Rural Health Transformation Program Grant

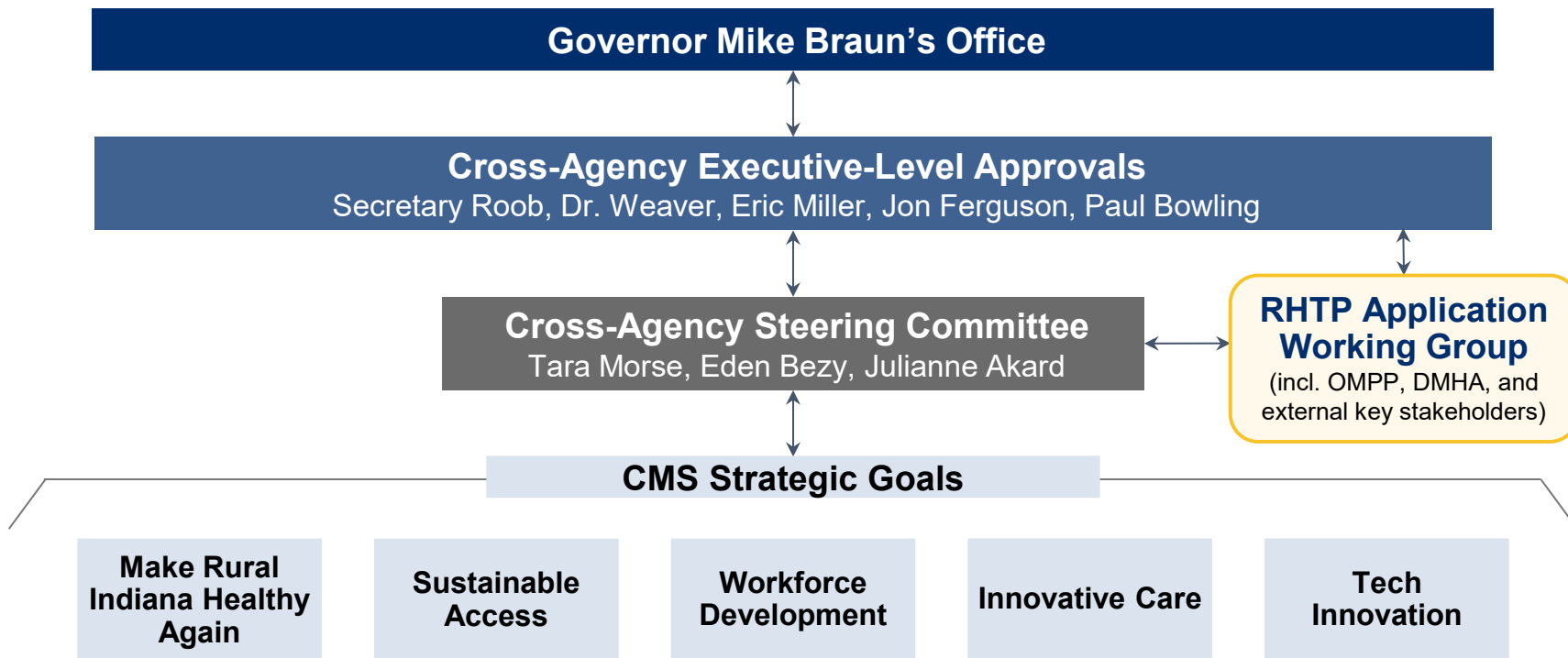An Overview of State Priorities & Ongoing Efforts

October 8, 2025

Meeting Agenda

Meeting Goal: Review progress towards submitting application.

1. Overview of Timeline & Governance Structure

2. Review of Stakeholder Engagement Efforts

3. Overview of Identified Initiatives & Key Priorities

4. Discussion

The deadline for stakeholder proposals was October 6, 2025. IN is continuing to review and assess proposals for viability and alignment with CMS and IN priorities. The updates in this presentation are as of October 8, 2025, and the content in this presentation is subject to additional refinement and finalization.

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Application Development Governance Structure

Governor Mike Braun's Office

Cross-Agency Executive-Level Approvals
Secretary Roob, Dr. Weaver, Eric Miller, Jon Ferguson, Paul Bowling

Cross-Agency Steering Committee
Tara Morse, Eden Bezy, Julianne Akard

RHTP Application Working Group
(incl. OMPP, DMHA, and external key stakeholders)

CMS Strategic Goals

| Make Rural Indiana Healthy Again | Sustainable Access | Workforce Development | Innovative Care | Tech Innovation |

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CMS Grant & Transformation Priorities

- Support rural health innovations and new access points to promote preventative health
- Address root causes of diseases
- Outcomes-driven interventions to improve disease prevention, chronic disease management, behavioral health, and prenatal care.

