



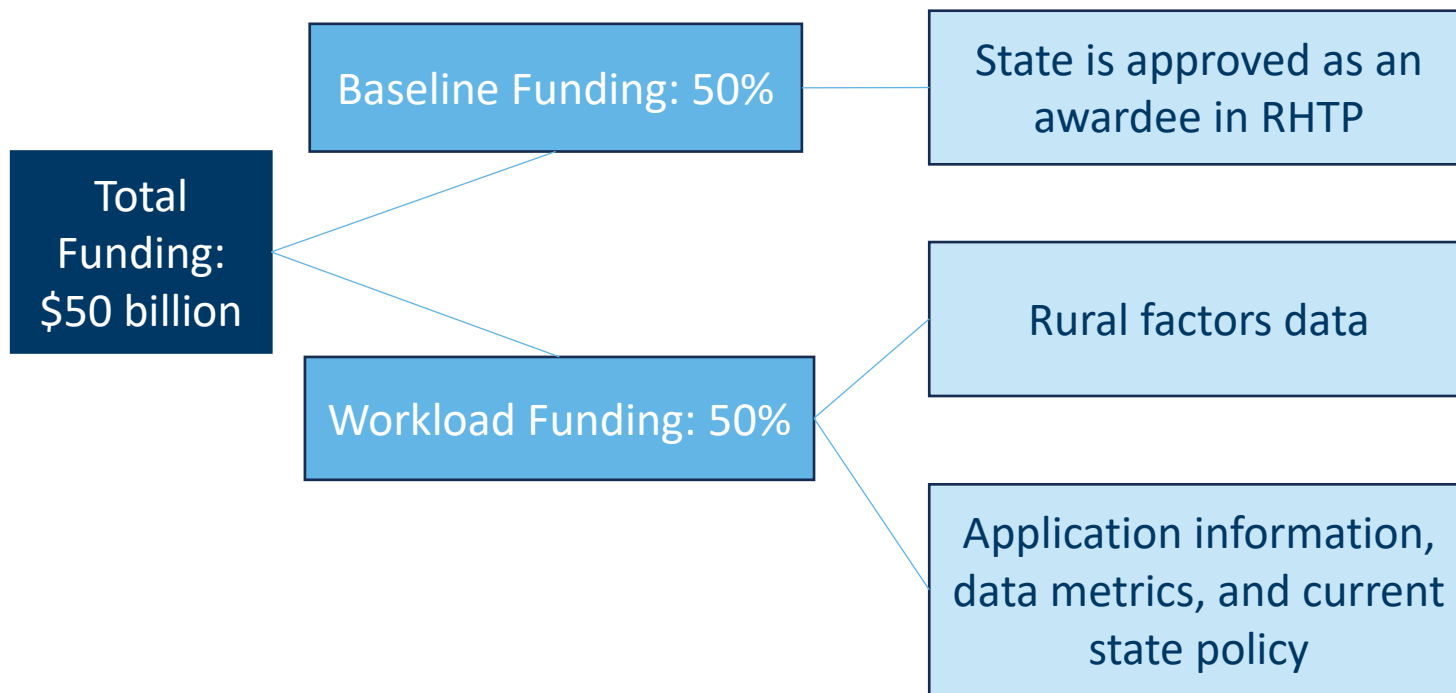
CABINET FOR HEALTH
AND FAMILY SERVICES

Rural Health Transformation Program

Medicaid Oversight & Advisory Board Update

November 12, 2025

RHTP Funding and Scoring Factors



Data-driven metrics: Value of state's metrics compared to other states

Initiative-Based Factors*: Assess the quality and details of the initiatives proposed by the state in their application.

Policy-Based Factors*: Assess the state's 2024 or current policies and regulatory environment.

