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Rural Health Transformation Program Update

September 16, 2026

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Agenda

- RHTP overview
- Update on Washington's Rural Health Transformation Program: the big picture
- What we are working on
- Mapping the funds
- Overview of the six initiatives
- Community engagement
- Year 1 recap and insights

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Rural Health Transformation Program (RHTP)

- Five-year grant cooperative agreement under H.R. 1 (One Big Beautiful Bill Act), authorized by Centers for Medicare & Medicaid Services (CMS).
- Empowers states to strengthen rural communities across America by improving health care access, quality, and outcomes by transforming the health care delivery ecosystem.
- Washington awarded over $181 million for Budget Period 1 on December 29, 2025. There will be 5 distinct Budget Periods awarded through the life of the RHT Program.
- Washington will be held accountable to delivering on the initiatives and activities spelled out in our application.

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CMS strategic goals

Make Rural America Healthy Again

- Promote preventive health and address the root causes of disease

Sustainable Access

- Help rural providers become long-term access points for care

Workforce Development

- Recruit and retain a skilled health care workforce in rural communities

Innovative Care

- Grow care models that improve outcomes and coordinate care

Technology Innovation

- Expand digital health tools and secure data use across rural facilities

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Washington RHT program at a glance

$181.26 million – year one
Total federal award for budget period 1 - CMS/HHS 5-year cooperative agreement

1.1 Million
Rural Washingtonians served across 30 counties

29
Federally recognized Tribal Nations partnered as sovereign governments

Reaching all 30 rural counties:

- 36 rural hospitals
- 30 Rural Collaborative network hospitals
- 29 Federally Recognized Tribes
- 70 rural FQHCs and 110 rural clinics
- 13 community mental health centers
- 5 opioid treatment providers
- 12 CCBHCs
- 62 school districts
- 10 Area Agencies on Aging
- Rural EMS agencies
- Other providers

1	Ignite innovation in rural hospitals	$60M
2	Prevent disease & manage care in community settings	$18M
3	Invest in the health of Native families	$19M
4	Adopt technology and data solutions	$19M
5	Develop Washington's rural workforce	$32M
6	Expand and sustain rural behavioral health	$25M

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Implementing the program in Washington

- Compressed timeline for obligating funds
- Coordination and decision-making across 3 agencies
- Rural partners and their capacity
- Fostering collaboration between initiatives
- Centering community voices
- Strengthening evaluation and sustainability

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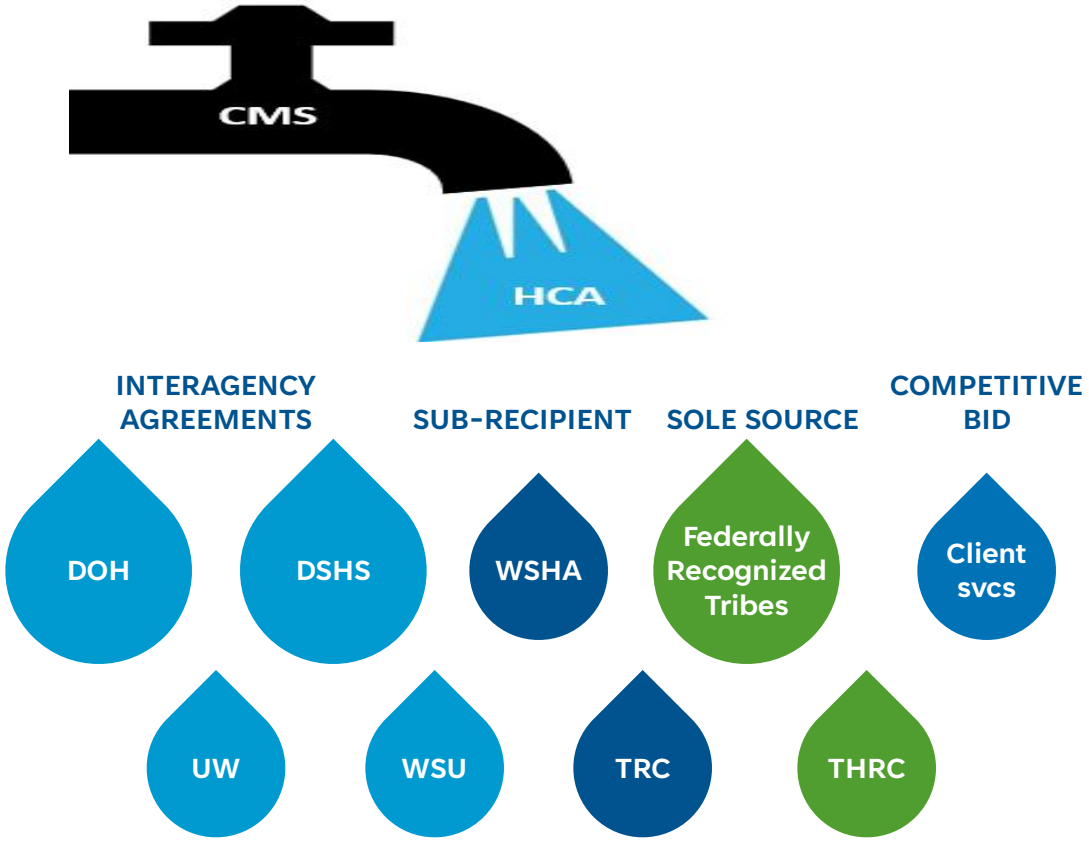
Washington's approach

