TDH staff time allocated to the design, implementation, and operations of RHT initiatives and other admin costs.

Workforce (\$8,521.09)

- \$8,521.09 for hiring, training, and staffing Memory Assessment Clinic Network (MCAN) coordinators.

Initiative 5: Rural Capacity Building - Targeting Efficiency to Improve Access to Leadership Skills and Specialty Services (\$2,460,000)

Appropriate Care Availability (\$2,460,000)

- \$2,460,000 for TennCare to strengthen Community Health Worker (CHW) infrastructure by supporting organizations in building sustainable systems, implementing evidence-based best practices, and progressing toward Tennessee CHW Association (TNCHWA) CHW Program Accreditation.

Initiative 7: HRP: Maternal and Child Health - Building a safer start for every mother and child in rural Tennessee (\$3,876,183.52)

Appropriate Care Availability (\$3,273,217.20)

- \$3,273,217.20 for investments into perinatal centers through training, supplies for emergency medical services (EMS), care delivery.

Consumer Tech Solutions (\$13,440)

- \$13,440 for developing, launching, and sustaining the Pregnancy and Postpartum Mobile Application.

Prevention and Chronic Disease (\$225,319.17)

- \$225,319.17 for advancing the Rural Fetal and Infant Health Initiative by integrating congenital syphilis prevention activities with community-based maternal and infant health strategies.

Program Administration Expense (\$364,207.15)

- \$363,690.80 for TennCare staff time allocated to the design, implementation, and operations of RHT initiatives.
- \$516.35 for TDH staff time allocated to the design, implementation, and operations of RHT initiatives and other admin costs.

Initiative 8: Value-Based Payment: Maternal, Hospitals, Dental - Catalyzing Rural Health Value Based Payment Models (\$20,680,000)

Innovative Care (\$20,350,000)

- \$20,350,000 for design and implement three (3) value-based payment (VBP) programs.

Program Administration Expense (\$330,000)

- \$330,000 for TennCare staff time allocated to the design, implementation, and operations of RHT initiatives.

Initiative 10: Rural Health Improvement Grants - Competitive grants for locally led-upstream prevention, nutrition, and active living (\$16,838.42)

Prevention and Chronic Disease (\$15,269.80)

- \$15,269.80 for implementing and evaluating Policy, Systems, and Environmental (PSE) strategies from the End Zone Playbook.

Program Administration Expense (\$1,568.62)

- \$1,568.62 for TDH staff time allocated to the design, implementation, and operations of RHT initiatives and other admin costs.

Initiative 13: Statewide Health Information Exchange (HIE) - Developing a statewide Health Information Exchange (\$2,169,636.80)

IT Advances (\$2,169,636.80)

- \$2,169,636.80 for Carahsoft will support TDH in defining and establishing a statewide HIE.

Initiative 14: TN Community Compass (TNCC) - Expansion of Tennessee's successful Closed Loop Referral System (CLRS) (\$7,401.90)

Fostering Collaboration (\$7,389.90)

- \$7,389.90 for TDH FindHelp Coordinators support the implementation and expansion of the Tennessee Community Compass (TNCC) closed-loop referral system.

Program Administration Expense (\$12.00)

- \$12.00 for TDH staff time allocated to the design, implementation, and operations of RHT initiatives and other admin costs.
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Initiative 16: Statewide eConsult Platform - Establish Statewide eConsult Platform to Improve Specialty Access for Safety Net (\$208,325.93)

IT Advances (\$208,325.93)

- **\$208,325.93** for expanding the Healthcare Resource Tracking System (HRTS) to rural hospitals, EMS agencies, long-term care facilities, and other Emergency Support Function (ESF)-8 partners to improve statewide healthcare coordination and patient movement.

Initiative 17: Comprehensive Health Workforce Pipeline - Building a Comprehensive Rural Health Workforce Pipeline (\$72,680.59)

Fostering Collaboration (\$91.50)

- **\$91.50** for implementing education pathways to students and young professionals.