**Note: Some factors may involve both initiative-based and policy-based criteria.*

Elements Unique to RHTP Grant

Initial scoring impact on subsequent years

- States' application scores will be used to determine initial award as well as subsequent funding, including redistributed funding
- States are eligible for higher scores if committing to make legislative or regulatory changes, but if states do not finalize legislative or regulatory actions by December 31, 2027, CMS will recover payments made based on score credit received for commitments

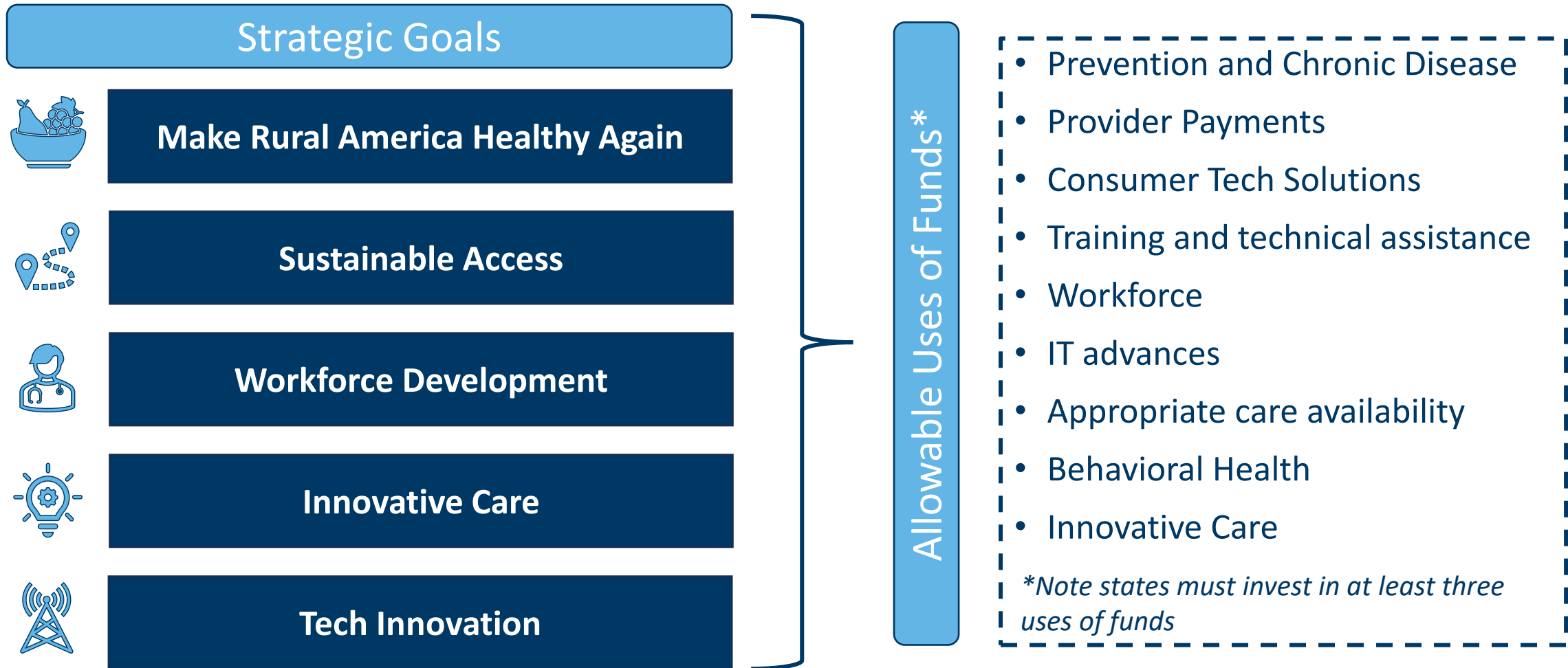
Funding amounts fluctuate year over year

- States must demonstrate progress towards milestones in progress reports to CMS
- For each budget period, states will have until the end of the following fiscal year to spend awarded funding
- Uncertain funding award limits ability to direct funding towards initiatives and entities

