3.25.2026

Rural Health Transformation Program (RHTP)

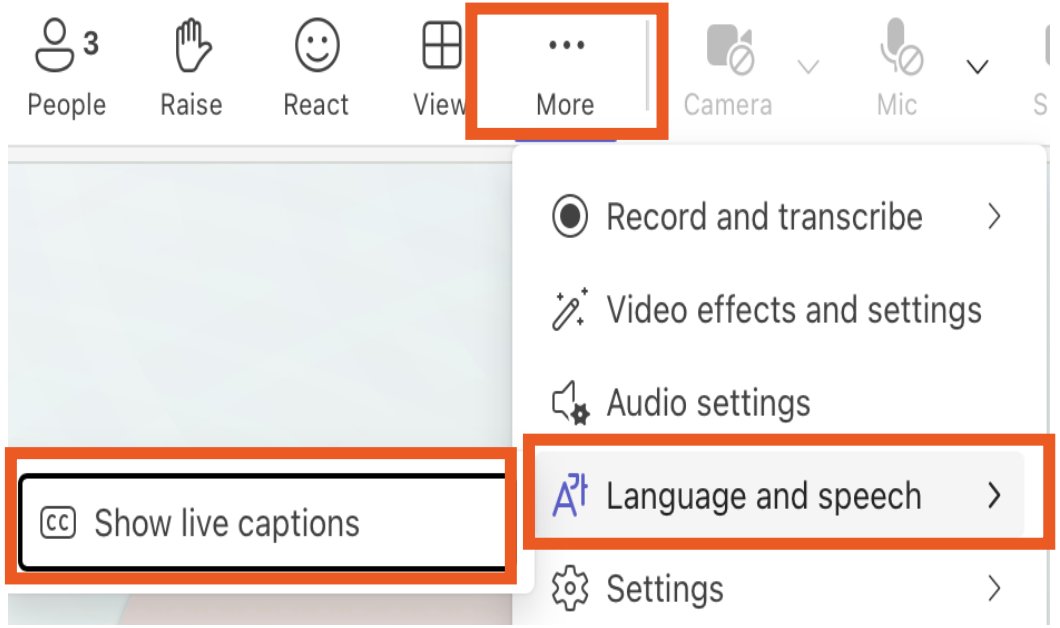
Preparing for the RFGP

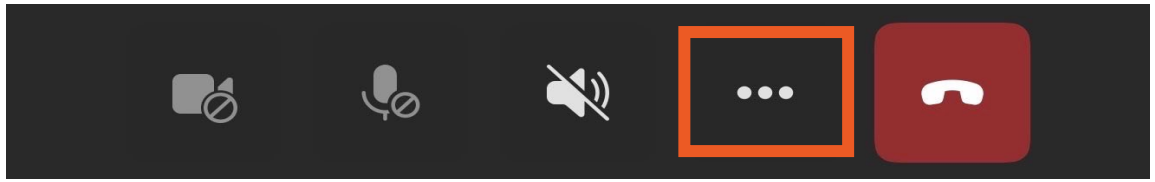
Teams Meeting Tips

This webinar is being recorded.

- We'll share the recording and slides with participants after the presentation.

For live captioning, please click on the "…" button at the top of your screen on desktop, and bottom of your screen on mobile.





Disclaimer

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RHTP Agenda

- Welcome & Housekeeping
- RHT Program Refresher
- Catalyst Awards Overview & New Information
- Steps to Prepare for the RFGP
- CMS Allowable Use of Funds
- Next Communications
- Questions & Answers

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RHT Program Refresher

Background

- H.R. 1, the Trump Administration's federal budget reconciliation bill, was signed into law on July 4, 2025, introducing an estimated $15 billion in cuts to federal funding from Oregon for health insurance coverage, food benefits, and other programs.
- **Federal funding through RHTP is not intended to offset H.R. 1 Medicaid cuts.**
- H.R. 1 establishes a **one-time, five-year** Rural Health Transformation Program (RHT Program or RHTP), which makes funding available to states for health-related activities supporting rural communities and rural health system transformation.
- The Centers for Medicare & Medicaid Services (CMS) is charged with administering the program as a cooperative agreement.

CMS announced $50B in awards to all 50 states

- On 12/29/25, CMS announced all 50 states will receive awards
- In 2026, first-year awards average $200M, ranging $147-281M
- **Oregon is receiving $197.3M in 2026**
  - OHA submitted a revised budget on January 30, 2026
  - CMS approved the revised budget on February 18, 2026
  - CMS unrestricted all funds on March 20, 2026
- If approved for a similar amount in subsequent years, Oregon will receive an estimated $1B over the five-year grant period

Oregon's Phase 1 (FY26 – FY27)

Initial phase will focus on three pathways for implementation

1. **Catalyst Awards:** Through a Request-for-Grant-Proposal (RFGP) process, organizations will be expected to apply across initiatives for ready-to-go projects that can be implemented within the first two years of the RHT Program.
2. **Immediate Impact:** Direct awards (non-competitive) for a select set of aligned opportunities identified by the state (not through an application process). Strategic investments will be made to independent rural hospitals, critical access hospitals, and rural health clinics to stabilize essential services and build readiness for Phase 2.
3. **Tribal Initiative:** Direct awards (non-competitive) to the Nine Federally Recognized Tribes of Oregon under the RHTP Tribal set-aside.
4. **Regional Planning and Innovation:** Partner with the Office of Rural Health to facilitate regional convenings and technical assistance to eligible entities as they form or further develop their regional partnerships, shared infrastructure plans, and build capacity to apply for Phase 2 funding.