- Help rural providers become long-term access points for care by improving efficiency and sustainability.
- With RHT Program support, rural facilities work together—or with high-quality regional systems—to share or coordinate operations, technology, primary and specialty care, and emergency services.
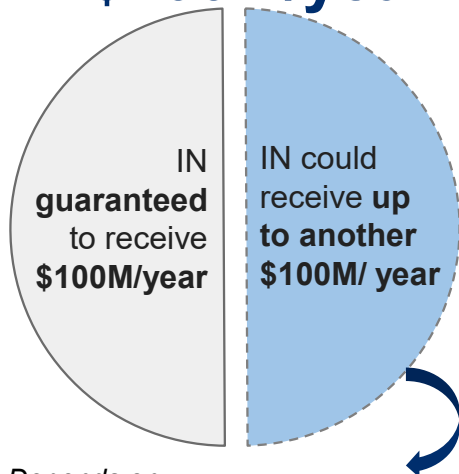
- Attract and retain a high-skilled health care workforce by strengthening recruitment and retention of healthcare providers in rural communities.
- Help rural providers practice at the top of their license and develop a broader set of providers to serve a rural community's needs.

- Spark the growth of innovative care models to improve health outcomes, coordinate care, and promote flexible care arrangements.
- Develop and implement payment mechanisms incentivizing providers or Accountable Care Organizations (ACOs) to reduce health care costs, improve quality of care, and shift care to lower cost settings.

- Foster use of innovative technologies that promote efficient care delivery, data security, and access to digital health tools by rural facilities, providers, and patients.
- Projects support access to remote care, improve data sharing, strengthen cybersecurity, and invest in emerging technologies.

Source: Rural Health Transformation Program Notice of Funding Opportunity

October 8, 2025

Funds Distribution Timeline

Planning for $200M/year

IN **guaranteed** to receive **$100M/year**

IN could receive **up to another $100M/ year**

Depends on:
- *State-specific rural health metrics*
- *State policies*
- *Grant application*

Funding distribution*

★ Period 1	**2028**	**FFY29**	**FFY30**	**FFY31**	**FFY32**
	★ Period 2				
		★ Period 3			
			★ Period 4		
				★ Period 5	
★ = Funds distribution					

*Funding available through Jan 1 of budget period through 9/30 of following year. 21 months.

Stakeholder Engagement Efforts

Ongoing Working Group Efforts - Began Meeting 8/27/25 and Ongoing

Coalition of state agencies, legislators, and rural health landscape members with oversight from FSSA, IDOH, and the HFS Secretary's office

Informed development of Indiana's priorities

External Stakeholder Feedback - Reviewed and received on an ongoing basis until 10/6/25

✓ **Over 50** initiative proposals received from a wide array of stakeholders

✓ **Over 2,000** survey response received through the Rural Community Health Priorities Survey from individuals with lived experience
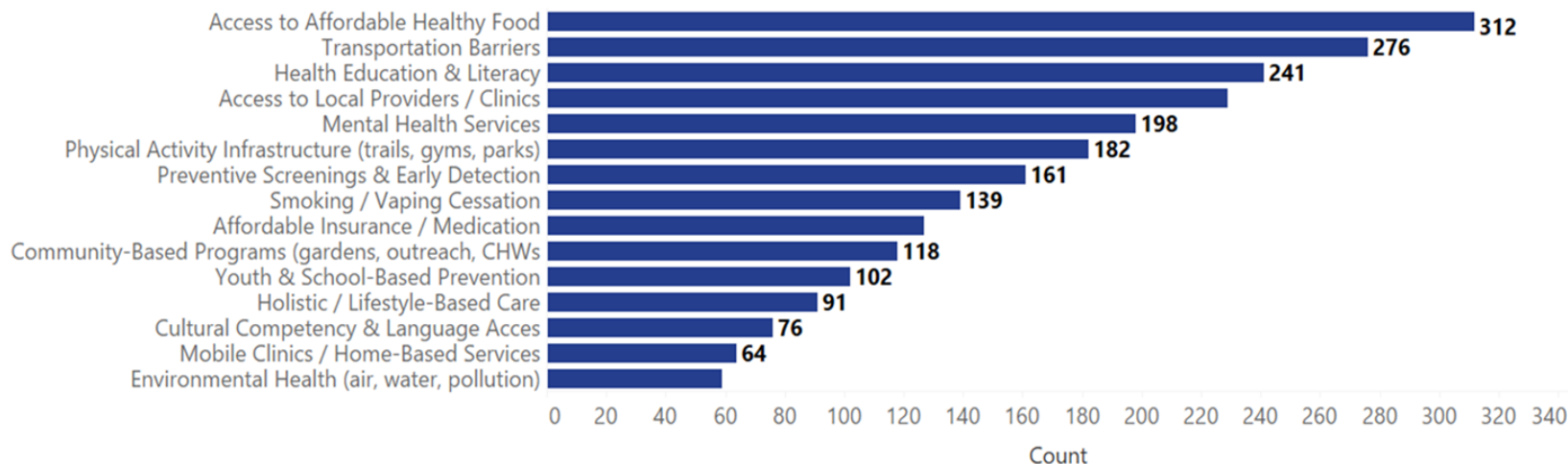
Internal Agency Initiatives - Reviewed and received on an ongoing basis until 10/3/25

