Utah Department of
Health & Human
Services

Utah's Rural Health Transformation Program Application Summary

November 2025

Summary of Utah's Rural Health Transformation Program Application

On November 5, 2025, the Utah Department of Health and Human Services (DHHS), as designated by Governor Cox, submitted an application to the Centers for Medicare and Medicaid Services (CMS) for the Rural Health Transformation (RHT) Program. Below is a summary of Utah's RHT Program application, highlighting the plan's strategic goals, stakeholder-informed initiatives, and approach to improving health outcomes, access, quality, and workforce stability in rural communities. This is followed by a brief synopsis of the CMS Rural Health Transformation Program Notice of Funding Opportunity (NOFO), to show the alignment of Utah's plan with program requirements and priorities.

DHHS stakeholder engagement in the application process

Between July and October 2025, DHHS executed a comprehensive and multi-layered stakeholder engagement strategy to develop Utah's RHT plan. This effort was grounded in the principle that meaningful transformation in rural health systems must be co-designed with the communities served, including patients, providers, tribal representatives, and local leaders.

August	September	October
Stakeholder survey input	**Partner feedback and workgroup development**	**Proposals, initiative development**
>100 survey responses from community stakeholders to help guide Utah's rural health strategy.	3 listening sessions across rural Utah: Moab, Brigham City, and Cedar City. 4 workgroups of industry experts engaged.	>210 submissions open form for proposal ideas. 2 public open sessions. Workgroup development of initiatives.

Utah's RHT Plan

Utah's vision is to transform rural health through sustainable, generational investments to increase opportunities for all rural Utahns to live safe and healthy lives. This is built on a strong foundation of positive health outcomes as demonstrated by our state's consistent ranking as one of the nation's healthiest states. Utah's RHT plan is grounded in the principles recently adopted by the Utah State Legislature, including sustainable financial outcomes, prioritization of one-time projects, leveraging non-state resources, inspiring innovation in healthcare delivery, and improving health outcomes.

Through extensive planning for this funding opportunity, Utah's rural health stakeholders identified four strategic goals, aligned with the CMS RHT Program's strategic goals, that now guide this plan. (1) Make rural Utahns healthy, (2) workforce development, (3) innovation and access, and (4) technology innovation.

Collectively, these goals will drive progress for rural communities and result in tangible results for Utah through four overarching outcomes. (A) Improving outcomes; (B) improving access; (C) improving quality; and (D) strengthening workforce.

Utah plans to drive progress on these outcomes through seven broad initiatives in partnership with state, local, tribal, and community stakeholders across rural Utah.

Making rural Utahns healthy

~$155 million | 1 initiative

Initiative #1 — Preventive Action and Transformation for Health (PATH)

The PATH initiative advances rural health through innovations in nutrition, physical activity, and built environments, establishing lifelong healthy behaviors to promote health, improving maternal and behavioral health, and reducing the overall burden of chronic disease in rural communities.

Key actions

1.1. Strengthen rural food infrastructure to support local producers' capacity to supply rural communities with locally-sourced fresh, nutritious whole food.

1.2. Strengthen physical activity and nutrition in schools and support the Presidential Fitness Test through Gold Medal Schools.

1.3. Support rural built environment needs in order to improve the walkability, physical safety, and recreation of rural communities in support of regular physical activity and active transportation.

1.4. Improve coordinated care for prevention and disease management through a community care hub model.

1.5. Support integrated behavioral health and primary care services using a stepped-care approach.

Workforce development

~$187 million | 1 initiative

Initiative #2—Rural Incentive and Skill Expansion (RISE)

The RISE initiative strategically invests in building a sustainable rural healthcare workforce by investing in career pathways beginning in grade school, expanding training, connecting education to local needs, and supporting recruitment and retention.

Key actions

2.1. Develop graduate medical education (GME) training in rural healthcare facilities to allow students to focus their residency or internship programs in rural hospitals and rural community outpatient settings.

2.2. Expand rural clinical preceptor capacity through an incentive program to support rural clinical preceptors for a range of providers, including nurses, physician assistants, and physicians.

2.3. Increase health career pathways through the creation of "grow our own" high school to certification programs.

2.4. Optimize public-private partnerships to expand rural-based, non-GME health workforce career training programs in targeted occupations with regional demand.

2.5. Recruit and retain rural workforce through structured incentive awards for high-need professions.

Innovation and access

~$437 million | 3 initiatives

Initiative #3—Sustaining Health Infrastructure for Transformation (SHIFT)

The SHIFT initiative seeks to transform preventive care through enhancements to local service delivery that improves health outcomes to build a resilient, interconnected system centered on proactive wellness and early intervention.