(2026) Phase 1, Year 1 Considerations

- **Goals**:
  - Support ready-to-launch projects for timely impact and funding
  - Stabilize critical services and meet year 1 targets through direct awards
  - Support regional convenings to propel planning and innovation
- **Receiving any RHTP award or Technical Assistance (TA) does not prevent you from applying for other RHTP awards, including Phase 2 Transformation Awards.**

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Catalyst Awards
Request for Grant Proposal (RFGP)
Overview

Catalyst Awards – Request for Grant Proposals

Goal:

- To elevate and support community driven “ready-to-go” projects for timely impact and to effectively utilize available funding

Approach:

- Limited number of grant awards will be available (80 awards max)
- Award up to 30 projects between $200,000 and $499,000

Timeline*:

- **Opens:** Early April
- **Proposal Submission Period:** ~45 Days
- **Closes:** Early Summer
- **Awards Announced:** Mid 2026

**Note: All dates are tentative pending CMS budget and OHA procurement finalization process*

Proposer Information

Proposal Limitations:

- 1 proposal per lead Organization; same Organization may be named as a sub-awardee in other proposals
- A proposal may include up to 3 projects
- Each project must select 1 primary outcome (and at least 1 associated target)
- *Minimum **project*** amount per budget period is $200,000
- *Maximum **proposal*** amount per budget period is $5,000,000

Proposer Requirement:

- Organizations must have a physical location or provide in-person services/opportunities in Oregon
- Be an eligible entity as outlined in the RFGP

Proposal Submission:

- All proposers must submit an RFGP to be considered for funding, regardless of involvement in past Intent to Apply or other public surveys
- Collaborative proposals are welcomed but one eligible entity needs to be the lead proposer/fiduciary

Project Eligibility

- Projects must serve rural Oregon (outside 10-mile radius of a 40,000+ population center)
- Align activities with at least one RHTP outcome
- Address at least one population of focus:
    - Maternal and child health
    - Individuals with co-occurring BH conditions
    - Individuals aging in place
    - Individuals with chronic disease
- Be ready to implement within 1–2 months of award
- Ensure all activities fall within CMS Allowable Uses of Funds
- Participate in reporting & monitoring as required

Proposal vs Project: What's the Difference?

Proposal

Your full application submission

- The complete package you submit for funding
- May include **one or multiple projects**
- Represents your organization's overall request and plan

Think of it as your portfolio

Project

A specific work plan within your proposal

- One clearly defined body of work connected to an outcome
- Has its own goals, activities, timeline, and budget
- Multiple projects can live within one proposal

Think of it as one piece of the portfolio

Example Proposal Structure

1 Proposal includes up to 3 projects

Project 1: Workforce training – $1 Million

Project 2: Telehealth expansion – $300K

Project 3: Regional partnership – $500K

Total example: $1.8M

Eligible Organization Types

Organization types eligible to submit proposals include but is not limited to:

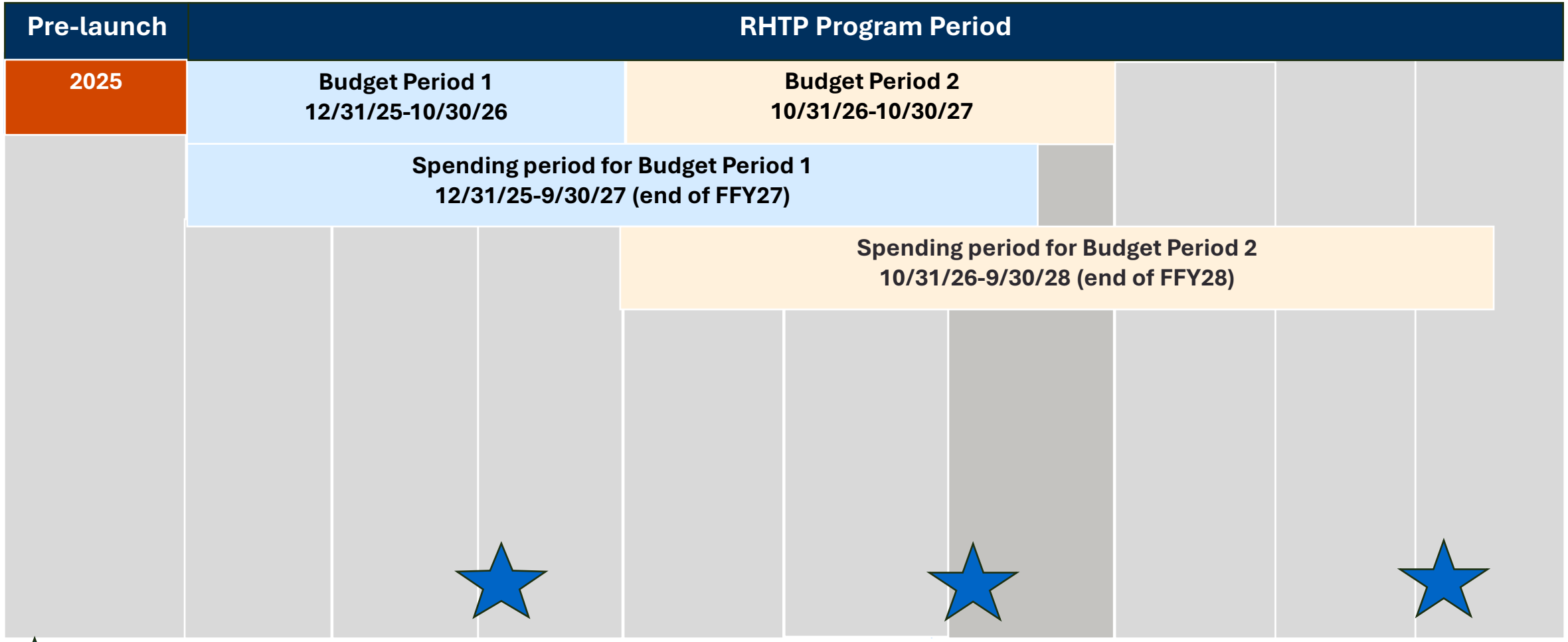
Health Care Providers	Academic & Workforce Partners	Public Sector & Federally Recognized Tribes	Community, Nonprofit, & System Partners
• Rural Health Clinics (RHCs) • Federally Qualified Health Clinics (FQHCs) • Hospitals & Hospital Systems • Behavioral Health Clinics • Dental Clinics • Emergency Medical Services (EMS) Organizations	• Universities • Community Colleges • Education Service Districts • School Districts	• Local Public Health Authorities • Local Governments • Federally Recognized Tribes	• Social Service & Community Based Organizations • Professional Associations • Non-Profit Advocacy Organizations • Coalitions • Coordinated Care Organizations

Ineligible Organization Types:

The following organization types are **not** eligible to submit proposals but may be included as partners or sub-recipients with eligible organizations.

