

Rural Health Transformation Program (RHTP)

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DEPARTMENT OF
PUBLIC HEALTH &
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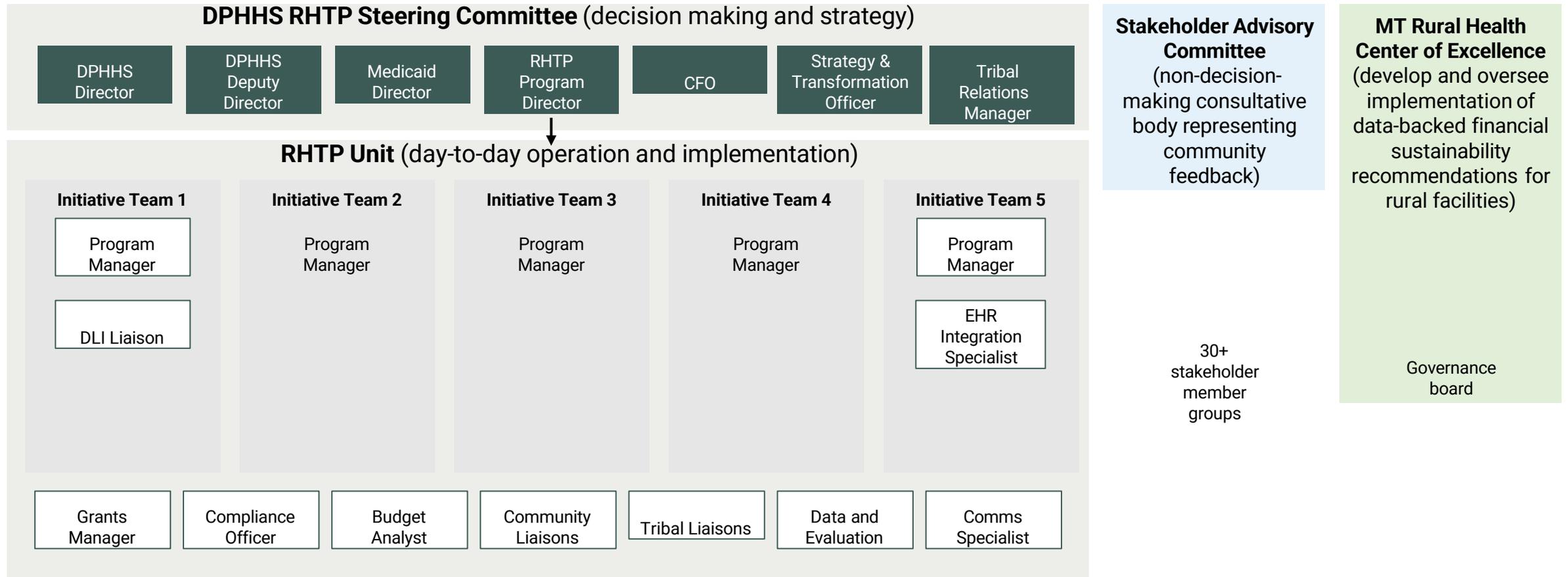
Montana is Committed to Five RHTP Initiatives

The \$233M CMS award must be used to support the five initiatives outlined in Montana's original application:

1. Develop **workforce** through recruitment, training, and retention
2. Ensure **rural facility sustainability** and access through partnerships and restructuring
3. Launch **innovative care** delivery and payment models
4. Invest in **community health and preventive** infrastructure
5. Deploy modern health care **technologies** to guide rural health interventions



DPHHS RHTP Governance Overview



RHTP Implementation

Recent Accomplishments

- CMS **approved / lifted restrictions on full FY26 budget (\$233M)**; DPHHS can now incur costs
- Conducted first **Stakeholder Advisory Committee** – feedback very positive
- Initiated **working relationships** with select implementing partners to define implementation plans and align on program evaluation metrics (e.g., DLI, BSCC, MHA)

Current priorities

- Developing **priority procurements**, including extensions to existing contracts
- Hiring for 21 roles comprising the **RHTP Unit**, and preparing to onboard new staff
- Standing up proactive **stakeholder communications** channels (e.g., monthly RHTP newsletter)
- Designing **CoE Governance**

Upcoming milestones

- ~March 11: Virtual **vendor fair** presentation
- ~March 20: first **RHTP newsletter** released
- Mid-late March: CoE Strategy and Analytics and CoE Implementation **RFPs** released
- Mid-late March: **RHTP Program Director** onboarded
- Mid-late March: **RHTP Program Managers** onboarded



