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Steven Stack, MD
SECRETARY

November 12, 2025

Re: Rural Health Transformation Fund (RHTF) Application

Dear Co-Chairs Adams and Fleming,

I am pleased to provide this written summary of Kentucky's application to the federal Rural Health Transformation Fund (RHTF), submitted to the Centers for Medicare and Medicaid Services (CMS) on November 3, 2025.

The Commonwealth of Kentucky is the 10th most rural state in the country, with 1.87 million residents, nearly half (41.6%) of the total state population, residing in a rural area. According to America's Health Rankings, Kentucky is currently ranked 41st out of the 50 states based on a spectrum of measures. Average life expectancy ranges from 64.5 to 79.7 years across counties, with a lower life expectancy in counties within Eastern rural areas. These rural communities face some of the most significant health access challenges in the Commonwealth and across the country, including high rates of chronic disease, maternal health deserts, behavioral health crises, and limited access to preventive dental care and emergency services.

The Commonwealth's Rural Health Transformation Plan (RHTP) represents an opportunity to reimagine how rural health is delivered, financed, and sustained. Kentucky's application reflects the work of a diverse group of partners who collectively developed a cohesive, community-driven plan. Our proposal advances a whole-of-community approach that connects data, people, and purpose to address the root causes of rural health disparities. It also positions the Commonwealth as a national demonstration site for how data, workforce, and technology can be integrated to create sustainable, community-based systems of care in rural areas.

Kentucky's Department for Public Health, under the Cabinet for Health and Family Services (CHFS) and, together with key stakeholders, propose five specific care innovation models to focus resources on five priority initiatives, each identified through stakeholder engagement and data analysis of Kentucky's most pressing rural health needs:

1. **Rural Community Hubs for Chronic Care Innovation:** Establishes local "hub-and-spoke" collaboratives focused initially on obesity and diabetes prevention and management, integrating nutrition, physical activity, and digital self-management tools.

2. **PoWERing Maternal and Infant Health:** Expands timely prenatal and postpartum care through telehealth-enabled maternal care teams serving maternity-care deserts and high-risk regions.
3. **Rapid Response to Recovery (EmPATH Model):** Deploys technology-enabled crisis stabilization and mobile behavioral health response teams to link individuals to community-based treatment and recovery supports.
4. **Rooted in Health: Rural Dental Access:** Increases access to preventive oral-health services through expanded dental-hygiene training programs, externships, and portable or tele-dental clinics.
5. **Integrated EMS Response and Coordination:** Enhances pre-hospital capacity and trauma coordination through treat-in-place protocols, improved data connectivity, and workforce training for rural EMS providers.

Together, these initiatives reflect Kentucky's intent to work across all sectors and at the local community level to create improvements in health outcomes, quality, and sustainability.

Implementation and Governance

Implementation will be guided by an interdisciplinary A³ Team (Aspire → Activate → Attain) within the Department for Public Health, supported by CHFS agencies and external partners. The A³ Team will coordinate planning, financial oversight, and performance management to ensure alignment across CHFS and community providers.

This approach emphasizes accountability, rapid-cycle learning, and local flexibility, allowing communities to adapt models to their specific needs while advancing statewide goals.

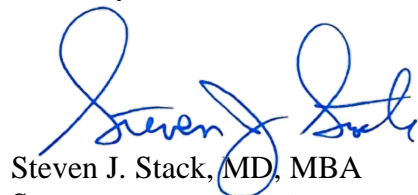
Sustainability and Long-Term Vision

While the federal funding serves as a catalyst, the Cabinet and its partners have intentionally designed this framework for durability beyond the grant term. We will explore multiple sustainability pathways, including the evolution of certain functions into a public-private or nonprofit collaborative model that can continue to support innovation, analytics, and workforce development across Kentucky's rural communities.

Conclusion

Kentucky's proposal demonstrates that transformation is not only possible but achievable when government, healthcare providers, community organizations, and citizens work together with shared purpose and collective action. I look forward to discussing this application and answering your questions during the November 12 meeting of the Medicaid Oversight and Advisory Board.

Sincerely,



Steven J. Stack, MD, MBA

Secretary

Cabinet for Health and Family Services