✓ **Over 50** initiative proposals received across FSSA and IDOH

✓ **7** other state agencies engaged including DHS EMS, INDOT, DOE, IOT, OCRA, CHE, IBO

Informed ideation of specific projects under Indiana's priorities

October 8, 2025

Survey Results Summary

"What changes would make it easier for you or your community to get the care you need? What else would you like to tell us about accessing healthcare in your community?"

Healthcare Access Survey Question Response - Top Identified Themes and Response Counts

Theme	Count
Access to Affordable Healthy Food	312
Transportation Barriers	276
Health Education & Literacy	241
Access to Local Providers / Clinics	(229)
Mental Health Services	198
Physical Activity Infrastructure (trails, gyms, parks)	182
Preventive Screenings & Early Detection	161
Smoking / Vaping Cessation	139
Affordable Insurance / Medication	(126)
Community-Based Programs (gardens, outreach, CHWs	118
Youth & School-Based Prevention	102
Holistic / Lifestyle-Based Care	91
Cultural Competency & Language Acces	76
Mobile Clinics / Home-Based Services	64
Environmental Health (air, water, pollution)	(58)

Sum of Mentions for each Theme1.

Chronic Disease Prevention Survey Question Response - Top Identified Themes and Response Counts by Responder Type
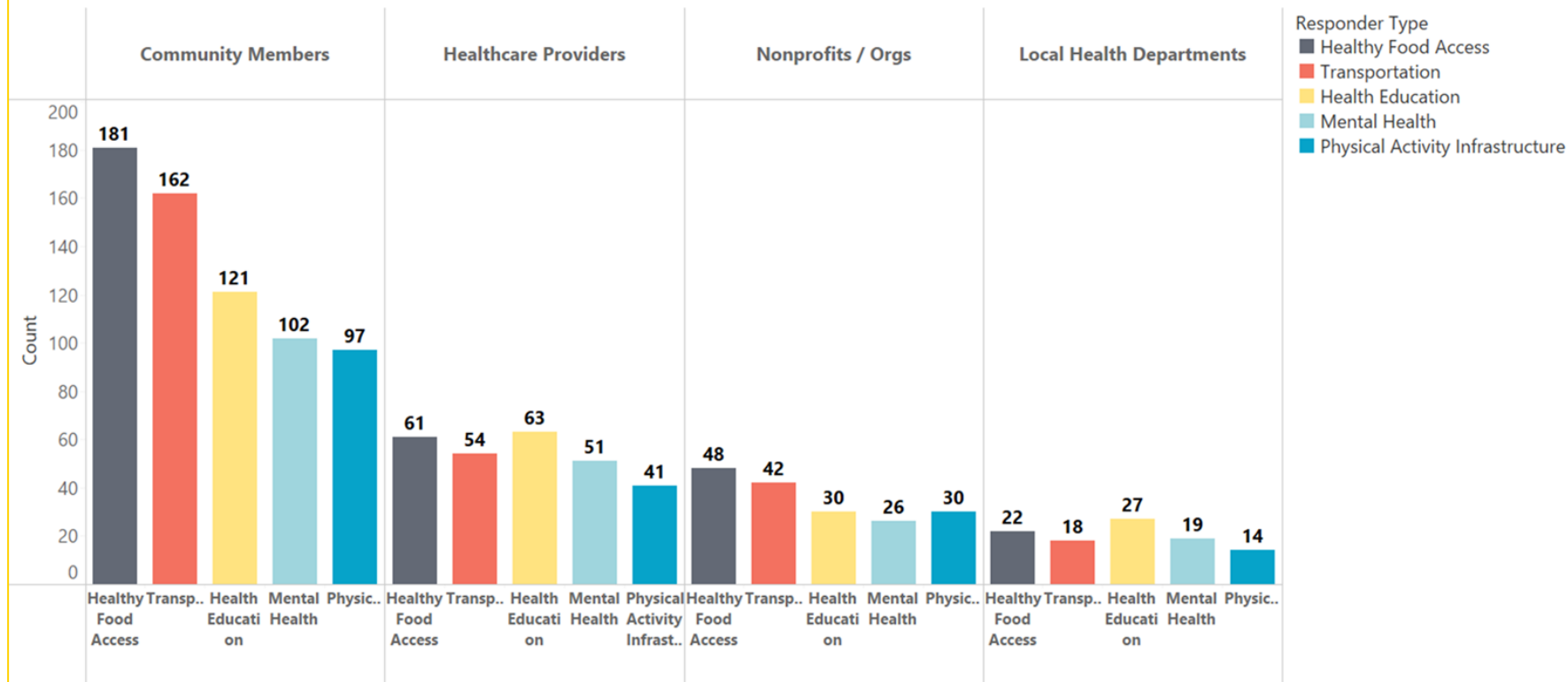
Top Themes & Response Counts by County