- HCA is the primary recipient
- Joint effort of HCA, DOH, and DSHS, in partnership with the Governor's Office.



Competitive bid/review: public solicitation for bidders to propose solutions and associated costs for contracting certain goods/services.

Sign up for email updates.

Check Washington state agencies for contracting opportunities:

- Health Care Authority
- Department of Health
- Department of Social and Health Services

Register with Washington's Electronic Business Solution

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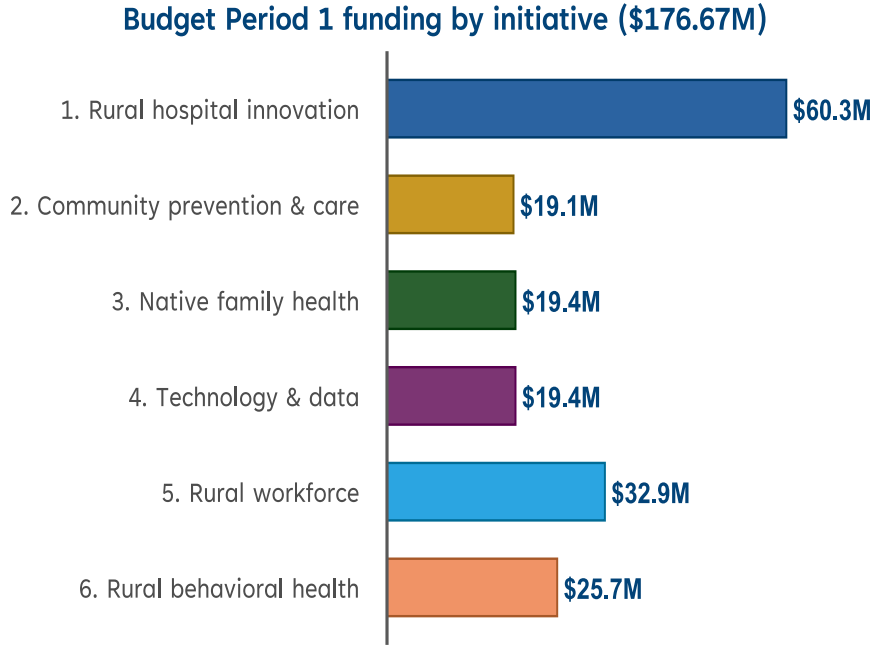
Where the money goes: by purpose

- **$181.26M ($18m allowed for administration)**
- Washington RHT **Administration $4.59M**
- **Direct program funds $176.67M** for Initiatives