Program Administration Expense (\$75.44)

- **\$75.44** for TDH staff time allocated to the design, implementation, and operations of RHT initiatives and other admin costs.

Workforce (\$72,513.65)

- **\$72,513.65** for recruitment, education, leadership development, and workforce retention in rural and underserved communities through paid internships, academic and workforce partnerships, professional development and leadership academies.

Program Operations (\$833,224.50)

Program Administration Expense (\$750,000.00)

- **\$750,000.00** for compliance and reporting services for TDH.
- **\$83,224.50** for TDH staff time allocated to the design, implementation, and operations of RHT initiatives and other admin costs.

No information provided for Initiatives 6, 9, 11, 12, 15.

Texas Total Budget Period 1 Award: \$281,319,360.67

Total Funds Put to Work: \$53,288,872.67 (as of 7/31/2026)

Initiative1: Make Rural Texans Healthy Again (\$24,750,000)

Prevention and Chronic Disease (\$24,750,000)

- **\$24,750,000** for community-based prevention, wellness, and nutrition programs or services offered by Rural Health Districts (RHDs) and Rural Health Authorities (RHAs) through the implementation of activities aimed at improving one or more of the following chronic disease conditions, with a primary focus on diabetes and obesity education and management: diabetes, cardiovascular disease, chronic respiratory disease, or obesity. The subrecipient will demonstrate that it has provided obesity intervention services to at least 127 unique individuals and diabetes management or intervention services to at least 414 unique individuals over the Grant terms, and to evidence progress on outcome measures as indicated in the Rural Texas Strong application.

Initiative 4: The Next Generation of the Small Town Doctor and Team (\$2,389,223)

Workforce (\$2,389,223)

- **\$2,389,223** for Department of State Health Services (DSHS) Community Health Worker (CHW) Program Staff to process CHW training and certification programs to increase the number of mid-level practitioners and allied health professionals in rural areas for the implementation of Initiative 4.

Initiative 6: Infrastructure and Capital Improvement for Rural Texas (\$20,000,000.00)

Capital Expenditures and Infrastructure (\$20,000,000.00)

- **\$20,000,000** for increasing medical infrastructure support by contracting with the Texas Emergency Medical Task Force (EMTF) to invest in the purchase of Advanced Medical Buses (AMBUSes). An AMBUS is a custom vehicle to serve as Mobile Intensive Care Units (MICU), equipped with advanced medical monitoring, equipment, oxygen, and communication systems. These mobile units also serve as field clinics for community outreach. Local Emergency Medical Services (EMS) and fire departments host, staff, and maintain the vehicles.

Program Operations (\$6,149,649.67)

Program Administration Expense (\$6,149,649.67)

- **\$6,149,649.67** for Health and Human Services Commission (HHSC) administrative costs including salaries, fringe, indirect, etc.

No information provided for Initiatives 2, 3, 4, 5.

Utah Total Budget Period 1 Award: \$195,743,566.29

Total Funds Put to Work: \$75,041,969.16 (as of 7/31/2026)

Initiative 1: Making Rural Utahns Healthy: Preventive Action and Transformation for Health (PATH) (\$24,918,302.54)

Capital Expenditures and Infrastructure (\$9,915,000)

- **\$500,000** for Category J funds for minor building alterations, renovations, and permanent facility infrastructure upgrades to strengthen rural food supply chains.
- **\$9,415,000** for Category J funds for physical activity infrastructure, including sidewalk improvements, bike lanes, and trail wayfinding.

Fostering Collaboration (\$1,250,000.00)

- **\$1,250,000** for administrative consultant expenses to manage the outreach and application process for rural built environment grants.

Prevention and Chronic Disease (\$12,754,966.80)

- **\$9,942,466.80** for strengthening rural food infrastructure and local producer supply chains.
- **\$2,812,500** for re-establishing the Gold Medal Schools program in rural local educational agencies (LEAs).

