

10:00

Welcome. The meeting will begin shortly.

Utah Rural Health Transformation Program

Rural Health Transformation Program Website
dhhs.utah.gov/ruralhealth/

Notice of Award

dhhs.utah.gov/wp-content/uploads/NOA_RHTCMS332051-01-00.pdf

Welcome. The meeting will begin shortly.

February 12, 2026

Rural Health Transformation Program

RHTP Informational Webinar



CMS Disclaimer: This Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$195,743,566.29 million with 100 percent funded by CMS/HHS, pending approval of revised budget. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

Agenda

01. Meet the RHTP team
02. Foundational context
03. Status updates
04. Moving forward



RHTP Team

Nune Phillips

*DHHS Executive Director's Office
Senior Policy Advisor*

Brittney Okada

*DHHS Executive Director's Office
Director, Rural Health Transformation Program*

Christine Espinel

*DHHS Executive Director's Office
Program Manager, Rural Health Transformation
Program*

Michelle Geller

*DHHS Executive Director's Office
Project Specialist, Rural Health Transformation
Program*

RHTP Team

Program Manager

*DHHS Executive Director's Office
Rural Health Transformation Program*

Administrative Assistant

*DHHS Executive Director's Office
Rural Health Transformation Program*

Health Program Coordinators

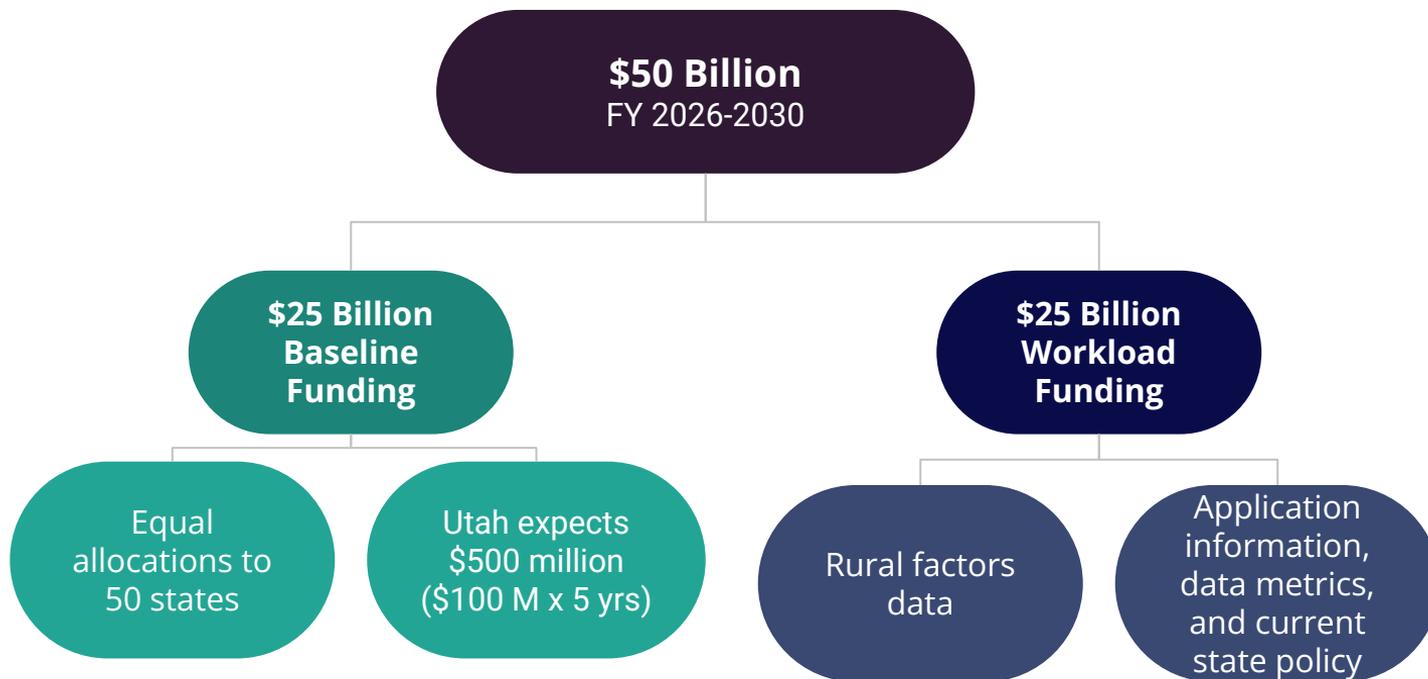
*DHHS Executive Director's Office
Rural Health Transformation Program*