1. **Rural Hospital Innovation ($60M)**
   New technology, coordinated services, sustainable payment models
2. **Community Prevention & Care Coordination ($18M)**
   Community-based programs that manage care outside clinical settings
3. **Tribal Health Investments ($19M)**
   Tribal-led care, workforce development, invest in families
4. **Technology & Data Solutions ($19M)**
   Tools that improve access, care coordination, and system efficiency
5. **Rural Workforce Development ($32M)**
   Training and recruitment for nurses, primary care, and community health workers
6. **Behavioral Health System Expansion ($25M)**
   Crisis response, telehealth, and a stronger behavioral health workforce

*Funding depends on a CMS-approved annual budget proposal.



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How the money flows

HCA $130.00M
Health Care Authority - primary recipient

SUB-RECIPIENT		**$47.42M**
1.3	WSHA - tech & cyber	$42M
1.1	TRC - 30 member hospitals	$5.43M
SOLE SOURCE		**$21.55M**
3.1	WA 29 Federally Recognized Tribes	$19.41M
1.2	Rural Health Redesign Center	$2.14M
INTERAGENCY AGREEMENT		**$17.46M**
5.1	UW - WWAMI residency	$5.46M
6.3	OSPI - youth in rural areas	$5.14M
4.1	UW - Project ECHO	$4.28M
5.2	WSU - rural training	$2.57M
COMPETITIVE BID and Client Services*		**$43.56M**
4.2	Provider tech & cyber, non-hospital	$11.05M
1.4	Hospital specialty growth	$10.71M
6.1	Mobile crisis MDT*	$7.93M
6.4	OTP recruitment	$6.64M
6.2	CCBHC transition*	$3.21M

DOH $31.72M
Department of Health

INTERAGENCY AGREEMENT		**$31.72M**
5.4	Grow-your-own training	$9.91M
5.5	Rural workforce incentives	$9.71M
5.3	Rural Nursing Education	$3.50M
2.3	EMS interfacility transport	$3.00M
6.1	Mobile crisis MDT	$2.78M
2.1	Community-based workforce	$2.20M
2.4	Community center refit	$0.54M
2.4	Care-A-Van triage	$0.08M

DSHS $14.96M
Department of Social & Health Services

INTERAGENCY AGREEMENT		**$14.96M**
2.1	Long-term care workers (SEIU)	$4.28M
2.4	AAA mobile assistance vans	$3.51M
2.2	Dementia-capable communities	$3.43M
5.4	Grow-your-own LTCW (WSU)	$1.70M
2.4	WA 211 resource specialists	$1.50M
2.4	Community center refit	$0.54M

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Year 1 Competitive Applications and Client Services Agreements

ACTIVITY – all WA State procurement is available at	AWARDEE / WHO APPLIES	STATUS	AMOUNT
4.2 Provider Technology and cyber security fund, non-hospital	Non-hospital providers	RFA closed	**$11.05M**
1.4 Rural Health Transformation Program - Rural Hospitals (Maternal, Emergency and Specialty Services)	36 rural hospitals statewide	RFA closed	**$10.71M**
6.1 Multidisciplinary teams, mobile crisis support	Mobile crisis MDT providers (BH-ASOs, Tribes)	Client Services contracts in process	**$7.93M**
6.4 Opioid treatment provider recruitment and retention	Opioid treatment providers (OTP)	RFA posted	**$6.64M**
6.2 CCBHC model transition	Certified Community Behavioral Health Clinics	Client Services contracts in process	**$3.21M**
			$39.97M

Sub-awardees are selected through competitive review against published criteria: financial and community need, readiness and capacity, sustainability plans, alignment with value-based care, community partnerships, and innovation. All awards follow federal and state procurement and reporting requirements.

