



Rural Health Transformation Program Introduction

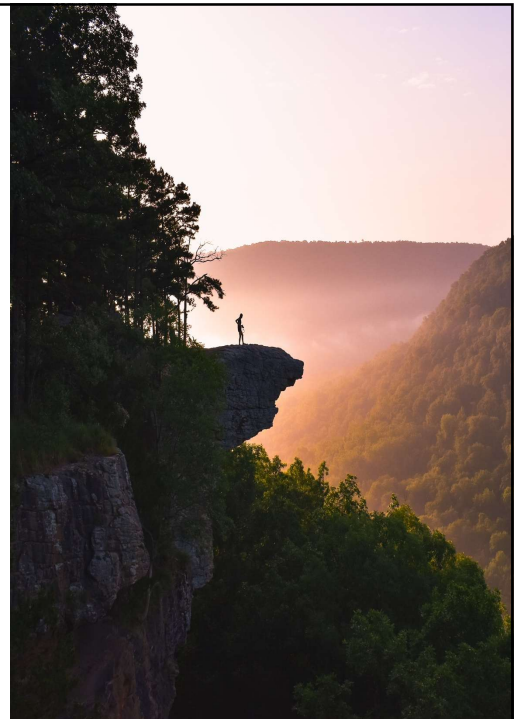
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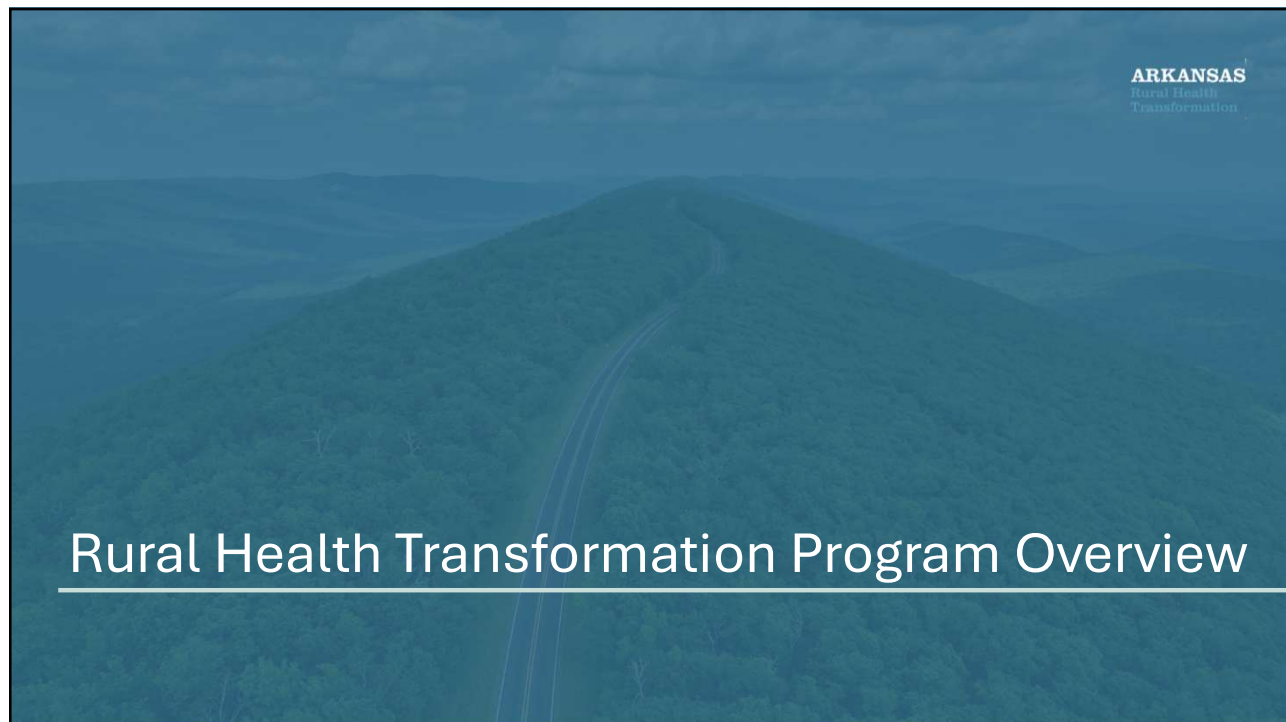
Presentation Goals

- Provide an overview of the Rural Health Transformation goals
- Dive into Arkansas's state plan, including key initiatives, allowable uses of funds, and program timelines
- Explain what Arkansas expects from potential funds recipients and what next steps to take

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What is the Rural Health Transformation (RHT) Program?