Key actions

3.1. Support capital infrastructure improvements to improve care delivery, keep care local, and improve the quality of care in rural Utah.

3.2. Expand services and resources through rural health provider networks such as a rural health clinic network, pediatric trauma network, or community health worker network.

3.3. Strengthen emergency medical services (EMS) through establishing community paramedicine programs that provide non-emergency healthcare services in rural areas.

3.4. Build new models for innovative care that expand access to mobile services, enhance transportation for medical appointments, and support prevention and management of chronic diseases, cancer, behavioral health, and maternal and child health in rural communities.

Initiative #4—Financial Approaches for Sustainable Transformation (FAST)

The FAST initiative addresses core financial and care delivery challenges that hinder rural healthcare viability in Utah by transitioning providers to value-based payment and proactive care, streamlining revenue cycles for efficiency, and piloting alternative models to fund specialist access for rural communities.

Key actions

4.1. Support rural providers in transitioning to value-based care models.
4.2. Develop infrastructure for revenue cycle optimization.
4.3. Implement a pilot for an alternative payment model to increase specialty care access.

Initiative #5—Leveraging Innovation for Facilitated Telehealth (LIFT)

The LIFT initiative aims to improve sustainable healthcare access and outcomes in Utah's rural communities through scalable, data-informed, telehealth strategies, reinforced by training and technical assistance to facilitate effective implementation and lasting impact.

Key actions

5.1. Address the healthcare and telehealth needs specific to rural communities through scalable, sustainable projects in primary and preventive care, chronic disease and cancer, behavioral health and substance use disorders, maternal and infant health, medication access and adherence, and oral care.

Technology innovation

~$190 million | 2 initiatives

Initiative #6—Shared Utilities for Partnered Provider Operational Resources and Technology (SUPPORT)

The SUPPORT initiative partners with rural facilities to build critical digital, technological, and administrative infrastructure offering collaboration and pooled or shared resources that leverage economies of scale while preserving operational autonomy.

Key actions

6.1. Support investments in electronic health record (EHR) upgrades and improved patient access.
6.2. Defend rural facilities from cyberattacks.
6.3. Equip rural providers through shared cybersecurity expertise and training.
6.4. Deploy consumer-facing tech and AI solutions.
6.5. Facilitate clinical technology and AI solutions.

Initiative #7—Leveraging Interoperability Networks to Connect Services (LINCS)

The LINCS initiative aims to create a connected health ecosystem for rural Utah communities by modernizing the interoperability and secure exchange of health data among clinics, hospitals, public health and behavioral health entities, as well as community-based organizations.

Key actions

7.1. Support rural providers in modernizing interoperability capabilities.
7.2. Expand patient access to health information.
7.3. Build a statewide, cloud-based, interoperable data platform that harmonizes information from EHRs, claims, and public health systems into a consistent, computable structure.
7.4. Support applications of the semantic data model.

State policy action

Technical score points for workload funding (i.e., the second tranche of $25 billion) are awarded based on current state policy, proposed policy action committed to by accepting the award, and subsequent follow-through toward meeting the policy action commitments. Below addresses the status of the state policy actions requested within this funding opportunity and Utah's commitments.

Policy factors		Finalize by	Policy action	Status
B.2	Health and lifestyle	12/31/2028	The state requires schools to reestablish the Presidential Fitness Test.	Pursuing
B.3	SNAP waivers	12/31/2027	The state has USDA SNAP Food Restriction Waiver that prohibits the purchase of non-nutritious items.	Enacted
B.4	Nutrition continuing medical education	12/31/2028	The state has a requirement for nutrition to be a component of continuing medical education (CME).	None
C.3	Certificate of need (CON)	12/31/2027	Cicero report for states with universal CONs for all facility categories.	Enacted
D.2	Licensure compacts	12/31/2027	Physician Score, Nurse Score, EMS Score, Psychology Score, and Physician Assistant Score	Enacted
D.3	Scope of practice	12/31/2027	PA Score, NP Score, Pharmacist Score, and Dental Hygienists Score	Partial
E.3	Short-term, limited- duration insurance (STLDI)	12/31/2027	STLDI plans are not restricted in the state beyond the latest federal guidance	Enacted
F.1	Remote care services	12/31/2027	State has broadly supportive state policies towards access to remote care and telehealth services	Partial

Other policy actions Utah plans to pursue include exploring policy changes that would allow pharmacists to distribute medication through mobile pharmacy kiosks in rural communities and exploring policy to improve the timely credentialing of providers by insurers.