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Initiative 1: Ignite innovation in rural hospitals

- The Rural Collaborative is working with 30 independent rural hospitals to build capacity and improve revenue cycle management
- Washington State Hospital Association is receiving applications from hospitals for critical technology infrastructure and maintenance needs, including replacing 15-year-old filtration and sterilization equipment, computer servers, and sanitation equipment
- HCA and the Rural Health Redesign Center are meeting with rural hospital CEOs and CFOs to begin co-designing a payment model
- Completed the competitive bid process for rural hospitals to invest in maternal, emergency, and specialty services

Rural Nursing Leadership Symposium — Jefferson Healthcare, member of The Rural Collaborative

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Initiative 3: Invest in the health of Native families

- Support Tribal members' participation in Behavioral Health Aide Program
- Hire a Rural Health Care Coordinator to develop and implement care coordination agreements with hospitals
- Remove barriers to specialty care by providing transportation for Tribal members to get care off the reservation
- Modernize existing health information technology infrastructure
- Expand access to culturally responsive care at the Jamestown Salish Seasons by strengthening the behavioral health workforce
- HCA Tribal RHT webpage

Photo: Jamestown Salish Seasons Evaluation and Treatment Center; courtesy of Jamestown S'Klallam Tribe

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Initiative 2: Prevent disease and manage care

"My granddaughter is going off to college tomorrow. She should have this with her."
– Anonymous grandmother picking up naloxone nasal spray, Care-A-Van attendee

- Developing two Community Health Worker trainings from focus group input
- Statewide assessment of SBIRT programs
- Care-A-Van attended a back-to-school event in Lewis County, August 2026
- Evaluating 16 community hub proposals from Tribal and local health partners
- One rural high schools will expand testing capacity to community members
- Working with the Office of Deaf and Hard of Hearing (ODHH) to develop ASL Caregiver training video
- New caregiver testing locations across nine counties
- Up to 500 caregivers gain access to Trualta, a web-based training platform
- Expand Building Dementia Capable Communities from two Area Agencies on Aging to six in year one
- WA211 helpline expansion

Care-A-Van is a mobile care clinic providing services to rural Washington

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Initiative 4: Adopt technology and data solutions

- Project ECHO is a long-standing program that gives rural providers broader opportunities to reach specialists where access to consults and tele-monitoring is limited.
- University of Washington's Project ECHO is considering expanding current programs and is evaluating demand for new ECHO programs such as perinatal psychology, chronic kidney disease, and chronic respiratory disease.
- Completed competitive bid process for providers to adopt technology and data solutions. For example, upgrading technology, telehealth, and remote monitoring system.

Project ECHO participant interview responses

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Initiative 5: Develop Washington's rural workforce

"It has been my number one dream to become a nurse in my rural community. There are a lot of nurses needed, and since I speak both English and Spanish, that will definitely benefit rural nursing." – RNEP student

- 35 Rural Nursing Education Program students, 2 new academic partners and 16 Critical Access Hospital partners participating year 1
- Learning management system (LMS) to remotely train Area Health Education Center (AHEC) Scholars
- Direct Support Professional (DSP) Apprenticeship Program
- Reviewing contractor packets for curriculum development

