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Rural Health Transformation Program

Summary of State RHTP Applications



Executive Summary

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



| National Themes Across State Applications

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

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

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

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

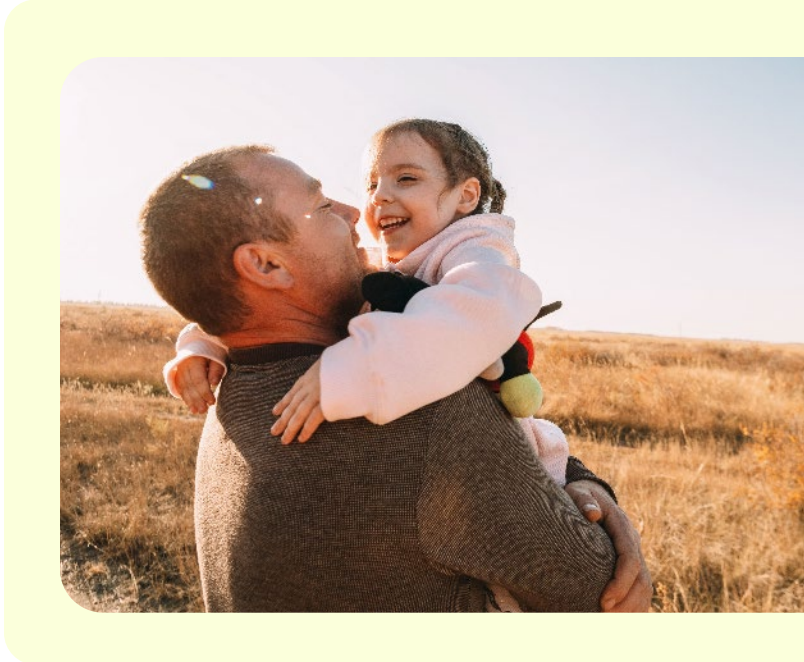
Primary Care Access and FQHC Networks: Hub-and-spoke networks, mobile units, chronic disease programs, and maternal health services anchored in Federally Qualified Health Centers (FQHCs) and rural clinics are included in many proposals. For example, California plans to build regional care collaboratives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

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

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

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

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



Pennsylvania

TOTAL REQUEST: ~\$900M

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

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

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