- Consultants or Consultant Organizations
- Health Insurance Carriers (Other than CCOs)
- Technology Vendors

RHTP Spending Timeline: Catalyst Award RFGP



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Preparing Now

What You Can Do Right Now

To prepare for the RFGP:

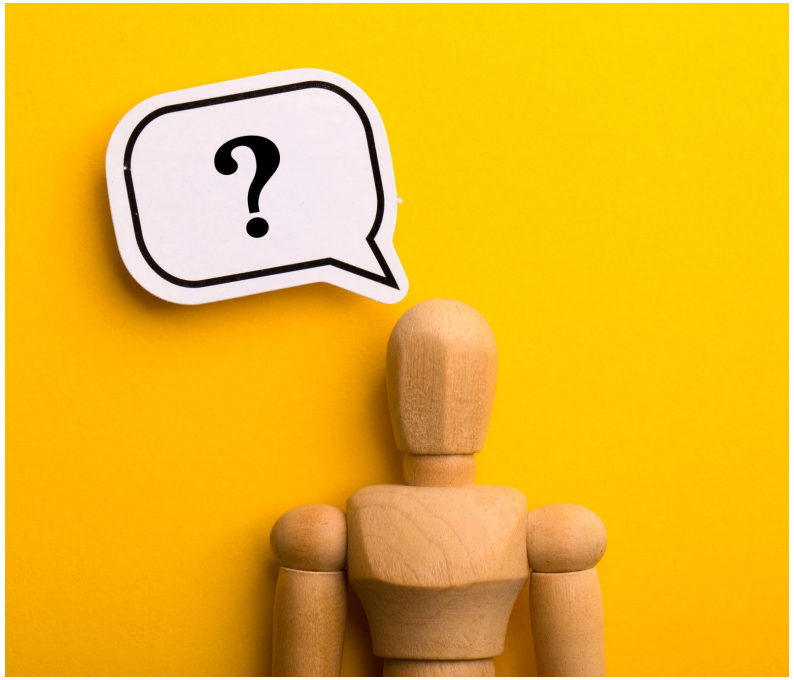
Plan to submit your proposal using a hybrid process (OregonBuys + Smartsheet). We will walk through submission steps in detail in upcoming webinars, but for now:

- Register or confirm your account in OregonBuys
- Register on Sam.gov to get your Unique Entity Identifier (UEI) or confirm you have your number
- Review eligibility requirements
- Understand allowable uses of funds to shape project ideas

Begin identifying:

- Identify your project leads
- Fiscal staff
- Partners

- Start gathering organizational documentation (W-9, FEIN, contact info)
- Sign up for RHTP newsletter updates



OregonBuys Overview

OregonBuys is the State of Oregon's procurement system.

You will use it to:

- Access the Catalyst Awards RFGP
- Receive emails about any updates or changes to the RFGP

You cannot be awarded a Catalyst Award without an OregonBuys account.

Step 1: Create an OregonBuys Account

1. Go to https://oregonbuys.gov
2. Select “Supplier Login” → “Create Account”
3. Enter: Legal business name (must match W-9)
4. FEIN/TIN
5. Mailing address
6. Primary contact
7. Assign an Account Administrator
8. Complete the email verification step
9. Log in to confirm that your supplier profile is active

Tip: Have your W-9, tax ID, and legal name ready.

Step 2: Add Users & Recommended Roles

Recommended roles:

Account Administrator (manages account + submissions)

Bidder

Finance contact (optional)

Best practice: Assign at least 2 people to prevent delays if someone is unavailable.

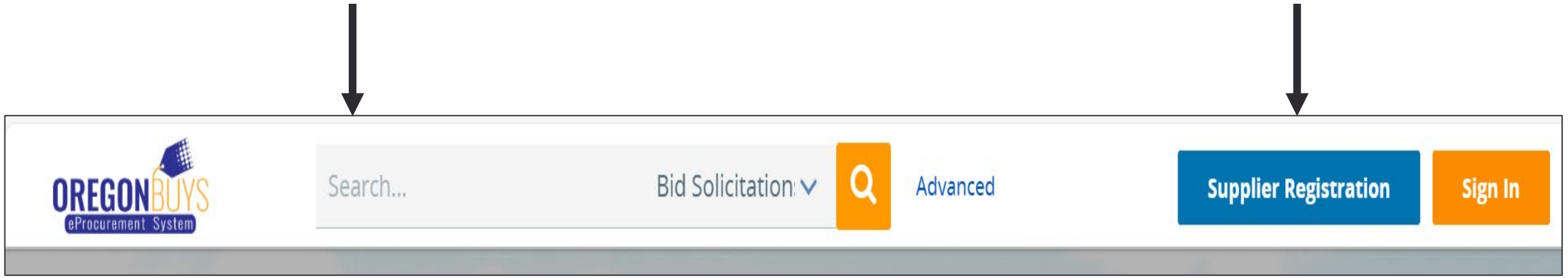
Step 3: Prepare Your OregonBuys Profile

- Ensure legal business info is accurate
- Confirm email addresses are active (OregonBuys sends all notices electronically)
- Add a secondary contact
- Bookmark your OregonBuys dashboard
- Ensure your firewall does not block system-generated emails

Step: 4 Locating the RFGP Once Released

You'll search for the solicitation by:

- Keyword: "Rural Health Transformation" or "Catalyst Awards"
- The solicitation number (will be provided in early April)
- Browsing "Public Solicitations"



Who to Contact for Help on OregonBuys

Support for registering, navigating the system, or submitting your RFGP proposal:

Email Support:

- Supplier Support: support.oregonbuys@das.oregon.gov
- OregonBuys System Support: epro-support@periscopeholdings.com

Phone Support:

- 855-800-5046
- Direct line for anyone needing help with OregonBuys or proposal submission.

Response Times:

- After you submit a ticket, you'll receive an initial automated response within about an hour
- A support agent will review your request and provide a detailed reply within one business day, in most cases.