The program is a Congressionally authorized, 5-year statewide transformation program, authorized by the One Big Beautiful Bill Act (H.R. 1)

- Focuses on access, workforce, prevention, and sustainability
- Arkansas receives funding and distributes it to subrecipients
- Moves beyond short-term stabilization to long-term system redesign
- Investments in the rural healthcare ecosystem for future generations

The logo for the Arkansas Rural Health Transformation program, featuring the word 'ARKANSAS' in a bold, green, sans-serif font, with 'Rural Health Transformation' in a smaller, blue, sans-serif font below it.

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RHT Program Strategic Goals

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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 individuals trained to help patients navigate the healthcare system.

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 Accountable Care Organizations (ACOs) to reduce health care costs, improve quality of care, and shift care to lower cost settings.

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.

Source: CMS RHT Program website
<https://www.cms.gov/priorities/rural-health-transformation-rht-program/overview>

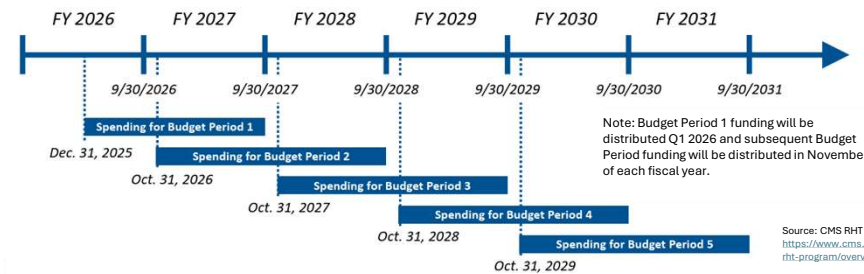
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Program Timeline

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Program funding is appropriated from Federal Fiscal Year (FFY) 2026 through FFY 2030

- Each Federal fiscal year's funding aligns with the five budget periods
- For each budget period, recipients will have until the end of the following Federal fiscal year to spend awarded funding



Source: CMS RHT Program website
<https://www.cms.gov/priorities/rural-health-transformation-rht-program/overview>

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Allowable and Unallowable Uses of Funds

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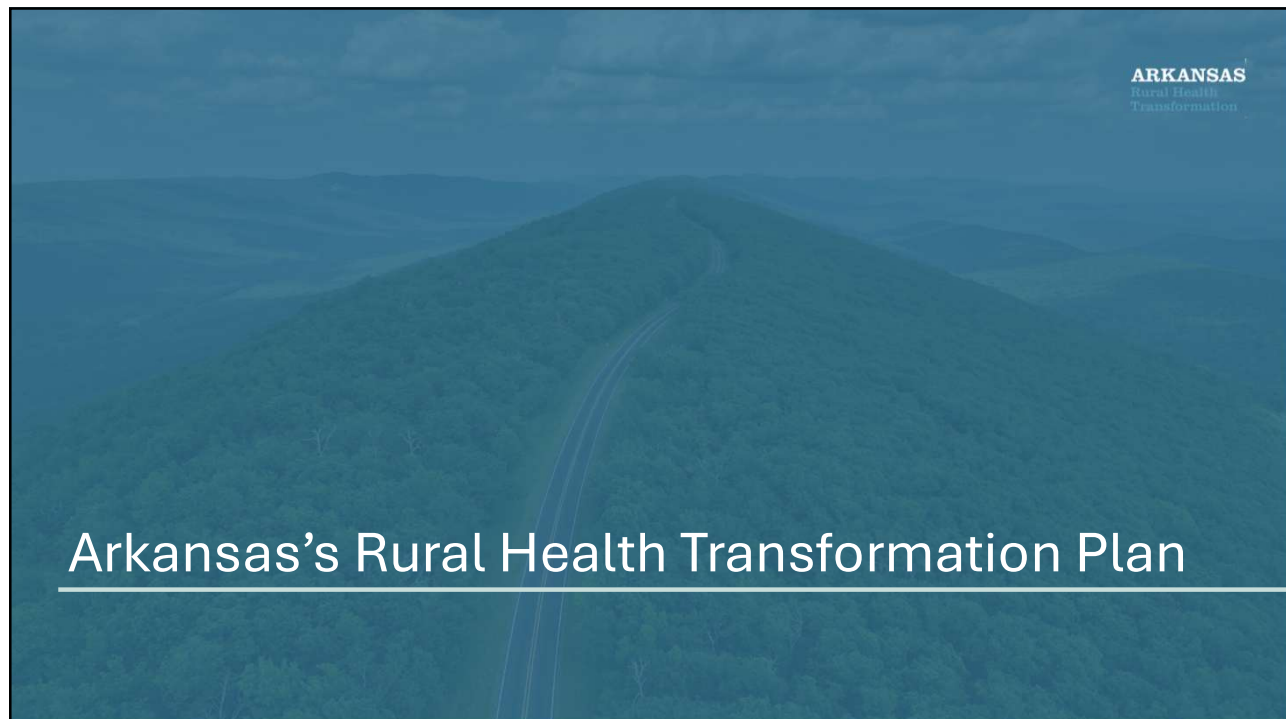
Allowable Uses:

- Workforce recruitment, training, and leadership development
- Targeted renovations
- Care delivery redesign and service expansion
- Telehealth and health IT infrastructure
- Care coordination and clinically integrated networks
- Planning for long-term sustainability

Unallowable Uses:

- Paying down debt or covering operating losses
- New construction
- Supplanting existing funding sources
- One-time purchases without sustainability
- Activities not aligned with approved initiatives of AR Rural Health Transformation plan

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Arkansas's vision for Rural Health

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- Arkansas's RHT vision is to redesign rural healthcare around **prevention, connectivity, and sustainability**, not just facility stabilization.
- The State's plan explicitly ties healthcare transformation to broader goals: healthier children, stronger families, workforce participation, and local economic resilience.
- Potential subrecipients should view this as a **multi-year operating transformation opportunity**, not a one-time grant.

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Arkansas's RHT Program Major Initiatives

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HEART

- Prevention, nutrition, physical activity, and chronic disease

PACT

- Access, care coordination, networks, and hospital stabilization

RISE AR

- Workforce recruitment, training and leadership development

THRIVE

- Telehealth, remote patient monitoring, and digital infrastructure

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Initiative 1: HEART (Prevention & Community Health)

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- HEART seeks to strengthen Arkansas's population health backbone, focused on **children, families, and chronic disease prevention**.
- Sub-initiatives include **GROW Kids, FARM, MOVE, FAITH, HEAL, and IMPACT**.
- Subrecipients may participate through school-based health, chronic disease programs, food-as-medicine models, and value-based pilots.
- For community leaders: HEART intentionally leverages **schools, faith institutions, and local organizations** as delivery partners.

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Initiative 2: PACT (Access, Coordination, and Hospital Stability)

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- PACT is a primarily hospital-facing initiative and addresses **access gaps, care coordination, and financial sustainability**.
- Key sub-initiatives include:
 - **ACCESS** – Mobile units, specialty access, telehealth
 - **CINC** – Clinically Integrated Networks
 - **ROADMAP** – Transportation and workforce alignment
 - **SCoPE** – Expanded scope of practice
 - **SAFE** – Hospital alignment and shared services
- SAFE is particularly important for hospitals at risk of closure or service reduction. The goal is to stabilize through partnership.

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Initiative 3: RISE AR (Workforce and Leadership)

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- RISE AR addresses the reality that **facilities cannot function without people.**
- Programs include **LEAD (leadership academy), PATHWAY (training pipeline), RETAIN (recruitment and retention), and SKILL UP (career ladders).**
- Participation in leadership development is expected, not optional, for organizations receiving funding.
- Workforce investments here are tied to **supporting top-of-license practice and bolstering rural training pipelines at all clinical levels.**

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Initiative 4: THRIVE (Technology, Telehealth and EMS)

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- THRIVE seeks to modernize rural care delivery through **telehealth, EMS integration, remote monitoring, and IT infrastructure.**
- Sub-initiatives include **LIFELINE (EMS/trauma), HOME (remote monitoring), VIRTUAL (tele-specialty care), and TECH Fund (infrastructure).**
- Providers should focus on sustainability—investments should **lower cost, improve outcomes, and integrate with CINs.**
- THRIVE is one pathway to **reduce travel burden and emergency response times.**

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Subrecipient Eligibility and Commitments



Who can be a subrecipient:

- Rural hospitals (PPS, CAHs and REHs)
- Health systems with rural footprint
- Clinics, FQHCs, and RHCs
- EMS providers
- Pharmacists
- Universities, nonprofits, and community partners

What Arkansas is asking of subrecipients:

- Alignment with statewide transformation strategy
- Regional collaboration across providers
- Participation in data sharing and performance reporting
- Willingness to redesign care models
- Commitment to long-term sustainability

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Why Early Alignment Matters



- Early participants help shape priorities and implementation standard
- Initiatives are designed to build over time. You have stronger positioning for future funding opportunities if you get involved now
- Early success strengthens Arkansas's national position and protects long-term funding in the program

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Program Timeline

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2026: Planning and early implementation

- Q1: Program implementation and Road Shows
- Q2: Initial funding opportunities posted
- Q3: Initial dollars begin to flow
- Q4: All year-1 funding obligated by end of October. Year-2 funding is determined

2026–2028: Policy commitments take effect

2027–2029: Full implementation and scaling

End of Year 5: End of federal funding, initiatives should be transitioned to sustainable funding

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Key Takeaways

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- Arkansas's goal is redesigning rural healthcare, not just stabilizing it.
- Hospitals and providers are central to success, but community involvement is key.
- This is a multi-year, system-wide transformation.
- **Collaboration, accountability, and sustainability matter.**

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Check for regular updates at www.arkansasrhtp.com

Contact our team at info@arkansasrhtp.com

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