Select RHTP Milestones: CY 2026

NOT EXHAUSTIVE

	Rest of Q1 (Mar)	Q2 (Apr-Jun)	Q3 (Jul-Sep)	Q4 (Oct-Dec)
Cross-cutting	<ul style="list-style-type: none"> • Priority RHTP roles (incl. Program Director, Program Managers) onboarded • First wave of procurements posted, virtual vendor fair offered 	<ul style="list-style-type: none"> • First CMS Program Officer site visit expected 	<ul style="list-style-type: none"> • CMS Annual Report 1 due • Second Stakeholder Advisory Committee takes place • Policy changes requested (e.g., Treat no Transport coverage, SNAP waiver) 	<ul style="list-style-type: none"> • FFY27 funding awarded by CMS • CMS Quarterly Report 1 due
Initiative-specific	<ol style="list-style-type: none"> 1 Finalize MOU with DLI 2 Finalize IDD telehealth contract expansion 5 Finalize SOW with HIE (BSCC) 	<ol style="list-style-type: none"> 1 Pre-apprenticeship pilots launched 2 Analysis for rural health profile started 5 EHR readiness assessment, stakeholder consultations conducted 	<ol style="list-style-type: none"> 2 COE Board convened; Y1 payments allocated 3 Provider TA for value-based payments started 3 Pharmacist point-of-care testing grants launched 5 EHR modernization grants launched 	<ol style="list-style-type: none"> 1 Clinical training pilots launched 2 Virtual care expansions launched 4 CHAP award distributed 5 HIE tool (e.g., bed registry) development started

Spotlight: Montana Rural Health Center of Excellence

Montana Rural Health Center of Excellence (CoE) will:

- Rapidly create a **rural health supply and demand fact base and develop recommendations** to align care delivery services with rural health needs at the county and facility level
- Develop plans for participating facilities to achieve persistent positive operating margins beyond the RHTP period without any additional State support
- Inform an opt-in program that provides incentive payments to providers that commit to measurable improvements in access, quality, and financial performance
- Be overseen by a governance board that includes impacted stakeholders, such as independent hospitals in rural and frontier communities

Voluntary Participation:

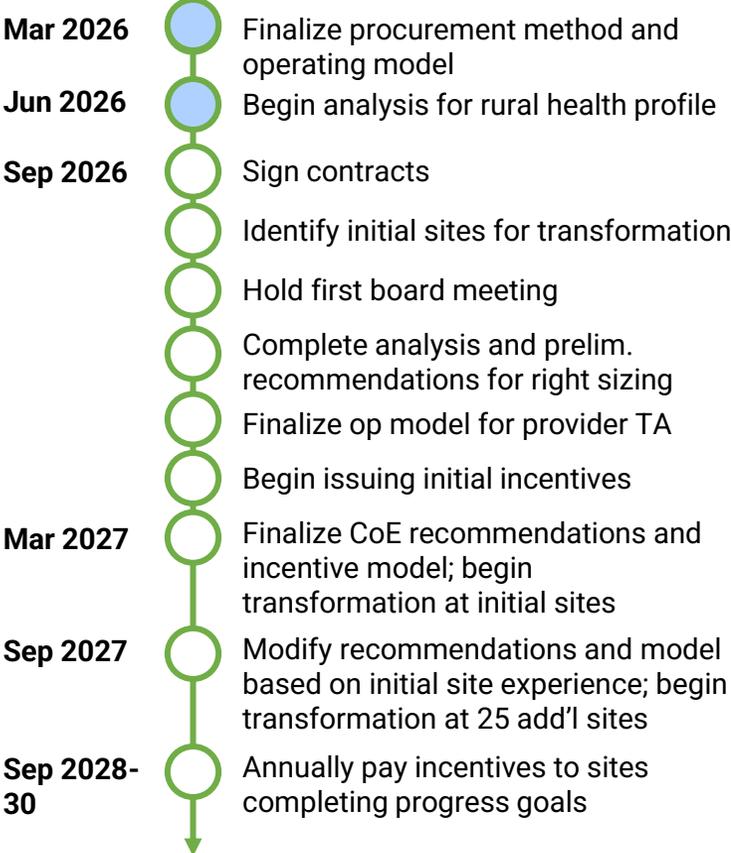
- Facilities that choose to participate and implement these CoE recommendations will receive incentive payments after implementing the recommended changes.

Implementation Support:

- A separate implementation partner will provide hands-on support, technical expertise, and change management resources to participating facilities to ensure that improvements are practical, sustainable, and aligned with the unique circumstances of rural Montana.

1. Not exhaustive; emphasizes nearer-term milestones and long-term milestones tied to impact targets or substantive outputs; milestones due at end of listed month, per implementation plan
 2. Assumes \$233M total RHTP funding in FFY26 and \$200M each in FFY27-30, pending further CMS decisions

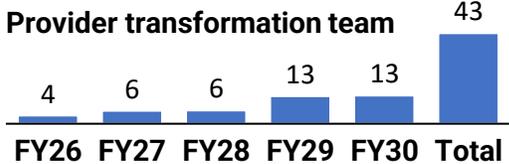
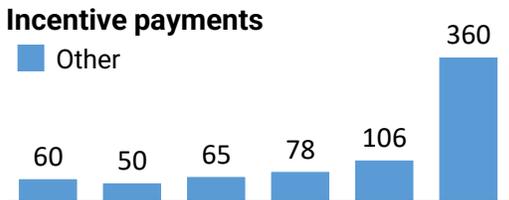
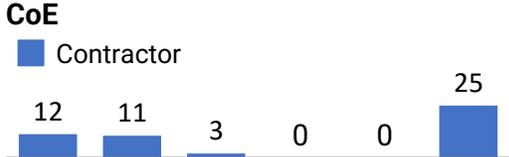
Priority implementation milestones¹