CMS Allowable Use of Funds

CMS Allowable Use of Funds

To be eligible, a project must fall within one or more of CMS's statutory Uses of Funds (p11) categories, including:

- **Prevention and chronic disease**
- **Provider payments**
- **Consumer tech solutions**
- **Training and technical assistance**
- **Workforce**
- **IT advances**
- **Appropriate care availability**
- **Behavioral health**
- **Innovative care**
- **Invest in rural health care facility infrastructure**
- **Foster and strengthen strategic partnerships between local and regional partners**

🌱 Scenario 1: Diabetes Management Program led by Patient Navigators

Outcome: Outcome 3 (Healthy Communities Initiative) - Increase patient engagement with new preventative health and/or self-management programs

Population of Focus: Individuals with chronic disease

Project Description:

An FQHC wants to implement a patient navigator program focused on patient outreach, self-management education, and care coordination. These patient navigators would be trained CHWs who conduct either home visits or monthly telehealth check-ins, coordinates and delivers (as appropriate) nutrition education, supports the primary care provider and care team in monitoring glucose trends, and connect patients to support services.

Allowable RHTP Expenses (non-exhaustive):

- Developing and printing self-management education materials
- Hiring patient navigators to render non-billable services
- Purchasing and implementing telehealth platform
- Purchasing glucose monitors
- Travel costs for home visits

💻 Scenario 2: Consumer Technology Solutions & IT Upgrades

Outcome: Outcome 1 (Technology & Data Modernization) - Increase health IT adoption and interoperability

Population of Focus: Individuals aging in place

Project Description:

A rural clinic network plans to expand digital tools that help older adults safely remain in their homes while maintaining regular connection with care teams. The project includes remote monitoring devices, user-friendly communication platforms, and upgrades to clinical IT systems that support proactive outreach and early identification of health concerns.

Allowable RHTP Expenses (non-exhaustive):

- Tablets, check-in kiosks, or remote monitoring devices
- Telehealth platform upgrades to support routine virtual check-ins for older adults
- Cybersecurity improvements such as multi-factor authentication and data encryption
- Assistance with health IT systems compliance and implementation
- Enhancements or new modules for existing EHR/EMR platforms
- Hotspots for patient use (subject to CMS case-by-case approval)

Unallowable Use of Funds

Funding cannot be used for (non-exhaustive):

- **Pre-award costs**
- **Lobbying**
- **Supplanting existing funding**
- **Services reimbursable by other payers**
- **Large-scale EMR replacement (>5% of total funds)**

🚧 Scenario 1: Hospital Wing Expansion

Unallowable Category: Construction or Major Renovations

Description:

A rural hospital proposes using grant funds to build a new inpatient wing, add surgical suites, and upgrade the HVAC and electrical systems to support expanded capacity and accessibility.

What's Unallowable:

Funds cannot pay for new construction or major structural expansions and renovations.

What is Allowable:

- Retrofitting underutilized spaces within an existing facility
- Upgrading light fixtures and replacing vents and thermostats for better climate control
- Installing automatic door openers to enhance accessibility

🔄 Scenario 2: Replacing an Existing Program Budget

Unallowable Category: Supplanting Existing Funding

Description:

A county clinic has a long-standing care coordination program paid for by local funds. When that budget tightens, the clinic applies to use grant dollars to **keep the existing program operating with no change in scope.**

Why It's Unallowable:

Funds cannot "supplant" (replace) existing funding sources for ongoing operations, staff positions, or services that are already financed by other budgets.

💳 Scenario 3: Paying for Routine, Billable Services

Unallowable Category: Services Reimbursable by Other Payers

Description:

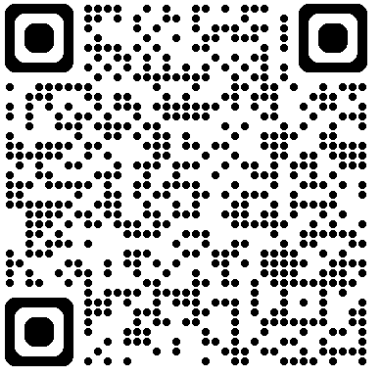
A health center requests grant funds to cover routine primary care visits, behavioral health therapy sessions, and vaccinations-services normally billable to Medicaid, Medicare, or commercial insurance.

Why It's Unallowable:

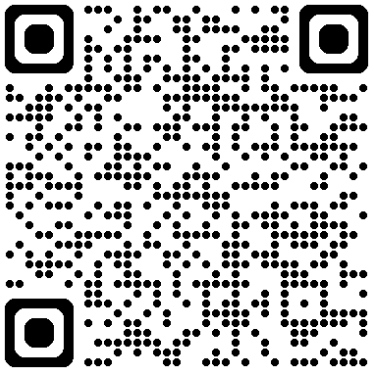
Grant funds cannot pay for clinical services that are reimbursable by existing payers; the program is intended for transformation, not to cover routine billable care.

Communication

Newsletter



- Visit our home page: https://www.oregon.gov/oha/hpa/hp/pages/rural-health-transformation.aspx



- Sign up for bimonthly newsletter: https://public.govdelivery.com/accounts/ORHA/subscriber/new?topic_id=ORHA_209

Next Communications

- Details on the Catalyst Awards RFGP will be shared via home page updates, newsletter announcement, and a dedicated webinar
- **Next Webinar Date:**
  - Date: TBD (Target: Early April 2026)
  - Purpose: Walk through RFGP details
- **RFGP Webinar Series:** Planned for Spring 2026 to support interested proposers
- Look out for upcoming communication on the home page and in the newsletter for webinar and office hour schedules

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Q&A

Support Resources

Register as a Supplier: Step-by-step instructions for creating an OregonBuys supplier account

- https://www.oregon.gov/das/ORBuys/Documents/OrBuysSupplierRegistrationSteps.pdf

Supplier FAQ: Answers to common questions about registration, navigation, and system use

- https://www.oregon.gov/das/ORBuys/Pages/Supplier-FAQ.aspx

Supplier Resources: Additional tools, training materials, and support for OregonBuys suppliers