Appeals and working with CMS

- The NOFO does not indicate an ability for states to appeal scoring or funding awards
- States will be working with a CMS officer prior to funding awards on 12/31/25 and throughout the program

RHTP Strategic Goals & Uses of Funds



Budget Limitations

The following are **unallowable** costs*:

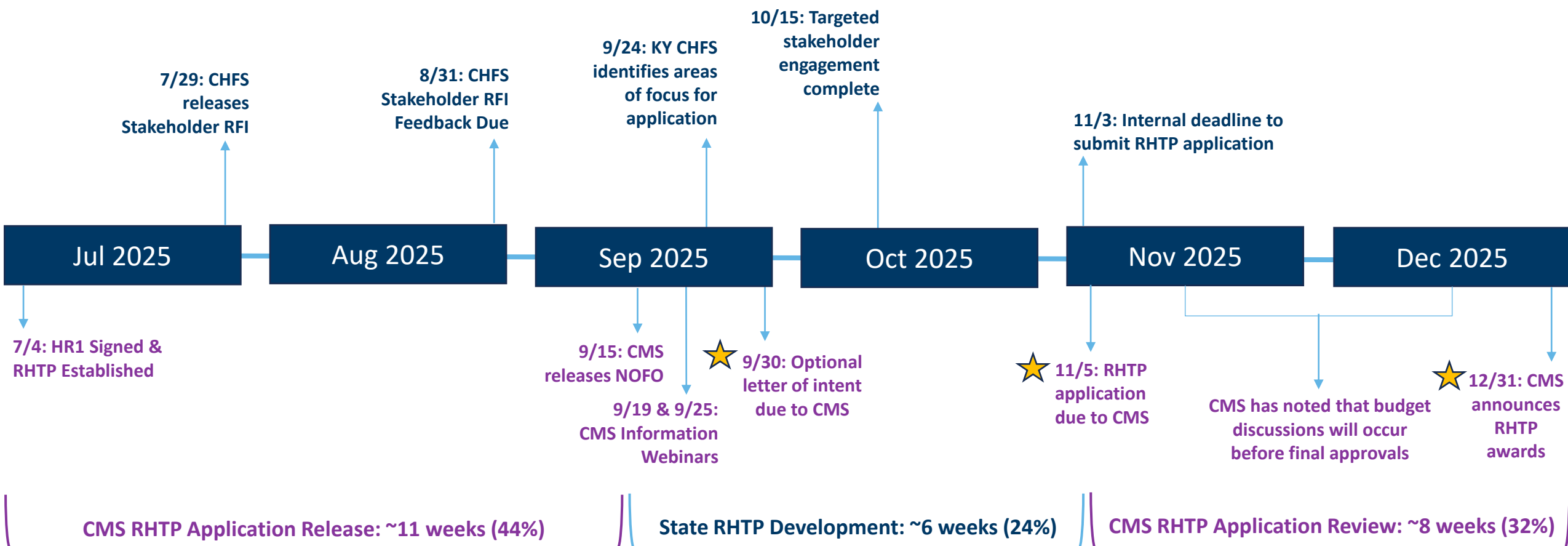
- **Supplanting existing funding** for State, local, tribal, or private infrastructure or services, such as staff salaries.
- **New construction is unallowable.** Supplanting funding for in-process or planned construction projects or directing funding towards new construction builds is unallowable.
 - 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.
- **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.**

The following are **limited** costs*:

- 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.
- **Replace payment for clinical services that could be reimbursed by insurance.** We will not accept payments to clinical services if they duplicate billable services and/or attempt to change payment amounts of existing fee schedules.
 - If you plan to fund direct health care services, you 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.