Other Beneficial Services Survey Question Responses - Top Identified Themes and Response Counts by County Size

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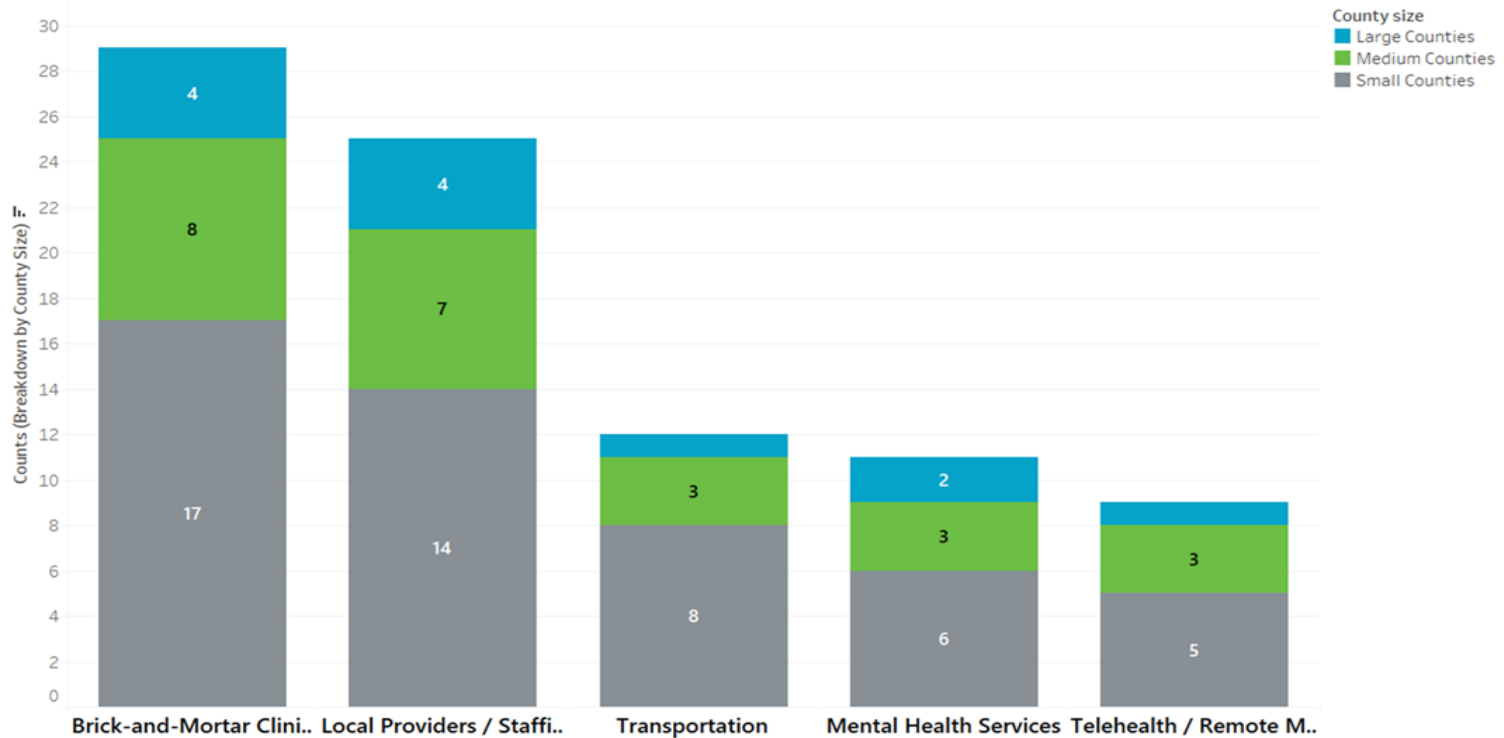
Make Rural Indiana Healthy Again