Stakeholder engagement

Continued and strategic stakeholder engagement is paramount for a seamless transition into the implementation phase. Continuing with the robust process developed to inform the application, DHHS will employ a tiered stakeholder engagement strategy to ensure that decisions continue to be informed, innovative ideas are captured, and expertise, particularly lived experience, is fully leveraged.

Metrics and evaluation

All initiatives contribute toward achieving the key outcomes. Together, the seven initiatives are designed to function as an integrated system of improvement—each reinforcing the others to collectively advance Utah's overarching outcomes of improved health, access, quality, and workforce stability in rural communities. By aligning shared metrics across initiatives and analyzing data at the county and community level, Utah commits to achieving a greater cumulative impact—demonstrating broader, measurable improvements in rural health outcomes and system performance than any single initiative could achieve independently. Data will be collected and analyzed annually for annual progress reporting.

Sustainability plan

Utah is recognized as among the best managed states due to its adoption of a key government financing principle to utilize one-time funds for one-time expenses. The Utah State Legislature embedded that principle when it endorsed its support of Utah's application for RHTP funding by adopting language stating "initiatives should seek to create sustainable positive financial outcomes without creating future financial obligations for the state." As a result, Utah's strategy for the RHTP is designed to generate permanent, systemic, and generational change, not temporary reliance on federal infusions. This aligns with the intent of the RHTP encouraging states to reject investments for projects that will not be sustainable upon completion of the program. The plan prioritizes one-time projects or upgrades and focuses on establishing models that are self-sustaining and shifting payment models to reward value and efficiency.

CMS Rural Health Transformation Program NOFO Synopsis

View the full Notice of Funding Opportunity.

Funding opportunity

Rural Health Transformation Program (CMS-RHT-26-001); available only to the 50 U.S. states. Territories are not eligible. Governor-designated lead agency.

Funding type (p 6,7)

Cooperative agreement; requires substantial CMS project involvement after an award is made. CMS may be in contact at least once a month, and more frequently when appropriate.

Timelines (p 6)

This is a one-time application opportunity. Application deadline November 5, 2025. Awardees will be determined by December 31, 2025

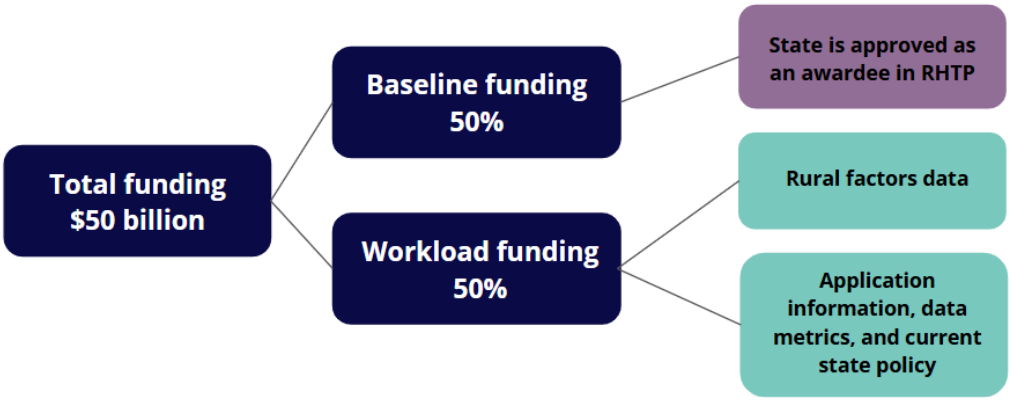
Funding details (p 39)

CMS has requested each state to use the purely hypothetical and illustrative award amount of $1 billion or $200 million for each of the five budget periods FY2026 - FY2030 to formulate its budget.
Baseline funding: CMS will distribute $25 billion equally among all approved states, up to the maximum 50 states.

Workload funding

Another $25 billion will be distributed based on the content and quality of the application and on rural factors. Workload funding will be half of the total funding available each budget period.

- Workload funding amounts will be calculated based on the information provided by states to CMS in the application and government data sets.



Workload funding factors:

- Data driven metrics
- Initiative-based
- State policy actions

Funds distribution and redistribution (p 13-16)

Funding redistribution

- Unexpended: A state does not spend all funds CMS awarded by the end of the subsequent fiscal year with respect to each budget period state date.
- Unobligated: CMS does not award the full $10 billion available in a given budget period.
- Noncompliance: CMS may withhold, reduce, or recover award payments.

CMS will re-calculate each approved state's technical score and corresponding workload funding amount for each subsequent budget period based on the information and data the approved state provides in the required annual reporting each year.