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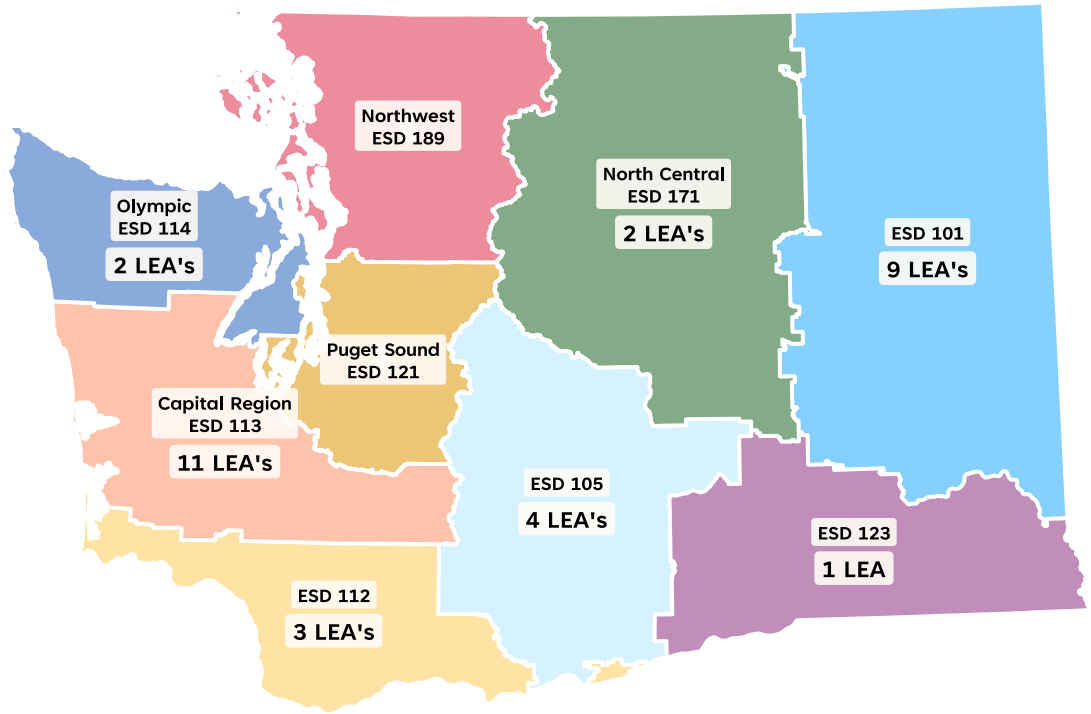
Initiative 6: Expand rural behavioral health

- 21 county Medical Program Directors to conduct assessments of EMS opioid and behavioral health activities
- Contracted with the Office of Superintendent of Public Instruction (OSPI) to expand the number of school systems able to utilize Medicaid Funding
- Completed competitive bid applications to improve recruitment and retention for opioid treatment providers (OTP)

Washington State Educational Service Districts



Local Education Agencies selected by OSPI for year one (32 in total)

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RHT Advisory Committee update

- Representing rural healthcare across the state - Roster of committee members available on the RHT webpage
- Meeting every other month.
- Primary topics and initial aims
  - Establish a working charter and group agreements
  - Develop shared conceptual understanding of rural health in WA, including needs and assets
  - Discuss work underway for each RHTP Initiative
- Looking ahead…
- Identify and workshop points for process improvement and evaluation framework/metrics for success
- Host community and cross-sector roundtables to invite broader feedback and perspectives

