Washington State Health Care Authority

Rural Health Transformation Webinar

Questions and Answers (Q&A)

This document contains the questions and answers posed during the Washington Rural Health Transformation Webinar on October 27, 2025.

Webinar, application, and Centers for Medicare & Medicaid Services (CMS) questions

Q: Where can I access the slides presented today?
A: The **October 27 slide deck** is available on our **Rural Health Transformation Program (RHTP) webpage**.

Q: How is rural defined?
A: The NOFO includes the following criteria when measuring rurality scoring factors:

- Absolute size of rural population in state
- Proportion of rural health facilities in state
- Uncompensated care in state
- Percentage of state population located in rural areas
- Metrics that define a state as being frontier
- Area of state in total square miles
- Percentage of hospitals in state that receive Medicaid Disproportionate Share Hospital (DSH) payments

States may use their own definitions when administering the RHT Program.

Q: Is the technical score different than size and population score?
A: Yes, The Rural Facility and Population Score Factors include size and population as factors but also include DSH payment and uncompensated care criteria.

Q: Are you open to any other proposals submitted this week?
A: We will continue to engage state partners throughout the duration of RHTP and will review all feedback received. We cannot commit to incorporating any new proposals into the application at this time, but there will be opportunities to evolve our spending plan throughout RHTP year-to-year and as funding from CMS shifts. Upon CMS's allocation of funding, the Advisory committee will recommend spending priorities.

Q: How will CMS reconsider their stance on paying more broadly for telehealth services (to address the funding for telehealth services in rural areas)?
A: All CMS information and guidance is available on the **CMS website**.

Q: The notice of funding opportunity (NOFO) included requirements for applying states to comply with all Executive Orders. Is Washington going to do that?
A: The NOFO requires that the state provide information on our alignment with certain policies. Washington's application includes status updates of our existing policies, including areas in which we would consider future policy action. Our application does not include any commitment to future policy actions.

Q: Will the draft budget be shared publicly?
A: Yes, Washington's application materials will be posted on the RHTP webpage.

Q: Will the state provide the list of written submissions so that we can see what was submitted?
A: We will not post a list of all submissions that we received during the open call for public comment. However, a list of submission types that we received is available on our **RHTP webpage**.

Q: Is there any concern this will change as the government continues to stay shut down?
A: At this time, we do not anticipate changes due to the government shutdown. We will continue to monitor CMS's website.

Funding process

Q: Will Washington have a subgrant process or does it intend to spend through other means?
A: It will be a mix. For programs with which the state already has a contract, Washington will expand existing contracts to get funds out the door. For some funding buckets (technology, grow-your-own workforce programs, and more), Washington will have a subgrant process.

Q: How will technology partners be selected in regards to implementing some of those monitoring and technology infrastructure pieces?
A: There will be a procurement process.

Q: How would you advice a consultancy to engage with recipients of these funds? I'm sure some recipients will require external support - thinking about workforce development and technology investments primarily. How can we help?
A: We received a number of idea submissions from consultants. As the project is implemented, there will be procurement processes as needed. The state will support providers and subcontracts to connect to technical assistance resources where appropriate.

Q: How will you work with different community-based orgs that do work in rural communities?
A: State agencies will continue to partner with community-based organizations, and where appropriate we will open procurement processes for community organizations to apply for funds for specific purposes.

Q: If approved how will the Tribal set-aside be distributed? Indian Nation Agreements?
A: The Tribal set-aside section of our application is being developed in consultation with the Tribes in Washington and will be distributed accordingly. As of now, the Governor's Indian Health Advsory Council will decide how Tribal set-aside funds will be allocated and Sovereign National Agreements will be updated accordingly.

Washington's priorities and application content

Q: Are hospitals the primary focus? What about primary care access?
A: We've included a number of opportunities to invest in primary care, and other preventive services (such as behavioral health). These include prevention and care management in community settings, workforce investments, and support for providers' technology investment.