Program Administration Expense (\$998,335.74)

- **\$64,498.54** for subject matter expertise (SME) and administrative oversight of the PATH 1.1 - Strengthening Rural Food Infrastructure, 1.4 - Community Care Hub and 1.5 - Support Integrated Behavioral Health and Primary Care Services.
- **\$557,533.20** for administrative expenses for the fiscal stewardship and oversight of the PATH 1.1 Rural Food Infrastructure initiative.
- **\$376,304** for administrative expenses for the comprehensive fiscal stewardship and project oversight of PATH 1.2: Strengthen physical activity and nutrition in schools.

Initiative 2: Rural Incentive and Skill Expansion (RISE) (\$7,252,218.20)

Innovative Care (\$2,950,700.00)

- **\$2,950,700.00** for expanding rural non-graduate medical education (GME) healthcare workforce career training.

Program Administration Expense (\$194,818.20)

- **\$96,218.20** for individual rural clinical preceptor capacity stipends.
- **\$49,300** for the fiscal stewardship and oversight of the RISE 2.3 initiative.
- **\$49,300** for the fiscal stewardship and oversight of the RISE 2.4 initiative.

Workforce (\$4,106,700)

- **\$156,000** for Funds for individual rural clinical preceptor capacity stipends.
- **\$3,950,700** for Programmatic funds to create 'Grow Our Own' high school-to-certification healthcare pathways.

Initiative 3: Sustaining Health Infrastructure for Transformation (SHIFT) (\$12,835,000)

Innovative Care (\$11,646,876.00)

- **\$11,646,876.00** for rural emergency medical services (EMS) through mobile innovation, training, and community paramedicine integration.

Prevention and Chronic Disease (\$335,000.00)

- **\$335,000.00** for non-emergency medical transportation (NEMT) to remove barriers to healthcare access.

Program Administration Expense (\$853,124.00)

- **\$853,124.00** for the fiscal stewardship and oversight of the SHIFT 3.3 Rural EMS initiative.

Initiative 5: Leveraging Innovation for Facilitated Telehealth (LIFT) (\$26,500,000)

Fostering Collaboration (\$925,000)

- **\$925,000** for the development and management of the Utah Telehealth Alliance consortium and statewide needs assessment.

IT Advances (\$24,830,300)

- **\$24,830,300** for scalable rural telehealth infrastructure projects, technology, and services.

Program Administration Expense (\$744,700)

- **\$662,500** for the fiscal stewardship and oversight of the LIFT 5.1 Scalable Telehealth Projects.
- **\$82,200** for the fiscal stewardship and oversight of the LIFT 5.2 Telehealth Consortium.

Initiative 7: Leveraging Interoperability Networks to Connect Services (LINCS) (\$41,204.00)

Program Administration Expense (\$41,204.00)

- **\$41,204.00** for administrative oversight and SME for supporting LINKS 7.1 - Modernize Interoperability and 7.4 - Semantic Data Model.

Program Operations (\$3,495,244.42)

Program Administration Expense (\$3,495,244.42)

- **\$3,495,244.42** for programmatic oversight, regulatory reporting, and compliance audits.

No information provided for Initiatives 4, 6.

Vermont Total Budget Period 1 Award: \$195,053,740.44

Total Funds Put to Work: \$28,369,910.31 (as of 7/31/2026)

Initiative 1: Regionalization and Innovative Care Strategies (\$6,549,054)

Appropriate Care Availability (\$2,027,589.86)

- \$596,760.86 for transformation, innovation and regional support grants.
- \$1,430,829.00 for Health Care Delivery Strategic Plan.

Behavioral Health (\$3,238,788.17)

- \$3,216,288.17 for Mental Health and Substance Use Disorder (SUD) Urgent Care Expansion.
- \$22,500 for Mental Health and SUD Urgent Care Expansion.

Prevention of Chronic Disease (\$1,282,675.97)

- \$1,282,675.97 for Nursing Home Dialysis & Ventilators.

Initiative 2: Establishing a Clinically Integrated Network of Shared Services (\$4,073,441.98)

IT Advances (\$4,073,441.98)

- \$143,400.12 for e-consult technology.
- \$789,267.38 for remote patient monitoring.
- \$2,253,334.14 for telehealth technology.
- \$878,440.34 for artificial intelligence (AI) scribe technology.