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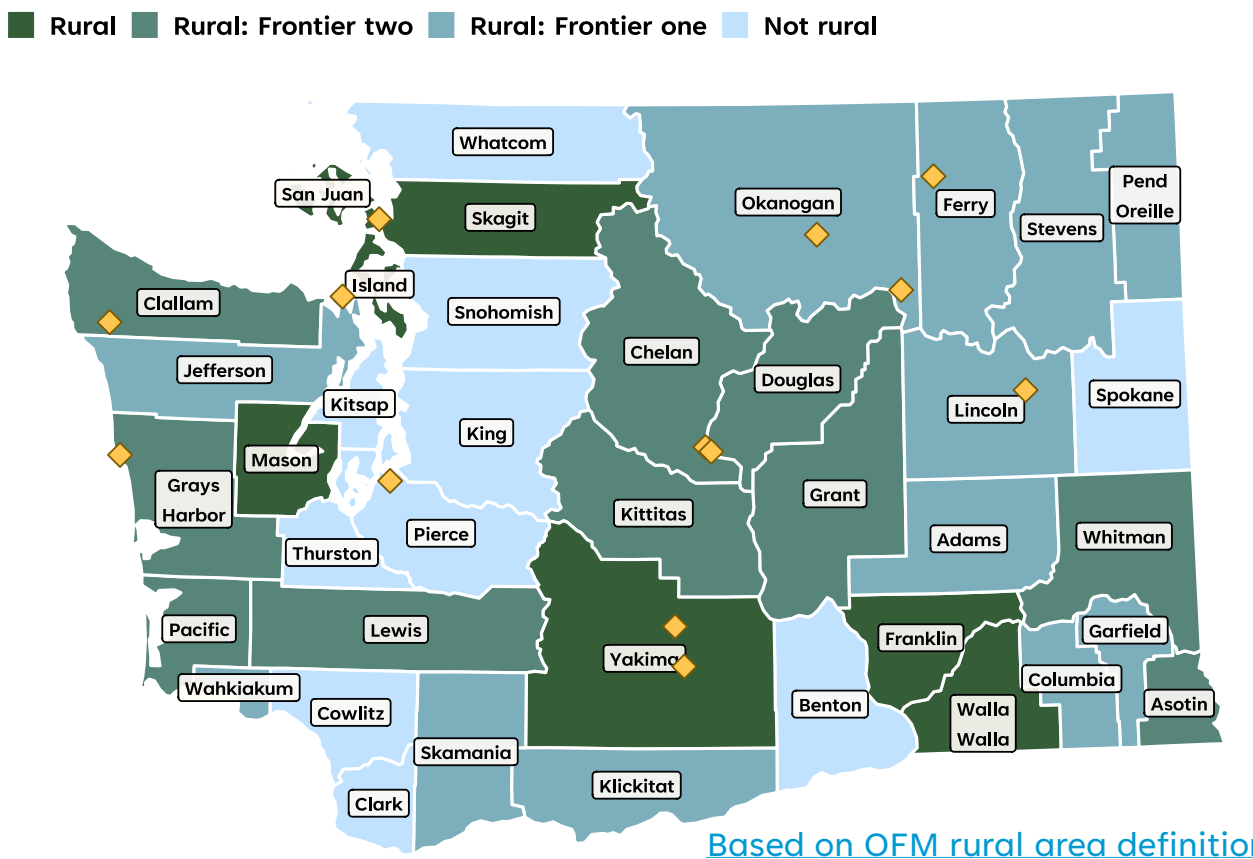
RHT Advisory Committee

- Tribes
  - 2 positions
- Rural hospitals
- Local health jurisdictions (LHJs)
- Federally Qualified Health Centers (FQHCs)
- Behavioral health providers
- Medical providers
- Allied health providers
- Labor organizations
- Area Agencies on Aging
- Rural communities
  - 2 positions from eastern Washington
  - 1 position from western Washington
- State agencies: HCA, DOH, DSHS, OFM
- Governor's Office



Based on OFM rural area definitions

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Year 1 Insights from Washington

Building for long-term transformation from the start

Build through existing systems and partnerships

Strengthen infrastructure communities and providers.

Design sustainability into the model

Plan financing and local ownership alongside implementation.

Learn, validate & adapt before scaling

Use early implementation to test assumptions and refine investment.

EVALUATE EARLY AND OFTEN:

Year 1 as evidence

Baselines, early implementation findings, and applicant narratives are building a more current picture of rural workforce and access needs.

ENGAGE EARLY AND OFTEN

Prioritize local providers and communities

NORTH STAR

Person-centered, high quality, whole person care

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Resources

- Rural Health Transformation Program: new program landing page for background, goals, upcoming events, and news
- What we're working on: the six initiatives and link to sub-awardees
- How to participate: funding opportunities
- Resources: Project Narrative, previous webinars, future fact sheets, and reports
- Update your bookmarks
  - Temporarily, the old RHT Program page URL redirects to the new URL
    - New URL: https://www.hca.wa.gov/about-hca/programs-and-initiatives/rural-health-transformation-program

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Thank you for attending today

If you have questions that are not answered here or at our website: Rural Health Transformation Program, email us at RHT Program Inbox