- https://www.oregon.gov/das/ORBuys/Pages/supplierresources.aspx

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Thank You

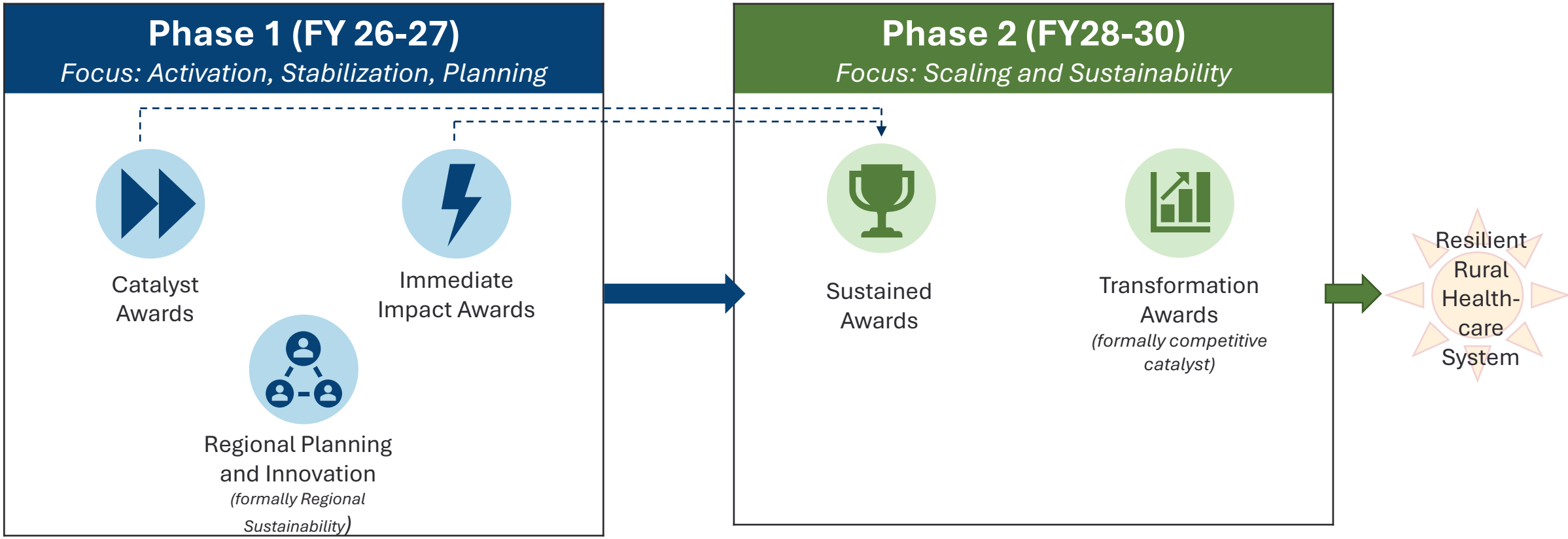
Website: https://www.oregon.gov/oha/HPA/HP/Pages/rural-health-transformation.aspx?
Email: rhtp@oha.oregon.gov

Appendix

Oregon's Five Initiatives

Regional Partnerships & System Transformation	Healthy Communities & Prevention	Workforce Capacity & Resilience	Technology & Data Modernization	Tribal Initiative
Focus on building rural regional networks and shared services to accelerate long-term sustainable strategies	**Focus on scaling successful delivery models and creating new health access points to rural counties**	**Focus on developing a broad workforce from training to professional development programs**	**Focus on expanding and connecting rural health systems to needed technologies and data infrastructure**	**Focus on supporting the Tribes with improving health access and outcomes**
Example Use of Funds: • Regional convenings & collaboratives • Hub-and-spoke models • Investment in Critical Access Hospitals • Learning collaboratives • Shared infrastructure, workforce, data • Maternity care coalitions • EMS modernization • Standby Capacity Payments	**Example Use of Funds:** • Expanding access points • Social health services • Behavioral health integration • Non-traditional models of care (e.g., digital tools and mobile vans) • Chronic disease prevention	**Example Use of Funds:** • Rural residencies and fellowships • Rural k-12 pathway programs • Tele-mentoring and e-consults • Training and certification of non-physician providers • Recruitment incentives and family assistance	**Example Use of Funds**: • Health IT system investments • AI-enabled tech solutions • Community-information exchange & closed-loop referrals • Cybersecurity • Technical assistance for IT implementation	**Example Use of Funds:** • Strengthen Tribal Health Systems • Facility & Infrastructure • Behavioral health expansion • "Grow Your Own" workforce programs • Consumer-facing tech tools for managing chronic disease • IT support and EHR upgrades

Oregon's Rural Health Transformation Journey



Metrics and Outcomes: Healthy Communities & Prevention

Initiative: Healthy Communities & Prevention

Outcome 1: Universal access to home visiting services
Metric: Number of families receiving home visits.
Data Source & Timing: County-specific, Oregon Family Care Connects data, annual

Outcome 2: Increase availability of mental health and substance use disorder treatment.
Metric: Follow up after ED visit for MH & SUD (7-day and 30-day rates)
Data Source & Timing: State-specific, Oregon Medicaid data for CMS Core (NCQA), annual

Outcome 3: Increase patient engagement with new preventative health and/or self-management programs.
Metric: Number of new preventative health or self-management programs in rural Oregon.
Data Source & Timing: State-specific, participant-reported, annual

Outcome 4: Increase rural populations served by new health care and social health services (i.e. health services)
Metric: Number of new access points to care
Data Source & Timing: State-specific, participant-reported, annual

Outcome 5: Expanded access to health care services, including chronic disease management, through increase availability of telehealth.
Metric: Increase proportion of telehealth encounters
Data Source & Timing: County-specific, claims and encounter data, annual