Improving rural health through prevention, prenatal care, and hospital support.

IN's Identified Challenges	IN Approach for Rural Health Transformation	
	Promote preventive health and improve clinical care access to address targeted risk factors	
• High rates of **obesity** and related chronic disease • Late or absent **prenatal care** is a contributing factor in about 40% of Indiana's infant deaths • Difficulty transferring people to **higher levels of care** • Decreased availability of **EMS** in rural areas	**Locally-Implemented Initiatives**	**State-Implemented Initiatives**
	• Support prevention efforts based on community needs • Focus on improving infant and maternal health and chronic disease prevention/interventions	• Evaluate and fund priority **capital investments for rural hospitals**, including HVAC systems and mobile units, to improve clinical care and community reach • Establish a **Statewide Regional Medical Operations Coordination Center** as a centralized 24/7 hub for day-to-day hospital operational reporting and single point of contact for referral requests

Initiative review is still underway and pending finalization

October 8, 2025

Sustainable Access

Improving rural health access through equipment, training, and care coordination.

IN's Identified Challenges	IN Approach for Rural Health Transformation
	Targeted interventions to address barriers to connect people with resources, and ensure sufficient capacity on hospital and provider end

- Medically underserved areas span 67 of 92 counties
- Approx. 24% of Indiana counties are "maternity care deserts"
- 35 counties lack a hospital where a baby can be delivered
- Overall life expectancy in Indiana is only ~75 years (almost two years lower than the U.S. average) and has been *rising more slowly in rural areas.*

Locally-Implemented Initiatives	State-Implemented Initiatives
- Support community-based access for rural residents - Enhance capacity for rural health transportation - Improve access to care outside of a hospital	- Provide tele consultation services - Improve access to chronic health programs including screenings - Encourage rural facilities to work together to share or coordinate operations, technology, primary and specialty care, and emergency services

Initiative review is still underway and pending finalization

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Workforce Development

Expanding rural health workforce through training, recruitment, and community support.

IN's Identified Challenges	IN Approach for Rural Health Transformation	
71 counties are designated health professional shortage areas - Difficulty **recruiting** clinicians 345,000 adults in Indiana who need mental health care do not receive it* - Obstetrics care shortage: over 20 rural counties lack a labor and delivery provider, creating **significant risks** for expecting mothers and their babies	Multifaceted approach to recruit, train, and retain licensed clinicians to rural areas while deploying more community health workers and community paramedics to enable community paramedicine as part of the workforce mix	

Locally-Implemented Initiatives	State-Implemented Initiatives
Expand and diversify rural care teams through community health workers and paramedics. Improve pediatric emergency readiness through specialized training programs for rural hospital staff to ensure timely, effective care for children	- Build long-term workforce pipelines through strategic investments in graduate medical education consortiums focused on rural training and retention. - Embed Community Health Workers (CHWs) into rural care models to improve care coordination, support recovery, and bridge gaps in rural communities.

Initiative review is still underway and pending finalization

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Innovative Care

Expanding rural health access through innovative, coordinated care solutions.

IN's Identified Challenges	IN Approach for Rural Health Transformation
	Varied innovative care models and care coordination efforts to improve health outcomes in rural communities

	Locally-Implemented Initiatives	**State-Implemented Initiatives**
83 counties have a **shortage of mental health providers** 64 counties have an **inadequate** number of **primary** care providers	- Strengthen integrated care through digital coordination tools and innovative staffing within communities - Expand collaborative models using platforms such as teleconsults - Foster cross-sector partnerships through data sharing initiatives - Advance early intervention with tools such as predictive analysis - Support integrated clinical and public health interventions	- Standardize Clinical Pathways for Chronic Disease Management - Establish value based care bundles.