Initiative 4: Health Care Workforce Development (\$11,166,557.30)

Appropriate Care Availability (\$90,340.00)

- \$90,340.00 for Pharmacy Test to Treat.

Training and Technical Assistance (\$1,444,524.75)

- \$1,444,524.75 for Licensed Nursing Assistant (LNA) Training.

Workforce (\$9,631,692.55)

- \$9,059,785.19 for Health Care Workforce Conditional Financial Assistance Program.
- \$571,907.36 for Maple Mountain Family Medicine Residency Program.

Initiative 5: Price Transparency and Insurance Competition (\$2,635,000)

Fostering Collaboration (\$2,635,000.00)

- \$2,635,000 for Data Platform and Transparency Project.

Program Operations (\$3,945,857.03)

Program Administration Expense (\$3,945,857.03)

- \$350,000 for grant management software.
- 350,000 for personnel, fringe, travel, supplies, other.
- 350,000 for independent evaluator.

No information provided for Initiatives 3.

Virginia Total Budget Period 1 Award: \$189,544,888.14

Total Funds Put to Work: \$126,585,461.34 (as of 7/31/2026)

Initiative 1: CareIQ (\$50,694,195)

Consumer Tech Solutions (\$9,891,550)

- **\$9,891,550** for administer a Tech Innovation Fund grant program for companies developing consumer health technologies for disease prevention and management, particularly those deploying advanced technologies to improve access, care coordination, and patient outcomes in rural areas.

IT Advances (\$25,965,319)

- **\$16,073,769** for supporting independent rural providers, Federally Qualified Health Centers (FQHCs), rural health clinics (RHCs), free clinics, and eligible health systems in modernizing their digital infrastructure—closing the technology gap that often prevents rural providers from keeping pace with electronic health records (EHR) and cybersecurity advancements.
- **\$9,891,550** for supporting the adoption of decision-support, documentation, and workflow tools, including artificial intelligence (AI) advances, to reduce administrative burden, ease provider burnout and allow rural clinicians to focus more of their valuable time on patient care.

Training and Technical Assistance (\$14,837,326)

- **\$14,837,326** for supporting remote patient monitoring programs (RPM) including training and technical assistance related to the RPM initiative, wearable RPM devices, patient-facing applications, clinical dashboards, integration of device data with EHR and data systems to support outcomes tracking, patient compliance and engagement support, and ongoing technology evaluation.

Initiative 2: Homegrown Health Heroes (\$20,772,256)

Workforce (\$20,772,256)

- **\$5,934,931.00** for supporting increases in the number of allied health professionals in rural Virginia through the purchase of mobile training labs and equipment, technology upgrades at colleges, support for additional allied health instructor positions, rural marketing and recruitment, and program development including curriculum development and technical assistance to stand up programs.
- **\$9,891,550.00** for supporting the creation of additional residency slots by using funds for wraparound supports, costs associated with activating rural clinical rotations, and reasonable costs for health systems to operate residency slots. Emphasis will be placed on high-need specialties identified by Department of Medical Assistance Services (DMAS) including but not limited to primary care, Obstetrics-Gynecology (OB-GYN), psychiatry, and nurse-midwifery residencies.
- **\$4,945,775.00** for supporting employers interested in establishing new registered apprenticeship programs (RAP) for allied health professions and expanding existing programs for allied health professions. Provide wraparound supports for RAP participants and develop early career pipelines; support on the job training and related technical instruction through financial incentives and program development support for employers.

Initiative 3: Connected Care, Closer to Home (\$31,932,697)

Appropriate Care Availability (\$22,041,147)

- **\$4,945,775** for supporting implementation of pilot projects to expand existing community paramedicine and mobile integrated healthcare programs serving rural communities and regional implementation support to collectively advance innovative healthcare delivery models in rural Virginia.
- **\$12,265,522** for supporting innovative maternal health initiatives across rural Virginia through community-based organizations and healthcare providers that expand access to prenatal, labor and delivery, postpartum, and perinatal services as well as strengthen care coordination, address workforce and transportation barriers, leverage evidence-based technologies, and establish sustainable models that improve maternal and infant health outcomes.