Data Analyst

*DHHS Executive Director's Office
Rural Health Transformation Program*



Federal Rural Health Transformation Program Funding Summary



Stakeholder engagement in application development

Application submitted
November 5, 2025

Engagement timeline

August 2025

Initial stakeholder webinar

Survey collected 106 responses

September 2025

Listening sessions in Cedar City, Brigham City, and Moab

4 workgroups of industry experts engaged

October 2025

Request for proposed initiatives collected 210+ responses

2 public open sessions

Workgroup development of initiatives

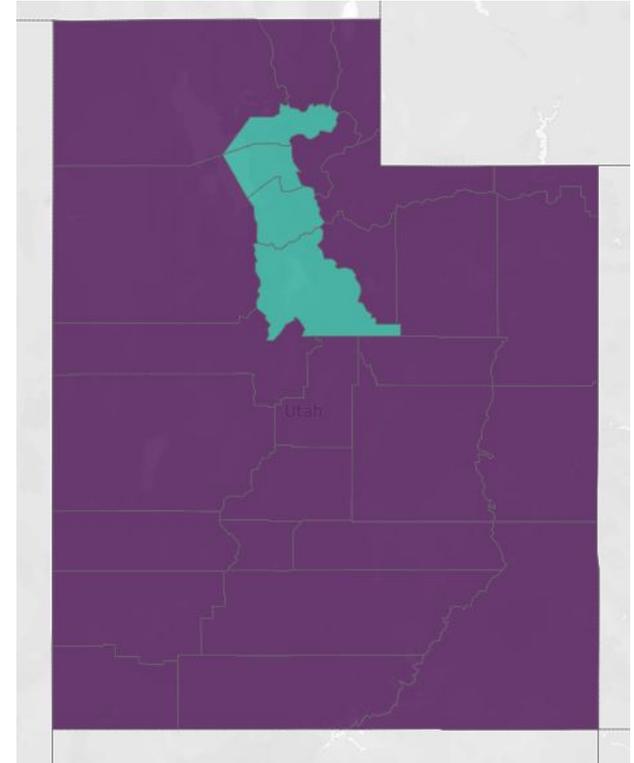
Guiding principles outlined in H.J.R. 101 Joint Resolution on Federal Funds

1. Initiatives should seek to create sustainable positive financial outcomes without creating future financial obligations for the state or permanently committing the state to a local government or private sector responsibility;
2. Initiatives should prioritize one-time projects or upgrades;
3. Initiatives should seek to leverage non-state resources where possible by partnering with the private sector or other levels of government;
4. Initiatives should inspire innovation in healthcare delivery;
5. Initiatives should seek to improve the health outcomes of Utahns; and
6. When awarding funds, the state of Utah should notify funding recipients that the funds are temporary and do not create an ongoing obligation by the state government.

Utah RHTP Definition of Rural

The Utah legislature has established the definition of “rural” in the state in Utah State Code Section 26B-4-701. That definition references the statutory classification of counties of the third, fourth, fifth, or sixth class as defined in Utah State Code Section 17-60-104.

Based on these statutory definitions and recent population estimates, 25 of 29 counties in Utah meet the definition of rural, which **excludes four urban counties**: Davis, Salt Lake, Utah, and Weber.



Notice of Award

Received 12/29/2025

Year 1 amount:
\$195.7 million

Cooperative
Agreement

dhhs.utah.gov/ruralhealth/

Key dates

January 30, 2026

Budget revision due to CMS

August 30, 2026

Year 2 application and first annual progress report due to CMS

October 30, 2026

End of first budget period

September 30, 2027

Year 1 funding can be spent through following federal fiscal year



Unallowable Use of Funds

Funds CANNOT be used:

- To supplant existing funding
- For new construction or building expansion, purchasing, or significant retrofitting of buildings
- For clinician salaries subject to non-compete clauses or loan repayment

Limits apply on certain spending:

- Capital expenditures and infrastructure: 20% cap
- Provider payments: 15% cap
- Administrative expenses: 10% cap
- Replacement of existing EMR in place as of September 1, 2025: 5% cap

More information in the NOA and NOFO: dhhs.utah.gov/ruralhealth/



Year 1 Initiatives

Make Rural Utahns Healthy

1. Preventive Action and Transformation for Health (PATH): **\$29 million**

Workforce Development

2. Rural Incentive and Skill Expansion (RISE): **\$28.8 million**

Innovation and Access

3. Sustaining Health Infrastructure for Transformation (SHIFT): **\$55.5 million**
4. Financial Approaches for Sustainable Transformation (FAST): **\$18 million**
5. Leveraging Innovation for Facilitated Telehealth (LIFT): **\$26.5 million**