Metrics and Outcomes: Regional Partnerships & Systems Transformation

Initiative: Regional Partnerships & Systems Transformation
Outcome 1: Reduce operating costs for rural health organizations through shared infrastructure according to regional/local needs. **Metric:** Operating margins for CAHs **Data Source & Timing:** State-specific, Oregon Hospital Financial and Utilization Data, quarterly
Outcome 2: Increase access to high need or at-risk service lines, such as maternity care **Metric:** Number of patients receiving care from shared resources for at-risk service **Data Source & Timing:** State-specific, participant-reported, annual
Outcome 3: Increase regional planning efforts focused on shared governance models, including CINs and consortiums **Metric:** Number of organizations participating in regional partnerships **Data Source & Timing:** State-specific, participant-reported, annual
Outcome 4: Increase participation in value-based care models **Metric:** Number of organizations participating in value-based care models **Data Source & Timing:** State-specific, participant-reported, annual

Example Outcome, Metric, and Targets: Workforce Capacity & Resilience

Initiative: Workforce Capacity & Resilience

Outcome 1: Increase # of rural providers/partner organizations participating in workforce training programs.
Metric: # of Provider Trainings held
Data Source & Timing: State Specific, participant-reported, annual

Targets:

YR1: By September 30, 2026, conduct 15 simulation trainings for at least two specialties; launch one new project ECHO or comparable education programs designed for rural providers; establish one additional peer-to-peer e-consultation line for rural providers.

YR2: By September 30, 2027, conduct 20 simulation trainings for at least two specialties; launch three new project ECHO or comparable education program for rural providers; expand hours of access to peer-to-peer e-consultation line for rural providers and promote consult line to increase access and availability of resource.

YR3: By September 30, 2028, maintain at least 20 simulation trainings across two specialties; add additional consultation capacity and incorporate more regional expertise.

YR4: By September 30, 2029, maintain at least 20 simulation trainings across two specialties; begin transitioning non RHT Program funding for sustainability of provider consultation service.

YR5: By September 30, 2030, secure sustainable funding to maintain and expand workforce training programs as needed by communities.

Public Comment Themes: Challenges

OHA sought public comment in August and September 2025 via structured survey. We received over 240 responses to questions addressing areas of unmet need, ready-to-launch projects, regionally coordinated partnerships and strategies, and evidence-based initiatives to strengthen care delivery.

Top Challenges Identified:

1. **Workforce Development** – Lack of robust training programs, recruitment & retention difficulties, housing shortages, and insufficient professional development and support across all provider types.
2. **Access to Care** – Service gaps all around, including dental, mental health, pharmacy, and specialty care. Limited transportation and long travel distances. EMS shortages and unstable workforce.
3. **Chronic Disease Management and Prevention** – Higher rates of preventable diseases. Limited prevention programs and access to specialists. Need for more community-based solutions, care coordination, and CHW-led programs.
4. **Telehealth & Technology**– Insufficient investment in digital infrastructure, technologies, and telehealth services for patient access and provider efficiency.
5. **Behavioral Health & SUD** – Severe shortages in behavioral health services, including addiction treatment. Need for more integration with primary care and outpatient services, especially for youth.
6. **Financial Instability** – Insufficient reimbursement rates and concerns about Medicaid cuts. Rural hospitals and clinics operating at a loss.
7. **Maternal & Child Health** – Maternity deserts, closures of L&D units, and lack of alternative perinatal care and early childhood interventions.
8. **Data & Quality Infrastructure** – Lack of capital to update HIT systems with improved EHRs, real-time analytics, and shared platforms.

Public Comment Themes

OHA sought public comment in August and September 2025 via structured survey. We received over 240 responses to questions addressing areas of unmet need, ready-to-launch projects, regionally coordinated partnerships and strategies, and evidence-based initiatives to strengthen care delivery.

Top Areas of Action Identified (non-exhaustive list of projects and strategies):

- **Primary Care Access and Outcomes** – new pharmacy access points, mobile clinics, CHW-led home visits, school-based health, nutrition classes
- **Behavioral Health** – fellowships and apprenticeships, youth residential treatment programs, integrated BH in outpatient settings
- **Technology and Data-driven Care** – digital health tools, e-consults, virtual psychiatry, and closed-loop referral systems
- **Workforce Development** – rural residency programs, loan forgiveness, telementoring and upskilling opportunities
- **Maternal and Child Health** – perinatal coordination, caregiver support systems, OB training programs for family physicians
- **Capital investments and infrastructure** – facility upgrades, equipment investments, short-term housing for staff
- **Emergency Services** – EMS system improvements, EMS buprenorphine train-the-trainer program, community paramedicine
- **Regional Partnerships and System Transformation** – cross-sector planning and forming of structured partnerships including clinically integrated networks (CIN), learning collaboratives, health information exchanges

Other Considerations

- H.R. 1 does not place limitations on types of entities that can receive funding through RHTP; only the discretionary portion (50%) requires CMS to consider rural representation.
  - States decide which entities receive funding. Oregon intends to direct this funding to high-need health care services for rural communities.
- RHTP is structured as a “Cooperative Agreement,” so states should expect more involvement, including detailed reporting and technical assistance, from CMS than typical grant programs would necessitate.

Oregon's Initiatives and CMS Strategic Goals

	Healthy Communities & Prevention	Regional Partnerships and Systems Coordination	Rural Workforce Capacity & Resilience	Technology and Data Modernization
Oregon's Initiatives	People in rural Oregon can easily and affordably access the essential care they need through innovative, community-driven solutions that provide choice, including a variety of provider types, care delivery approaches (e.g., telehealth, home visits, mobile clinics), and tools to support personal health care management at all stages of life from prenatal to end-of-life care.	Oregon's rural health care system is organized in a way that enables regionally driven approaches to meet the unique and evolving needs of communities by sharing resources, providers, and technology.	Oregon is able to meet the health care needs of rural communities through innovative workforce solutions that expand capacity and utilize creative approaches, including enhanced recruitment and retention efforts, new residency and training programs specifically focused on rural and maternity care, supporting "grow-your-own" efforts, new staffing models, and a broader array of provider types.	Oregon's rural communities are supported through enhanced technological approaches and solutions to ensure digital access, secure information-sharing, reduced administrative complexity, and better communication across providers, patients and systems.
CMS Strategic Goals	**Make rural America healthy again:** Support rural health innovations and new access points to promote preventative health and address root causes of diseases. Projects will use evidence-based, outcomes-driven interventions to improve disease prevention, chronic disease management, behavioral health, and prenatal care.	**Sustainable access:** Help rural providers become long-term access points for care by improving efficiency and sustainability. With RHT Program support, rural facilities work together—or with high-quality regional systems—to share or coordinate operations, technology, primary and specialty care, and emergency services.	**Workforce development:** Attract and retain a high-skilled health care workforce by strengthening recruitment and retention of healthcare providers in rural communities. Help rural providers practice at the top of their license and develop a broader set of providers to serve a rural community's needs, such as community health workers, pharmacists, and patient navigators.	**Tech innovation:** Foster use of innovative technologies that promote efficient care delivery, data security, and access to digital health tools by rural facilities, providers, and patients. Projects support access to remote care, improve data sharing, strengthen cybersecurity, and invest in emerging technologies.