Sign up for the latest updates at GovDelivery

Stay tuned for next RHT Program Webinar in December 2026

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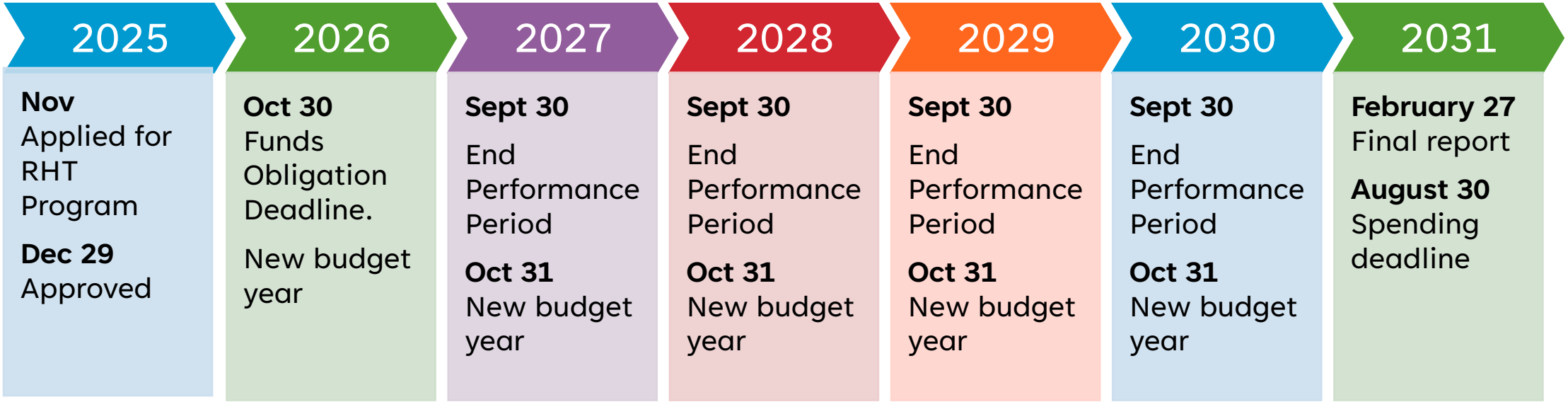
Appendix

Budget and performance periods



The last day of the budget period is the final obligation date for that period's contracts.
The last day of the performance period is the final spend date for that period's funds.

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Priority balance

- Incorporated stakeholder/community feedback from over 310 public comments
- Consulted with Tribal Nations
- Focused on initiatives that aligned with CMS criteria
- Focused on long-term system transformation, not one-time grants
- Aligned with state needs and priorities
- Emphasized areas of state-federal policy alignment (licensure compacts, scope of practice)

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Procurement opportunities

- Incentivizing rural hospital specialty care
- Expanding community-based workforce
- Long-term care workers
- Expanding dementia workforce
- EMS interfacility transport
- Community center refits
- Provider technology and cybersecurity non-hospital
- Grow-your-own training programs
- Rural workforce incentive programs
- Multi-disciplinary teams
- Mobile crisis supports

RHTP funds must support rural

You don’t have to live/work in rural Washington to support rural Washington

- RHTP funds must support long-term system transformation to strengthen rural health access, workforce, and care coordination
- Funding and activities must be clearly linked to supporting local rural health systems and improving health outcomes in the served communities
- RHTP funding can be used if a project supports RHTP goals, strengthens the health care system, and clearly demonstrates benefit to rural Washingtonians.

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Funding restrictions

- Pre-award costs
- Federal or local fund matching
- Services/equipment/support that is the legal responsibility of another party
- Goods/services not allocable to the project
- Supplanting state, local, Tribal, or private funding
- Construction or building expansion
- Independent research and development
- Covered telecommunications and video surveillance equipment
- Meals, unless in limited circumstances
- Lobbying
- Duplicated payments
- Clinician salaries or wage supports for non-compete limitations
- Social Security Act 2105(c) paragraphs 1, 7, and 9

Funding caps

- Rural Tech Catalyst Fund—no more than 10% can be used to fund the development of new technology
- EMR Funding—no more than 5% can be used to support a replacement of EMR systems
- Clinician funding—provider payments cannot exceed 15% of total award
- Renovation—renovations and alterations cannot exceed 20% of total award
- Administrative overhead—cannot exceed 10%, most activities are limited to 7.1%