Annual budget (\$M)²

CoE, provider transformation funding disbursed to **contractors**

Incentive payments disbursed by DPHHS directly to provider orgs., within **grant agreements** (to be confirmed)



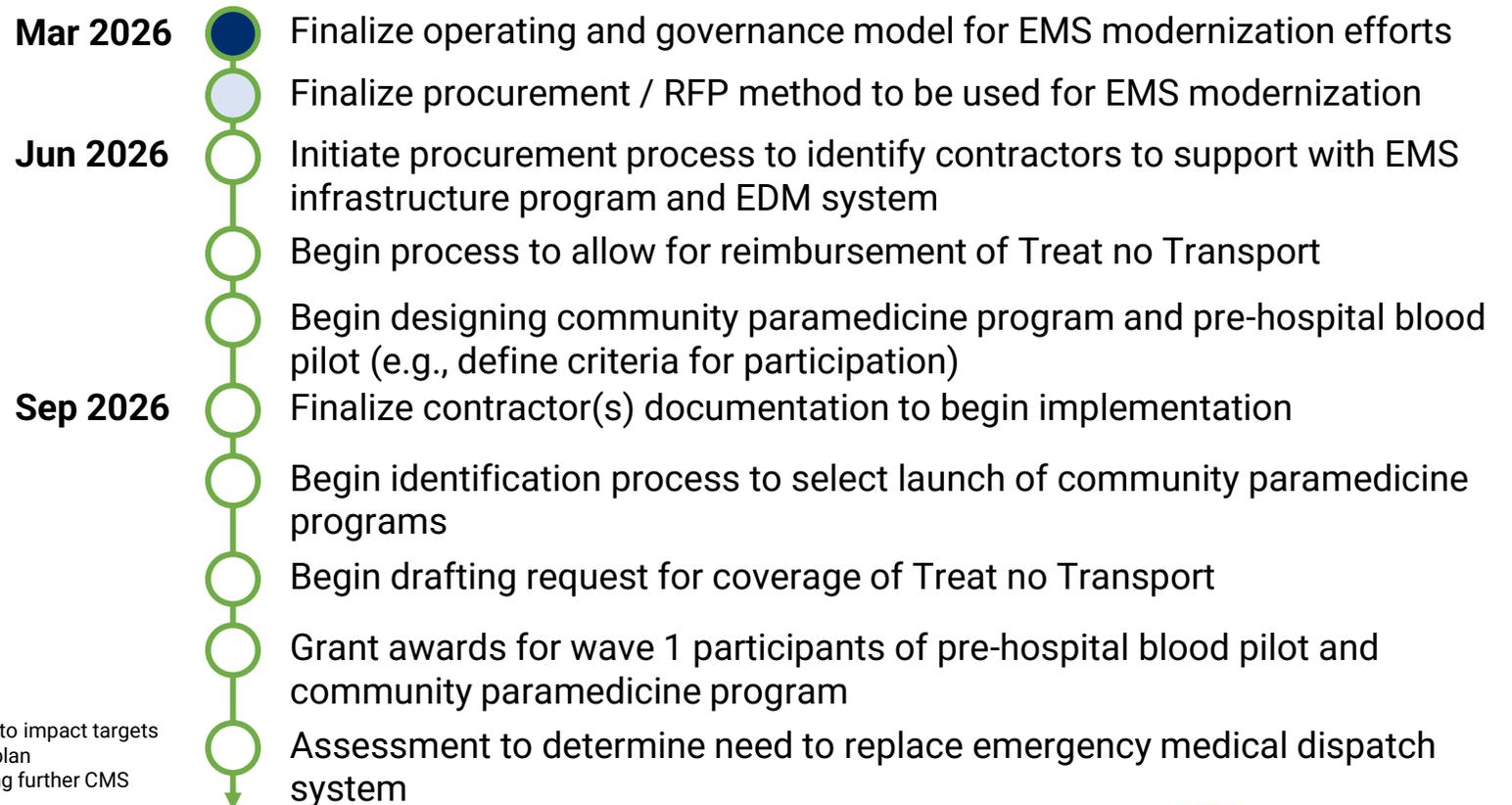
Spotlight: Initiative 3.2: Modernize EMS Care Model

Milestone status ● Complete ○ Started, on track ● At risk ○ Not yet started

Goals

- **Train community paramedics** to provide in home clinical and wellness evaluations, chronic disease management, and BH interventions
- Invest in foundational **emergency services infrastructure**
- Pilot **pre-hospital blood administration** program
- Update **Emergency Medical Dispatch System**

Priority implementation milestones for FFY 2026¹



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Required Stevens Amendment Language

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