Innovative care: Spark the growth of innovative care models to improve health outcomes, coordinate care, and promote flexible care arrangements. Develop and implement payment mechanisms incentivizing providers or ACOs to reduce health care costs, improve quality of care, and shift care to lower cost settings). CMS's fifth strategic goal has relevance across multiple initiatives. And because financial sustainability is foundational to achieving our Oregon's transformation goal for the program, this strategy will not be treated as standalone and, instead, integrated throughout.

RHT Program Use of Funds Requirements

Approved states may use funds awarded by CMS to invest in at least three of the permissible uses below:

- **Prevention and chronic disease**
- **Provider payments** (no more than 15% of total funds)
- **Consumer tech solutions**
- **Training and technical assistance**
- **Workforce** (commitment to serve rural communities for 5 years)
- **Information technology advances** (subject to restrictions)
- **Appropriate care availability**
- **Mental health (MH) and substance use disorder (SUD)**
- **Innovative care**

Additional uses, as determined by the Administrator:

- **Capital expenditures and infrastructure** (including minor building alterations or renovations and equipment upgrades, subject to restrictions; no more than 20% of total funds)
- **Fostering collaboration** (strengthening local and regional partnerships; both rural and other participating providers)

Note: No more than 10% of the amount allotted to a state for a budget period may be used by the state for administrative expenses. This 10% limit applies to administrative costs for the entire budget, including indirect and direct costs. See appendix for more information unallowable costs.

Funding Policies and Limitations

CMS will not allow the following costs:

- **Pre-award costs.**
- **Meeting matching requirements for any other federal funds or local entities.**
- **Services, equipment, or supports that are the legal responsibility of another party** under federal, State, or tribal law, such as vocational rehabilitation or education services.
- **Services, equipment, or supports that are the legal responsibility of another party under any civil rights law**, such as modifying a workplace or providing accommodations that are obligations under law.
- **Goods or services not allocable to the project.**
- **Supplanting existing State, local, tribal, or private funding** of infrastructure or services, such as staff salaries.
- **Construction or building expansion,** purchasing or significant retrofitting of buildings, cosmetic upgrades, or any other cost that materially increases the value of the capital or useful life as a direct cost.
- **The cost of independent research and development**, including their proportionate share of indirect costs. See 2 CFR 300.477.
- **Funds related to any activity designed to influence** the enactment of legislation, appropriations, regulation, administrative action, or executive order.
- **Purchase of covered telecommunications and video surveillance equipment** (See 2 CFR 200.216) as well as financial assistance to households for installation and monthly broadband internet costs.
- **Meals**, unless in limited circumstances such as:
  - Subjects and patients under study.
  - Where specifically approved as part of the project or program activity, such as in programs providing children's services.
  - As part of a per diem or subsistence allowance provided in conjunction with allowable travel.
- **Activities prohibited under 2 CFR 200.450 and the HHS Grants Policy Statement**, including but not limited to: Paying the salary or expenses of any grant recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before the Congress or any State government, State legislature, or local legislature or legislative body.
- **Lobbying**, but awardees can lobby at their own expense if they can segregate federal funds from other financial resources used for lobbying.

RHT Program Specific Limitations

CMS will also not allow the following RHT-specific costs:

- **New construction.** Supplanting funding for in-process or planned construction projects or directing funding towards new construction builds is unallowable. Renovations or alterations, as described in category J of the program requirements and expectations use of funds section, are allowed if they are clearly linked to program goals.
  - **Category J funding cannot exceed 20% of the total funding** CMS awards states in a given budget period.
- **To replace payment for clinical services that could be reimbursed by insurance. CMS will not accept payments to clinical services if they duplicate billable services and/or attempt to change payment amounts of existing fee schedules.** (If a state plans to fund direct health care services, the state must justify why they are not already reimbursable, how the payment will fill a gap in care coverage (such as uncompensated care or services not covered by insurance), and/or how they transform the current care delivery model.)
  - **Funding for provider payments**, as described in category B of the program requirements and expectations use of funds section, **cannot exceed 15% of the total funding** CMS awards states in a given budget period.
  - **Funding cannot be used for initiatives that fund certain cosmetic and experimental procedures** that fall within the definition of a specified **sex-trait modification procedure** at 45 CFR 156.400 because that is beyond the scope of this program.
- **No more than 5% of total funding CMS awards to a state in a given budget period can support funding the replacement of an EMR system** if a previous HITECH certified EMR system is already in place as of September 1, 2025.
- **Funding towards initiatives similar to the "Rural Tech Catalyst Fund Initiative"** (as described in the appendix) cannot exceed the lesser of (1) 10% of total funding awarded to a State in a given budget period or (2) $20M of total funding awarded to a State in a given budget period, and funding is subject to all restrictions and requirements described in the example initiative
- **Clinician salaries or wage supports** for facilities that subject clinicians to **non-compete contractual limitations**.
- **None of the funding shall be used by the state for an expenditure that is attributable to an intergovernmental transfer, certified public expenditure, or any other expenditure to finance the non-Federal share of expenditures required under any provision of law.**
- SSA Section 2105(c), paragraphs (1), (7), and (9) apply as funding limitations. These limitations are related to general limitations, limitations on **payment for abortions, and citizenship documentation requirements for payments made with respect to an individual.**

Public Survey on Proposed Initiatives

- OHA is seeking feedback from the public on the proposed initiative areas through a short survey available from **October 8 to October 15, 2025, 11:59 PM.**
  - **Links to OHA RHTP webpage and survey**
- Respondents are asked to share their opinion on whether each of the proposed initiatives would improve health care for rural Oregonians and to rank the potential initiatives by impact.
- Survey responses will be considered for revisions to the current proposed RHTP framework and initiatives; however, responses will not be considered an application, nor weighed in any subsequent application process, for individual program funding.