Technology Innovation

6. Shared Utilities for Partnered Provider Operational Resources and Technology (SUPPORT): **\$16.9 million**
7. Leveraging Interoperability Networks to Connect Services (LINCS): **\$16 million**



Year 1 Initiatives and key actions

Contractual budget summary by initiative and key actions

Strategic goal: Make rural Utahns healthy

1. Preventive Action and Transformation for Health (PATH): \$29 million

- **\$3 million** Gold Medal Schools
- **\$11 million** Food infrastructure
- **\$11 million** Physical activity infrastructure
- **\$2 million** Community Care Hub
- **\$2 million** Behavioral health/primary care integration



Year 1 Initiatives and key actions

Contractual budget summary by initiative and key actions

Strategic goal: Workforce development

2. Rural Incentive and Skill Expansion (RISE): \$28.8 million

- **\$1.6 million** Graduate Medical Education (GME)
- **\$200,000** Preceptor program
- **\$4 million** Grow Our Own program
- **\$3 million** Non-GME program
- **\$20 million** Recruit and retain activities



Year 1 Initiatives and key actions

Contractual budget summary by initiative and key actions

Strategic goal: Innovation and access

3. Sustaining Health Infrastructure for Transformation (SHIFT): \$55.5 million

- **\$30.5 million** Capital Infrastructure
- **\$12.5 million** Emergency Medical Services (EMS)
- **\$2.5 million** Rural health networks
- **\$10 million** New models of care

4. Financial Approaches for Sustainable Transformation (FAST): \$18 million

- **\$6 million** Value-based care
- **\$9 million** Revenue cycle optimization
- **\$3 million** Alternative payment models (APM)



Year 1 Initiatives and key actions

Contractual budget summary by initiative and key actions

Strategic goal: Innovation and access

5. Leveraging Innovation for Facilitated Telehealth (LIFT): \$26.5 million

- **\$1.5 million** Telehealth consortium
- **\$25 million** Telehealth projects



Year 1 Initiatives and key actions

Contractual budget summary by initiative and key actions

Strategic goal: Technology innovation

6. Shared Utilities for Partnered Provider Operational Resources and Technology (SUPPORT): \$16.9 million

- **\$9.4 million** Electronic Health Records (EHR)
- **\$4.5 million** Cybersecurity
- **\$3 million** Clinical and consumer-facing tech and AI solutions

7. Leveraging Interoperability Networks to Connect Services (LINCS): \$16 million

- **\$5 million** Interoperability
- **\$11 million** Semantic data model



Year 1 Funding Plan

Funds to Other State Agencies

- Utah Department of Agriculture and Food: **\$11 million**
- Utah State Board Of Education: **\$3 million**
- Utah Department of Transportation: **\$11 million**
- Utah System of Higher Education: **\$3 million**
- Utah Department of Public Safety: **\$12.5 million**
- *Possibly* Department of Environmental Quality: Water Quality Infrastructure: **TBD**

Remaining DHHS Funds

- Released in accordance with state procurement law to solicit competitive applications for sub-awards, contracts, and grants
- * DHHS will partner with non-profit organizations to potentially support the administration and oversight of funds (i.e., Revenue Cycle, Shared Services, Capital Improvements, Workforce)

Our next steps

The Utah State Legislature is authorized by law to review federal funds, determine whether to accept the funds, and direct how the funds shall be appropriated. (Utah Code Section 63J-5-201)

Utah Legislative Session ends on March 6, 2026.

DHHS is engaging in Tribal consultation to inform RHTP support for Tribal nations.

Anticipated timeline for Year 1 funds

Key dates

March 6, 2026

End of Legislative Session with anticipated appropriations of funds

March through May 2026

Anticipated release of funding opportunities

August 30, 2026

Year 2 application and first annual progress report due to CMS

October 30, 2026

End of first budget period

September 30, 2027

Year 1 funding can be spent through following federal fiscal year

Where funding opportunities will be available

Solicitations for competitive awards issued by the State of Utah will be posted on Bonfire (U3P) when available.

utah.bonfirehub.com/portal/?tab=openOpportunities

DHHS procurement opportunities will be posted on dhhs.utah.gov/dhhs purchasing/ when available.

DHHS grant opportunities will be posted on dhhs.utah.gov/dhhs grants/ when available.

Your next steps

What to look for

- Read Utah's application to see how your work fits
- Identify projects and partners to work on RHTP key actions
- Understand allowable and unallowable costs
- Track RHTP updates on the website for requests for grant applications/proposals dhhs.utah.gov/ruralhealth/
- Sign up for our listserv at ruralht@utah.gov



Utah Department of
Health & Human
Services