**Please note that these are not comprehensive lists.*

RHTP Application Timeline



Stakeholder Engagement

To ensure stakeholder feedback is incorporated into initiatives the following has been completed:

- **July 29:** CHFS released RHTP RFI to stakeholders for input
- **August 31:** Submissions due from stakeholders
 - *CHFS has received over 50 responses from a diverse array of organizations and continues to track submissions beyond this date*
- **October:** Outreach to stakeholders to ensure initiative support
- **Late October:** Signed stakeholder letters of support
 - *Letter of support for each initiative signed by multiple stakeholders*

KY RHTP Letters of Support

Initiative	Stakeholders
All initiatives	Kentucky Office of Rural Health, Kentucky Rural Health Association (KRHA), Kentucky Hospital Association (KHA), Shaping Our Appalachian Region (SOAR), UK TeleCare, Kentucky Health Department Association (KHDA), Kentucky Primary Care Association (KPCA), UK College of Public Health, UK
Rural Community Hubs for Chronic Care Innovation	Kentucky Diabetes Network (KDN), Kentucky Heart Disease and Stroke Prevention Task Force, Kentucky Asthma Partnership, Kentucky Regional Extension Center, Kentucky Homeplace, Kentucky Center for Excellence in Rural Health, Kentucky Association of Community Health Workers, Foundation for a Healthy Kentucky, Appalachian Kentucky Healthcare Access Network (AKHCAN), Kentucky Council of Area Development Districts (KCADD), Kentuckiana Regional Planning & Development Agency (KIPDA), Kentucky Association of District Directors, Kentucky Association of Area Agencies on Aging
PoWERing Maternal and Infant Health: Community-based Teams	American College of Obstetricians and Gynecologists (ACOG), Kentucky Perinatal Quality Collaborative (KyPQC), Kentucky Perinatal Association, Association of Women's Health, Obstetric and Neonatal Nurses Kentucky Section (AWHONN), March of Dimes - Kentucky Section, Kentucky Consultation and Outreach for Maternal Psychiatry and Support Services (KyCOMPASS), Kentucky Voices for Health, Kentucky Maternal Mortality Review Committee (MMRC), Maternal and Infant Health Collaborative Panel, Kentucky Maternal Morbidity and Mortality Task Force, Kentucky Homeplace, Kentucky Center for Excellence in Rural Health, Local Health Department for Hopkins County / Pennyrile ADD, Mountain Comprehensive Care Center (FQHC)
Rapid Response to Recovery: EmPATH Model, Mobile Crisis and Telehealth	Mental Health America of Kentucky, Kentucky Psychiatric Medical Association (KPMA), Kentucky Board of Emergency Medical Services (KBEMS), Kentucky Association of Regional Programs (KARP), American Society of Addiction Medicine (ASAM), Kentucky chapter, Kentucky Health Resource Alliance (KHRA), Appalachian Regional Healthcare (ARH)
Rooted in Health: Rural Dental Access Program	Kentucky Dental Association (KDA), UL College of Dentistry, UK College of Dentistry, Pikeville College of Dentistry, Kentucky Community and Technical College System (KCTCS), Kentuckiana Regional Planning & Development Agency (KIPDA), Kentucky Association of District Directors, Kentucky Association of Area Agencies on Aging, State Long-Term Care Ombudsman, LeadingAge Kentucky
From Crisis to Care: Integrated EMS and Trauma Response	Kentucky Board of Emergency Medical Services (KBEMS), UK HealthCare, Appalachian Kentucky Healthcare Access Network (AKHCAN), UofL Health, Kentucky Association of Community Health Workers, Kentucky Homeplace, Kentucky Center for Excellence in Rural Health

