



ALABAMA

RURAL HEALTH TRANSFORMATION

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Presentation Goals

- Provide an overview of the Rural Health Transformation (RHT) Program structure and goals
- Dive into Alabama's state plan, including key initiatives, allowable uses of funds, and program timelines
- Explain what Alabama RHT expects from potential applicants and detail RHT Program next steps

A serene rural landscape at sunset or sunrise. The sky is a mix of soft blues, oranges, and yellows. In the foreground, there's a body of water reflecting the sky, with some reeds and a wooden structure. The middle ground shows a field of tall grasses or reeds. In the background, there's a line of trees on the left and a distant horizon.

Rural Health Transformation Program Overview

What is the Rural Health Transformation (RHT) Program?

The program is a Congressionally authorized, 5-year rural health transformation program, authorized by PUBLIC LAW 119–21

- Focuses on access, workforce, prevention, and sustainability
- Alabama received funding from CMS and will distribute it to subrecipients through a competitive application process
- Program moves beyond short-term stabilization to long-term system redesign
- Funds are targeted investments in the rural healthcare ecosystem

RHT Program Strategic Goals

1. **Make Rural America Healthy Again:** Improve rural health outcomes through expanded access to preventive, behavioral, and chronic care services.
2. **Sustainable Access:** Help rural providers become long-term access points for care by improving efficiency and sustainability.
3. **Workforce Development:** Grow and support the rural healthcare workforce through recruitment, retention, and training.
4. **Innovative Care:** Advance value-based and coordinated care models that improve quality and reduce costs.
5. **Tech Innovation:** Expand the use of technology to improve access, data sharing, cybersecurity, and remote care.

Keywords for the Program: Transformational and Sustainable

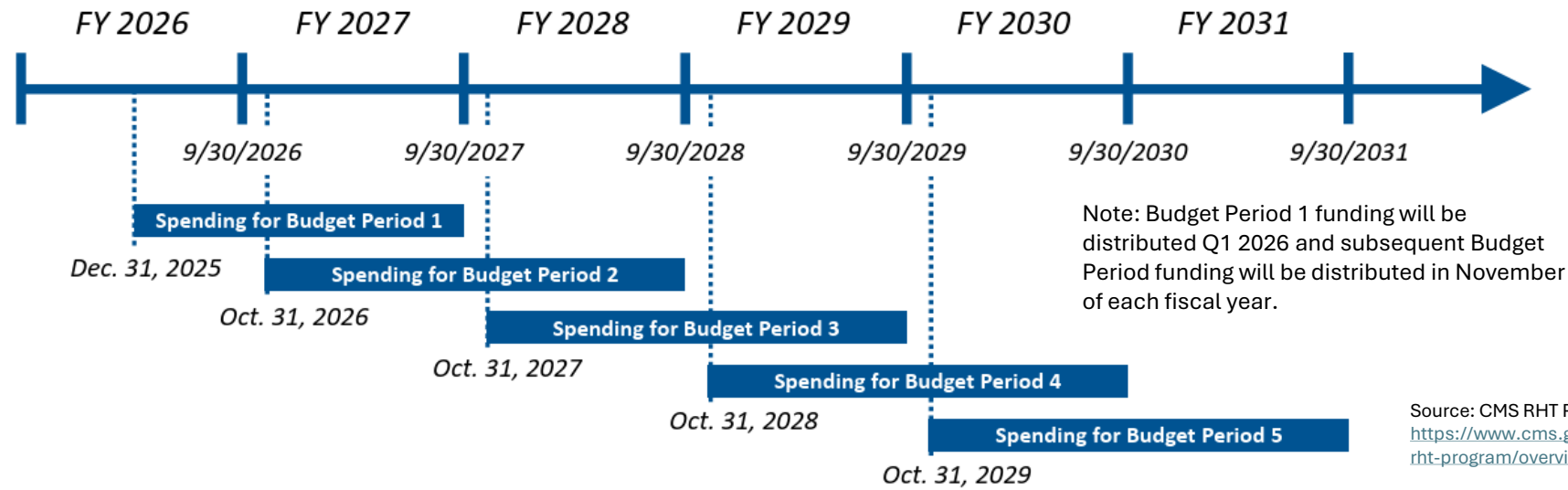
Transformational: “Something capable of causing, or relating to, a major, positive change in form, structure, character, or function.”