- **\$4,829,850** for supporting the start-up and implementation of mobile and hybrid care models that expand access to health care services in rural communities, including equipment, time-limited personnel costs, data infrastructure, minor facility renovations, technical assistance for care and value-based payment model development, and training for physicians and clinical staff.

Workforce (\$9,891,550)

- **\$9,891,550** for providing support for equipment, materials and supplies, curriculum development, instructor training, dual enrollment opportunities, high-quality work-based learning experiences, and student industry recognized certifications for emerging and current Career and Technical Education (CTE) Health and Medical Sciences programs or related activities at rural school divisions.

Initiative 4: Live Well, Together (\$15,579,192)

Consumer Tech Solutions (\$11,869,860)

- **\$1,978,310.00** for supporting the development and deployment of a multilingual technology platform that helps dual-eligible seniors understand, compare, and enroll in integrated Medicare-Medicaid plan options, while providing training and technical assistance to Area Agencies on Aging (AAAs) and community-based organizations to support outreach, education, and enrollment assistance in home and community settings.
- **\$9,891,550.00** for supporting pilots that implement, test, or scale consumer-facing digital health tools and technologies that help rural Virginians build health literacy, manage their health, and make sustainable lifestyle and behavioral changes, while supporting digital literacy, outcome tracking, partnership development, rural outreach, and sustainability through alternative payment and reimbursement models.

Prevention and Chronic Disease (\$3,709,332)

- **\$2,472,888.00** for supporting the infrastructure and start-up costs necessary to establish Food Is Medicine pilot programs for food-insecure rural patients by providing access to food pharmacy services, produce prescriptions, nutrition counseling, medically tailored meals, and the technology, data systems, partnerships, technical assistance, analytics, and sustainability planning needed to support implementation and explore alternative payment and reimbursement models.
- **\$1,236,444.00** for supporting Play Space Activation Grants and Active Programming Grants that increase youth access to safe physical activity opportunities through facility upgrades, recreation equipment, sports and movement-based programming to expand access to physical activity in communities.

Program Operations (\$7,607,121.34)

Program Administration Expense (\$7,607,121.34)

- **\$3,749,206.92** for the Virginia DMAS to administer and oversee program operations, track expenditures and financial performance, manage payments, monitor initiative implementation, and coordinate with subrecipients and partners in support of Virginia's Rural Health Transformation Plan.
 - **\$1,748,896.00** for the evaluation partner to support performance metrics collection, data analysis, and reporting for Centers for Medicare and Medicaid Services (CMS) compliance.
 - **\$2,109,018.42** for grants administration, technical assistance, compliance support, and program integrity contractor to promote effective implementation, compliance, and oversight.
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Washington Total Budget Period 1 Award:

\$181,257,515.06

Total Funds Put to Work: \$122,687,472.42 (as of 7/31/2026)

Initiative 1: Ignite Innovation in Washington's Rural Hospitals (\$49,565,694)

Innovative Care (\$49,565,694)

- \$41,993,047.00 for investing in critical technology infrastructure and maintenance needs.
- \$5,430,647.00 for expand rural health network.
- \$2,142,000.00 for payment model for long term disability.

Initiative 2: Prevent Disease and Manage Care in Community Settings (\$18,676,793.24)

Prevention and Chronic Disease (\$6,666.67)

- \$6,666.67 for equipment for Initiative 2.

Workforce (\$18,670,126.57)

- \$5,560,364.23 for expanding community-based workforce, expand & build dementia resources.
- \$13,109,762.34 for embedding testing & training sites for long-term care, expanding dementia resources, and triaging in rural areas.

Initiative 3: Invest in the Health of Native Families (\$2,677,608)

Fostering Collaboration (\$2,677,608)

- \$2,677,608 for supporting health information exchange.