Q: Are you looking more to lean into existing frameworks vs the introduction of new items?
A: We're looking at a mix. Leveraging existing programs wherever we can, to ease delivery of funding and expand on programs we know are working. But we aren't shying away from new investments either.

Q: Does the emergency medical services (EMS) portion include Mobile Integrated Health (MIH) and/or alternative payment models for avoiding unnecessary emergency department (ED) transports and transporting to alternative locations or keeping them at home?
A: The EMS component focuses on Inter-facility Transport (IFT) and enhancing support for trauma-designated facilities in rural communities, as well as strengthening EMS response capacity for opioid and behavioral health crises in those areas.

Q: Are you including that Washington state already has grow your own Certified Medical Assistant (CMA) program?
A: Yes, we will be looking to replicate and/or expand existing grow your own programs and services.

Q: How will Washington sustain the behavioral health system?
A: The sustaining the behavioral health system initiative includes expanding mobile crisis supports and multi-disciplinary teams, supporting CCBHC expansion, expanding school-based services, and helping recruit and retain rural OTP providers.

Q: Much of the costs associated with rural health care systems are people with chronic or serious illness. Issues around excessive ER usage, lack of palliative care services and expensive transportation issues for patients in rural areas. Where does management of chronic and serious illness, including end-of life, fit into this proposal?
A: Our second initiative, Prevent Disease and Manage Care in Community Settings, is focused on preventing disease and managing care in community settings, and includes supports for community and long-term care workforce, expanding dementia resource, and triaging community members to appropriate levels of care.

Q: Will there be any focus on food as medicine, expansion of the state food prescription program that possibly be used as Continued Medical Education (CME) for health care providers?
A: The NOFO specifies that funds cannot be used to pay for meals or food. For this reason, we are not including Food as Medicine programs.

Q: Curious if the Washington Rural Palliative Care Initiative factors into this proposal already successfully embedded in 24 communities.
A: We reviewed all input submitted through the public comment process. Though we rarely named specific providers or vendors for funding, our application includes numerous opportunities to support the submitted concepts, including palliative and community-based care supports (initiatives 2 and 5), and technology and telehealth infrastructure (initiative 1 and 4). There will be competitive bid opportunities for these initiatives during RHT Program implementation.

Q: Does Initiative 2 triaging include advance care planning and palliative initiatives?
A: Initiative 2 does include family and community engagement hubs where people learn and receive support on health issues. Depending on the hub's offering of evidence-based programs, it could include advance care planning and palliative initiatives.

Q: Will Project ECHO be run by the University of New Mexico or will the UW or WSU take that on?
A: We will be expanding the University of Washington's Project ECHO offerings. This will include bringing existing offerings into new rural sites and expanding the number of specialty ECHO programs offered.

Q: What does "Triple As" mean?
A: Triple As stands for Area Agency on Aging.

Q: Will the programs/investments include deliverables/goals with evaluation? Might the funding be adjusted if some do not achieve intended results?
A: In alignment with the NOFO, all initiatives are tied to a set of performance metrics. The NOFO indicates that funding may be adjusted if the state is not achieving milestones.

Advisory committee

Q: Will there be opportunities for federally qualified health centers (FQHCs) to be involved in implementation of any of the initiatives?
A: We are envisioning a FQHC representative on the advisory committee and will continue to engage with community health centers throughout the 5-year RHT program. We know they are a critical partner for the rural delivery system.

Q: How will you solicit members for the advisory committee?
A: We are in the process of determining our process for recruiting members for the advisory committee. Once we have finalized the proposed advisory committee structure and submitted our application to CMS, we'll be working on getting more information out publicly about the process and opportunity to engage.

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Additional resources

- HCA's RHTP Page
- CMS RHTP Page
- Manatt and State Health and Value Strategies RHTP NOFO Summary
- KFF RHTP Takeaways