Sustainable: “The ability to be maintained, continued, or upheld over time.”

Program Timeline

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>

Allowable and Unallowable Uses of Funds



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 expenses/losses
- New construction
- Supplanting existing funding sources
- Proposals without sustainability plans
- Activities not aligned with approved initiatives of AL Rural Health Transformation plan

*Common examples, not exhaustive

Funding Constraints

While allowable, certain categories of funding are capped:

- Provider payments in support of initiatives $\leq 15\%$
- Capital improvement and targeted renovations $\leq 20\%$
- Electronic Health Record replacement $\leq 5\%$



Alabama's Rural Health Transformation Program Initiatives

Alabama's Vision for Rural Health Transformation



- Alabama's vision is to support rural healthcare providers in delivering technology-enabled, sustainable, high-quality care close to home.
- Alabama's RHT Program prioritizes access, outcomes, and sustainability, using targeted investments to enable new models of care and workforce pipelines to serve Alabama's rural citizens.
- The state's plan ties healthcare transformation to broader goals: healthier populations, stronger workforce and local economic resilience.

Alabama's RHT Program Initiatives

1. Collaborative EHR¹, IT and Cybersecurity Initiative
2. Rural Health Initiative
3. Maternal and Fetal Health Initiative
4. Rural Workforce Initiative
5. Cancer Digital Regionalization Initiative
6. Simulation Training Initiative
7. Statewide EMS² Trauma and Stroke Initiative
8. EMS Treat-in-Place Initiative
9. Mental Health Initiative
10. Community Medicine Initiative³
11. Rural Health Practice Initiative

1. Electronic Health Record

2. Emergency Medical Services

3. The Community Medicine Initiative is not budgeted in Year 1 of Program

Collaborative EHR, IT and Cybersecurity Initiative



Objective:

- Modernize IT infrastructure and enable secure, interoperable data sharing across rural providers

Key Components:

- Regional IT & cybersecurity “hub” model
- Electronic Health Record integration and upgrades
- Connection to Alabama One Health Record (ALOHR) Health Information Exchange (HIE)
- Shared IT services to reduce costs

Impact:

- Improved care coordination and patient safety
- Lower IT costs for rural providers
- Stronger cybersecurity and system reliability

Rural Health Initiative

Objective:

- Deliver specialty and primary care services closer to home using telehealth and shared services

Key Components:

- Regional telehealth hubs
- Tele-consults (stroke, behavioral health, intensive care, etc.) and remote patient monitoring
- Equipment upgrades and minor building renovations
- Creation or expansion of non-emergency transportation systems/entities
- “Rural Health Network” shared services model

Impact:

- Reduced patient travel and transfers
- Increased access to specialty care
- Improved provider efficiency and patient outcomes

Maternal and Fetal Health Initiative



Objective:

- Improve maternal and infant outcomes through digital regionalization

Key Components:

- Regional maternal care hubs
- Telerobotic ultrasound technology
- Tele-OB specialist access
- Emergency L&D stabilization carts

Impact:

- Reduced maternal and infant mortality
- Access to high-risk pregnancy care in rural areas
- Stabilization of OB services despite hospital closures

Rural Workforce Initiative

Objective:

- Address workforce shortages through training, recruitment, and retention

Key Components:

- Expansion of Graduate Medical Education programs
- Rural training pipelines (K-12 → 2- and 4-year college → clinical)
- Remote training for Emergency Medical Technicians (EMT)
- Expansion of training programs for CNMs (Certified Nurse Midwife), LPNs, RNs and other key roles
- Recruitment and retention incentives for rural practitioners, dentists, and dental hygienists
- Free or reduced-cost education and training for people who commit to five years of practice in rural Alabama

Impact:

- Increased number of rural healthcare providers
- Stronger local workforce pipelines
- Long-term sustainability of rural care delivery

Cancer Digital Regionalization Initiative



Objective:

- Improve cancer outcomes through regional coordination and mobile access

Key Components:

- Regional screening and referral hubs
- Mobile screening units
- Community-based outreach and education
- Expansion of proven statewide models

Impact:

- Earlier cancer detection
- Increased services and screening in rural areas
- Reduced disparities in cancer outcomes

Simulation Training Initiative

Objective:

- Improve quality of care through advanced simulation training

Key Components:

- Expansion of simulation-based training programs
- Specialty-specific skill development
- Partnerships with existing training providers

Impact:

- Reduced patient travel and wait times
- Improved local care availability and quality
- Increased provider confidence and capability

Statewide EMS Trauma & Stroke Initiative



Objective:

- Ensure patients receive care at the right facility, at the right time

Key Components:

- Expansion of statewide Emergency Medical Service (EMS) routing system
- Inclusion of additional conditions (cardiac, behavioral, OB, etc.)
- Centralized coordination of emergency transport

Impact:

- Faster access to appropriate care
- Improved survival and outcomes
- More efficient use of hospital resources

EMS Treat-in-Place Initiative

Objective:

- Enable EMS to treat patients on-site when appropriate

Key Components:

- Treat-in-place protocol development
- Telehealth support for EMS providers
- Training and equipment deployment

Impact:

- Reduced emergency department overcrowding
- Increased EMS availability
- Lower healthcare costs

Mental Health Initiative

Objective:

- Improve mental health services access through integrated care models

Key Components:

- School-based tele-mental health programs
- Conversion of Community Mental Health Centers (CMHCs) to Certified Community Behavioral Health Clinics (CCBHCs)
- Integrated behavioral and physical health services

Impact:

- Increased access to mental health care
- Reduced untreated mental health conditions
- Sustainable, reimbursable care models

Community Medicine Initiative*

Objective:

- Improve population health through community-based services

Key Components:

- Mobile health screening units
- Mobile food access (grocery/food banks)
- Health education and wellness programs

Impact:

- Improved health literacy
- Reduced preventable conditions
- Better access to healthy food and screenings

*The Community Medicine Initiative is not budgeted in Year 1 of Program

Rural Health Practice Initiative

Objective:

- Expand and modernize rural clinics as community care hubs

Key Components:

- Shared services model to reduce administrative overhead
- Clinic renovations and equipment upgrades
- Telehealth and remote monitoring integration
- Workforce recruitment and training
- School-based dental and healthcare clinic partnerships

Impact:

- Increased access to primary and preventive care
- Integrated physical and behavioral health services
- Stronger, more sustainable rural clinics



Program Details and Timeline

Program Details

Who can apply for funds*:

- Rural hospitals (including Prospective Payment, Critical Access and Rural Emergency Hospitals)
- Health systems with rural footprint
- Clinics, Federally Qualified Health Centers, and Rural Health Clinics
- Emergency Medical Service providers
- Mental health and post-acute providers
- Educational institutions, nonprofits, and community partners

How organizations will apply:

- Notice of Funding Opportunities (NOFOs) will be released, starting in June, for each initiative.
- Organizations can apply individually, or together as a collaborative effort – and may apply for multiple initiatives.
- Applications must align with the state’s plan, CMS requirements, and overall goals to impact rural healthcare in Alabama.

*Common examples, not exhaustive

Year 1 Program Timeline

May 2026

- Stakeholder engagement and education

June 2026

- First NOFOs released and applications submitted

July 2026

- First applications are scored and determinations made, further NOFOs released and applications submitted

August-September 2026

- All NOFOs have been released, and initiatives are actively underway
- Program Year 1 reporting submitted to CMS by 8/31/2026

October 2026

- All Program Year 1 dollars are obligated by 10/30/2026
- Program Year 2 begins

Next Steps for Potential Applicants

1. As NOFOs are released, we will host workshops in Montgomery for applicants to attend in person or virtually. These workshops will cover NOFO details and information on how to apply.
2. During the application windows, there will be BDO staff ready to give technical assistance as needed to ensure applications are complete and compliant.
3. ADECA will continue to update information both on the program website (www.alabamarhnp.com), as well as through email.

Questions



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