Initiative review is still underway and pending finalization

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Technology Innovation

Empowering Hoosiers with digital access to better health.

IN's Identified Challenges	IN Approach for Rural Health Transformation	
• Limited access to care and transportation options, as well as unreliable broadband access, restricts widespread telehealth use • Information blocking and difficulty transferring records keep patients tied to a single provider • High volume of rural ED transfers, with up to 20% avoidable through tele-consult support	Statewide-driven approach to enhance telemedicine capacity, interoperability and HIE infrastructure, and broadband access in rural counties	
	Locally-Implemented Initiatives	**State-Implemented Initiatives**
	• Integrate digital care tools across services such as pediatric health, behavioral health, and substance use treatment • Expand public health connectivity through HIE and interoperability • Leverage remote monitoring technologies such as wearables, smart devices, and mobile apps	• Modernize rural health data infrastructure • Enhanced HIE infrastructure and connectivity, including CCBHCs and CMHCs • Enable patient-directed interoperability

Initiative review is still underway and pending finalization

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Regional Grants

FSSA and IDOH propose a comprehensive Regional Grant Program as part of its Rural Health Transformation Program for the items identified as local initiatives.

Approach	Requirements
★ Enable counties to form multi-county consortiums to apply for and receive funding ★ Create economies of scale ★ Foster regional collaboration ★ Maximize the impact of federal investments across Indiana's rural communities	☑ Commitment from participating rural or critical access hospitals, local health departments, rural health clinics, FQHCs, and other eligible rural health facilities ☑ Evidence of existing/planned partnerships between providers across county lines ☑ Shared governance structure with representation from each participating county ☑ Joint strategic plan for regional health care delivery and prevention strategy

Appendix

Commitment to Transparency

FSSA and IDOH will focus on monitoring outcomes with report-outs to external audiences.

Monitoring & Outcomes Evaluation Efforts

- Regular reporting on application progress to CMS
- Health Outcomes Evaluation and Reporting in alignment with EO 25-25
- **Sustainability Evaluation:** Following Year 1, develop an informational report on activities completed to inform budget sustainability development and improvement areas

Ongoing Stakeholder Engagement

Continued Working Group engagement

- Collaboration on partner engagement
- Reporting out on sustainability and outcomes
- Potential to meet twice a year throughout grant lifecycle

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Budget Breakdown

$50 billion over 5 budget periods:

- $25 billion distributed evenly amongst approved States

- $25 billion allocated based on rural factors, application initiatives, State policies, and quality of application

Other Funding Highlights:

- Up to 50 awards

- One-time application opportunity

- For each budget period, recipients will have until the end of the following federal fiscal year to spend awarded funding

Source: Rural Health Transformation Program Notice of Funding Opportunity 9/19 Webinar

October 8, 2025

Allowable and Not Allowable Fund Uses

Grant Funds Can Be Used For

- ☑ Transformation of care delivery
- ☑ Improved access to, quality of, and cost of healthcare in rural America
- ☑ Expanded or enhanced services but not duplicate programs
- ☑ Technological & infrastructure investments and startup costs that will have sustainable impact beyond the end of the program

Grant Funds Cannot Be Used For

- ☒ New construction
- ☒ Clinical services that duplicate billable services and/or attempt to change payment amounts of existing fee schedules
- ☒ Other specified limitations outlined in the NOFO

Source: Rural Health Transformation Program Notice of Funding Opportunity 9/19 Webinar

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Program-Specific Funding Limitations

- Capital expenditures and infrastructure cannot exceed 20% of total funding awarded to a State

- Provider payments cannot exceed 15% of total funding awarded to a State

- Replacing an EMR system cannot exceed 5% of total funding if a previous HITECH certified EMR system was already in place as of Sept. 1, 2025

- No more than 10% of the amount allotted to a State for a budget period may be used by the State for administrative expenses, which includes indirect and direct costs

- Funding for initiatives like the "Rural Tech Catalyst Fund Initiative" cannot exceed the lesser of 10% of awarded funding or $20 million

Source: Rural Health Transformation Program Notice of Funding Opportunity 9/19 Webinar

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