Initiative 4: Adopt Technology and Data Solutions to Enable Health Improvements (\$6,747,300.00)

Innovative Care (\$6,747,300.00)

- \$6,747,300.00 for adopt technology & data solutions to enable health improvements.

Initiative 5: Develop Washington's Rural Workforce to Support Rural Communities (\$32,589,979.80)

Training and Technical Assistance (\$2,570,400)

- \$2,570,400 for the Rural Practitioner Training Program.

Workforce (\$30,019,579.80)

- \$22,878,856.57 for Rural Nursing Education Program (RNEP), Grow Your Own, workforce incentive.
- \$1,678,623.23 for Grow Your Own.
- \$5,462,100.00 for developing Washington, Wyoming, Alaska, Montana, and Idaho (WWAMI) rural family residency network.

Initiative 6: Expand and Sustain Washington's Rural Behavioral Health System (\$7,614,572.26)

Behavioral Health (\$4,868,160.00)

- \$4,868,160.00 for supporting youth in rural communities.

Prevention and Chronic Disease (\$2,746,412.26)

- \$2,746,412.26 for expanding mobile crisis.

Program Operations (\$4,815,525.12)

Program Administration Expense for All Initiatives (\$4,038,525.58)

- **\$1,043,260.00** for personnel costs within Health Care Authority to operate program.
- **\$283,456.75** for fringe Benefit costs within Health Care Authority to operate program.
- **\$17,000.00** for office supplies within Health Care Authority.
- **\$25,000.00** for other (cell) within Health Care Authority.
- **\$2,864.00** for travel expenses for Centers for Medicare and Medicaid Services (CMS) Conference.
- **\$360,890.00** for indirect (admin).
- **\$1,185,456.00** for personnel costs within Department of Health (DOH) to operate program.
- **\$362,173.47** for fringe benefit costs within Department of Social and Health Services (DSHS) to operate program.
- **\$44,441.66** for office supplies within DOH.
- **\$31,041.67** for other (cell) within DOH.
- **\$24,000.00** for initiative 0.0 - contracted advisory group facilitator.
- **\$294,412.00** for personnel costs within DSHS to operate program.
- **\$84,511.65** for Fringe Benefit costs within DSHS to operate program.
- **\$4,675.00** for office supplies within DSHS.
- **\$6,875.00** for other costs within DSHS.
- **\$268,468.38** for indirect.

Program Administration Expense for Initiatives 2, 5, and 6 (\$4,868,160.00)

- **\$776,999.54** for initiatives 2, 5, and 6.
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West Virginia Total Budget Period 1 Award:
\$199,476,098.72
Total Funds Put to Work: \$0 (as of 7/31/2026)

Initiative 1: Connected Care Grid (\$0)

Initiative 2: Rural Health Link (\$0)

Initiative 3: Mountain State Care Force (\$0)

Initiative 4: Smart Care Catalyst (\$0)

Initiative 5: Health to Prosperity Pipeline (\$0)

Initiative 6: Personal Health Accelerator (\$0)

Initiative 7: HealthTech Appalachia (\$0)

No information provided for Initiatives 1, 2, 3, 4, 5, 6, 7.

Wisconsin Total Budget Period 1 Award: \$203,670,005.21

Total Funds Put to Work: \$75,339,160.67 (as of 7/31/2026)

Initiative 1: Rural Talent Recruitment and Retention (\$59,190,153.44)

Behavioral Health (\$14,014.35)

- **\$8,255** for personnel costs for Rural Health Transformation (RHT) Program behavioral health initiatives in Division of Public Health (DPH).
- **\$3,300.35** for fringe costs for RHT Program behavioral health initiatives in DPH.
- **\$2,459** for allocated Direct Costs-shared costs directly benefiting the project.

Capital Expenditures and Infrastructure (\$125,000.00)

- **\$125,000.00** for targeted modifications for resident workspaces, faculty offices, storage optimization, and clinical workflow.