KY RHTP Proposed Areas of Focus



Oral Health



Trauma System & EMS



Chronic Disease Management & Prevention



Behavioral Health



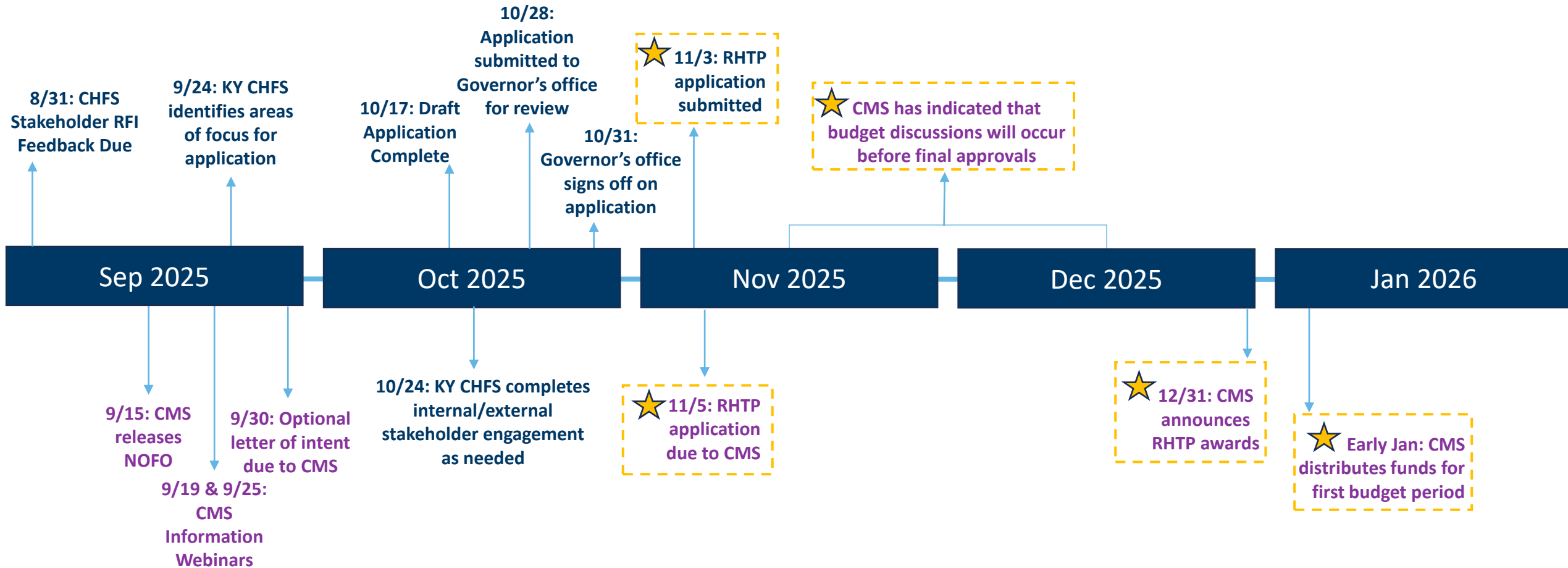
Maternal Health

Collaborative Care Model, Telehealth, and Workforce Development

KY RHTP Proposed Initiatives

Five Initiatives		Strategic Goal	Use of Funds
1	Rural Community Hubs for Chronic Care Innovation <i>Reduce obesity and diabetes rate through evidence-based, community-led strategies focused on upstream prevention</i>	Make Rural America Healthy Again, Tech Innovation	A, C, D, E, F, G, I, J, K
2	PoWERing Maternal and Infant Health: Community-based Teams <i>Increase timely perinatal care in maternity care deserts through coordinated, telehealth-enabled teams</i>	Sustainable Access	A, B, C, D, E, F, G, H, I, K
3	Rapid Response to Recovery: EmPATH Model, Mobile Crisis and Telehealth <i>Expand integrated, technology-enabled crisis care from community response to long-term support</i>	Innovative Care	D, E, F, G, H, I, J, K
4	Rooted in Health: Rural Dental Access Program <i>Improve rural access to preventive dental care and treatment through expanded training and mobile portable services</i>	Workforce Development	A, B, D, E, F, G, I, J, K
5	From Crisis to Care: Integrated EMS and Trauma Response <i>Strengthen capabilities and capacity for pre-hospital care and in-place interventions</i>	Sustainable Access	A, B, D, E, F, G, K

RHTP Current Status and Next Steps





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Questions?