Purpose (p 10):

Support states in enhancing existing activities and implementing activities articulated in the authorizing statute. Statutory authority: Public Law 119-21, Section 71401.
Funding will drive the follow strategic goals:

- **Make rural America healthy again:** Supporting rural health innovations and new access points of care. Promote preventive health and address root causes of disease.
- **Sustainable access:** Help rural providers become long-term access points of care by improving efficiency and sustainability.
- **Workforce development:** Attract and retain high-skilled health care workforce by strengthening recruitment and retention.
- Innovative care: Spark the growth of innovative care models to improve health outcomes.
- **Tech innovation:** Foster innovative technologies that promote efficient and effective care delivery with data security, access to digit health tools by facilities, providers, and patients.

Use of funds (p 11, 12):

Congress authorized funding for states to invest in at **least three (3)** uses of funds (described in Section 71401 of Public Law 119-21).

A. **Prevention and chronic disease:** Promoting evidence-based measurable interventions to improve prevention and chronic disease management.
B. **Provider payments:** Providing payments to healthcare providers for the provision of healthcare items or services, subject to funding policies and limitations (p 18).
C. **Consumer tech solutions:** Promoting consumer-facing, technology-driven solutions for the prevention and management of chronic diseases.
D. **Training and technical assistance:** Providing training and technical assistance for the development/adoption of technology-abled solutions that improve care delivery in rural hospitals including robotics, AI, and other advanced technologies.
E. **Workforce:** Recruiting and retaining clinical workforce talent to rural areas with a minimum of a five year commitment.
F. **IT advances:** Providing technical assistance, software and hardware for significant information technology advances to improve efficiency, cybersecurity, and patient outcomes.
G. **Appropriate care availability:** Assisting rural communities by identifying needed preventive, ambulatory, pre-hospital, emergency, acute patient, outpatient care, and post acute care service lines.
H. **Behavioral health:** Supporting access to opioid use disorder treatment services and mental health services (as defined in section 1861(jjj)(1) of Social Security Act).
I. **Innovative care:** Developing projects that support innovative models of care that include value-based care arrangements and alternative payment models as appropriate.

Additional uses designed to promote sustainable access as determined by the Administrator:

J. **Capital expenditures and infrastructure:** Investing in existing rural healthcare facility buildings and infrastructure including minor building alternations or renovations and equipment upgrades subject to funding policies and limitations.
K. **Fostering collaboration:** Initiating/strengthening local and regional strategic partnerships to promote quality improvement, financial stability, and expand access to care.

Budget and funding limitations restrictions

According to Section 71401 of Public Law 119-21, not more than 10% of the amount allotted to a state for a budget period may be used by the state for administrative expenses. This 10% limit applies to administrative costs for all of the budget, including indirect and direct costs.

CMS does not allow:

- Pre-award costs.
- Meeting matching requirements for any other federal funds or local entities.
- Duplication or supplanting services, equipment or supports that are the legal responsibility of another party.
- Goods or services not allocable to the project. Supplanting existing state, local, tribal, or private funding of infrastructure or services, such as staff salaries.
- Construction or building expansion, purchasing or significant retrofitting of buildings, cosmetic upgrades, or any other cost that materially increases the value of the capital or useful life as a direct cost.
- The cost of independent research and development, including their proportionate share of indirect costs.
- Funds related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order.
- Purchase of or financial support for telecommunications and video surveillance equipment.
- Meals, unless prior approval is obtained.

Program-specific unallowable costs:

- Capital expenditures and infrastructure costs cannot exceed 20% of the total funding in a given budget period.
- Payment for clinical services that could be reimbursed by insurance.
- Funding for provider payments cannot exceed 15% of the total funding in a given budget period.
- Funding cannot be used for initiatives that fund certain cosmetic and experimental procedures that fall within the definition of a specified sex-trait modification procedure at 45 CFR 156.400.

- No more than 5% of total funding in a given budget period can support funding the replacement of an EMR system if a previous HITECH certified EMR system is already in place as of September 1, 2025.
- Funding towards initiatives similar to the “Rural Tech Catalyst Fund Initiative” cannot exceed the lesser of (1) 10% of total funding awarded to a state in a given budget period or (2) $20M of total funding in a given budget period.
- Funds cannot be used toward abortions, and citizenship documentation requirements for payments made with respect to an individual.

Noncompliance: Violations of agreement include, but are not limited to:

- Using funds in a manner inconsistent with activities described in a state’s application, on activities explicitly limited in the limitations and program-specific limitations sections, and/or on activities not approved.