Workforce (\$59,050,586)

- **\$6,099,785** for nonprofit and government organizations to address healthcare workforce challenges.
- **\$1,000,000** for learning opportunities for high school students to encourage careers in rural health.
- **\$1,000,000** for rural schools to develop new and expanded healthcare career pathways.
- **\$4,875,000** for a rural residency program for dental students and placement to high-need rural areas.
- **\$22,587,792** for University of Wisconsin (UW) campuses to develop rural health care workforce training programs.
- **\$22,587,792** for technical colleges to develop rural health care workforce training programs.
- **\$900,217** for a mental health consultation program to support rural mental health care providers.

Program Administration Expense (\$553.09)

- **\$553.09** for DPH Indirect Costs.

Initiative 2: Interoperability Infrastructure and Modernization (\$7,818,165.03)

Consumer Tech Solutions (\$5,148,000)

- **\$4,148,000** for an integrated state website platform for mental health resources and campaign promotion.
- **\$1,000,000** for local service offices to create telehealth access hubs in rural areas.

IT Advances (\$2,670,165.03)

- **\$126,755** for personnel costs for Rural Health Care Collaborative (Statewide EHR) Implementation Team.
- **\$44,332.03** for fringe costs for Rural Health Care Collaborative Implementation Team.
- **\$2,000,000** for a closed-loop referral systems for the states' community information exchange.
- **\$499,078** for a closed-loop referral systems for the states' health information exchange.

Initiative 3: Population Health Infrastructure (\$5,567,370.15)

Behavioral Health (\$331,483.69)

- **\$25,484** for personnel costs for RHT Program behavioral health initiatives in Division of Care and Treatment Services (DCTS).
- **\$10,188.50** for fringe costs for RHT Program behavioral health initiatives in DCTS.
- **\$5,000** for a student leadership summit on mental health.
- **\$25,000** for a Best Practices in Rural School Mental Health Training.
- **\$255,392.19** for increasing access to care and training to innovate care delivery.
- **\$513** for office supplies.
- **\$9,906** for allocated direct costs benefiting the project.

Capital Expenditures and Infrastructure (\$486,471.65)

- **\$240,000** for renovating residential recovery house for Americans with Disabilities Act (ADA) compliance and program expansion.
- **\$246,471.65** for increasing access to medically necessary appointments by providing transportation services.

Innovative Care (\$4,465,737.53)

- \$458,329.00 for personnel costs for Medicaid Team.
- \$183,239.93 for fringe costs for Medicaid Team.
- \$3,000,000 for supporting patients and providers in maximizing insurance coverage and payment.
- \$500,000 for increasing access to tribal community-based care model supporting individuals with cognitive impairment.
- \$1,040 for office supplies.
- \$101,691.60 for allocated direct costs benefiting the project.

Program Administration Expenses (\$30,148.93)

- \$28,874.73 for Division of Medicaid Services (DMS) Indirect Costs.
- \$1,274.20 for DCTS Indirect Costs.

Prevention of Chronic Disease (\$253,528.35)

- \$253,528.35 for expanding telehealth and youth health program.

Program Operations (\$2,763,472.05)***Innovative Care (\$438,667)***

- \$438,667 for technical assistance for grantees and grant applications and data for program evaluation across all initiatives.

Program Administration Expense (\$2,324,805.05)

- \$965,774 for personnel costs for RHT Program Team to operationalize and administer the program.
 - \$367,432.45 for fringe costs for RHT Program Team.
 - \$600,091 for serving as an independent evaluator for RHT Program.
 - \$65,800 for technical assistance for grantees and grant applications and data for program evaluation.
 - \$40,416 for RHT Program Staff Travel.
 - \$6,254.17 for RHT Program Office Supplies.
 - \$229,725 for allocated direct costs benefiting the project.
 - \$49,312.43 for RHT Program Indirect Costs.
-

Wyoming Total Budget Period 1 Award: \$205,004,742.95
Total Funds Put to Work: \$1,867,792 (as of 7/31/2026)

Program Operations (\$1,867,792)

Program Administration Expense (\$1,867,792)

- **\$1,867,792** for Salaries and supplies for employees supporting the Rural Health Transformation (RHT) Program.

No information provided for Initiatives 1, 2, 3, 4.