Forum Discussion Questions - Preview

Initiatives:

- Are any of these initiatives higher or lower priority for you?
- Are we missing anything you'd expect to see included?

Implementation Design:

- What challenges do you foresee in implementing these potential activities in your local or organizational context?
- Do you have initial reactions as it relates to an RHTP advisory body?
  - Is there an existing body that could take on this role?

1. Healthy Communities & Prevention

Focus: Primary care (for physical, behavioral, and oral health needs) and chronic disease management, maternal and child health, and population health infrastructure

Future vision:

People in rural Oregon can easily and affordably access the essential care they need through innovative, community-driven solutions that provide choice, including a variety of provider types, care delivery approaches (e.g., telehealth, home visits, mobile clinics), and tools to support personal health care management at all stages of life from prenatal to end-of-life care.

2. Regional Partnerships and Systems Coordination

Focus: Shared infrastructure, regional planning, cross-sector collaboration

Future vision:

Oregon’s rural health care system is organized in a way that enables regionally driven approaches to meet the unique and evolving needs of communities by sharing resources, providers, and technology.

3. Workforce Capacity & Resilience

Focus: Recruitment, training, retention, and wellness of rural health providers

Future vision:

Oregon is able to meet the health care needs of rural communities through innovative workforce solutions that expand capacity and utilize creative approaches, including enhanced recruitment and retention efforts, new residency and training programs specifically focused on rural and maternity care, supporting “grow-your-own” efforts, new staffing models, and a broader array of provider types.

4. Technology and Data Modernization

Focus: Health information technology (HIT) infrastructure, data exchange, cybersecurity, and provider-facing technology

Future vision:

Oregon's rural communities are supported through enhanced technological approaches and solutions to ensure digital access, secure information-sharing, reduced administrative complexity, and better communication across providers, patients and systems.

1. Healthy Communities & Prevention

Proposed Use of Funds	Proposed Disbursement Plan
• Targeted investments in stabilizing services lines that are most strained or under-resourced in rural communities, including primary care, BH services and EMS services • Innovative access points (e.g., schools, mobile clinics, remote pharmaceutical dispensing) • Consumer-facing technology and AI-enabled tools for chronic disease management • Community-based programs to promote healthy behaviors (e.g., nutrition education, chronic disease self-management programs) • Expand maternal health care team (e.g., doulas, lactation consultants, and CHWs) • Risk-appropriate Labor & Delivery coordination and services (e.g., free-standing birth center) • Community-based services that support families through residential treatment programs • Care navigation connecting members to mental health and SUD resources	• RFP to small rural facilities, clinics, counties, etc. • RFP for statewide coordinated case management • Direct funding or wrap-around payments

2. Regional Partnerships and Systems Coordination

Proposed Use of Funds	Proposed Disbursement Plan
Phase 1 • Start-up funding to support regional planning efforts (e.g., developing shared resources, shared workforce, and targeted service line expansion) • Assistance in setting up organization frameworks (e.g., clinically integrated networks) • Investments in care coordination models supporting integration of primary care, behavioral health, and social health services **Phase 2** • Implementation of shared/distributed network services, such as telehealth services, network-wide staff recruitment and retention, billing and coding support for providers • Implementation of regional solutions that build in efficiencies in the delivery of care that can improve financial status and enhance sustainability while providing a pathway to value-based care	• RFP to hospitals or regional collaboratives

3. Workforce Capacity & Resilience

Proposed Use of Funds	Proposed Disbursement Plan
• Rural physician, nursing, and advanced practice provider residency programs in high-need specialties, including family medicine, obstetrics/maternity care, and psychiatry • Rural behavioral health fellowships and clinical apprenticeship programs • Tele-mentoring training for rural providers • Mobile simulation trainings for rural hospitals and ERs • Training programs for Community Health Workers, school-based mental health service providers, palliative care doulas, etc. • Rural preceptor recruitment and training models for programs including pharmacy and nursing • Programs to support rural students interested in pursuing health careers • Supporting and funding housing solutions and incentivizing collaboration between local employer and private sector	• RFP to hospitals, medical schools, and clinical training or placement sites • State-distribution (RFA) for new medical residency programs

4. Technology and Data Modernization

Proposed Use of Funds	Proposed Disbursement Plan
• Population health software and clinical support tools • AI-enabled tools and other technologies to extend the workforce and decrease administrative burden • Electronic Health Records (EHR) modernization • Interoperable technology systems across CBOs, hospitals, health centers, local health departments, clinics, behavioral health, and other social supports	• RFP for organizations to allow for independent and regional solutions and purchases

Initiative Activities

RHTP Initiatives

Regional Partnerships

- Regional convenings & collaboratives
- Hub-and-spoke models
- Investment in Critical Access Hospitals
- Learning collaboratives
- Shared infrastructure, workforce, data
- Maternity care coalitions
- EMS modernization

Healthy Communities & Prevention

- Expanding access points
- Social health services
- Behavioral health integration
- Non-traditional models of care (e.g., digital tools and mobile vans)
- Chronic disease prevention

Tribal

- Strengthen Tribal Health Systems
- Facility & Infrastructure
- Behavioral health expansion
- “Grow Your Own” workforce programs
- Consumer-facing tech tools for managing chronic disease
- IT support and EHR upgrades

Technology & Data Modernization

- Health IT system investments
- AI-enabled tech solutions
- Community-information exchange & closed-loop referrals
- Cybersecurity
- Technical assistance for IT implementation

Workforce Capacity & Resilience

- Rural residencies and fellowships
- Rural k-12 pathway programs
- Tele-mentoring and e-consults
- Training and certification of non-physician providers
- Recruitment incentives and family assistance