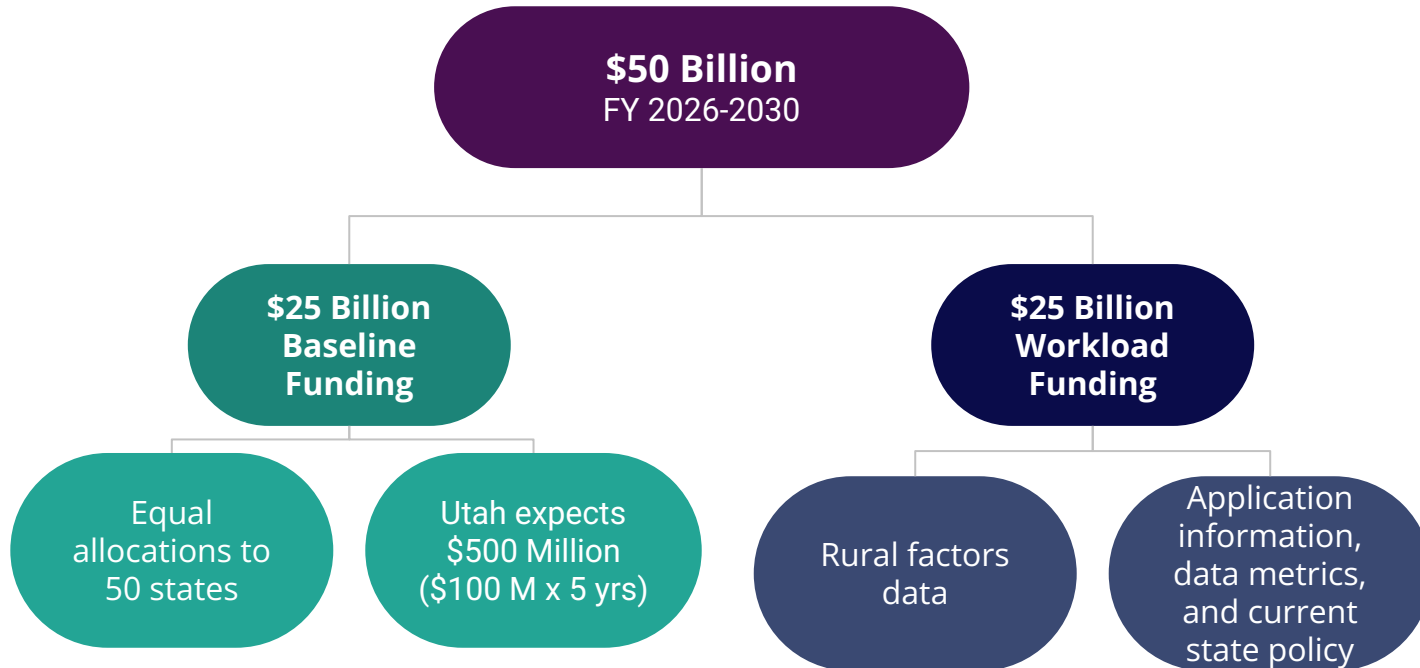


Utah Rural Health Transformation Program

**Behavioral Health Commission
December 17, 2025**

CMS Rural Health Transformation Program Funding Summary



DHHS stakeholder engagement in the application process

From July to October 2025, DHHS implemented a multi-layered stakeholder engagement strategy to develop Utah's RHT plan, guided by the principle that meaningful rural health transformation must be co-designed with the communities served.

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.

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's RHT Plan

Make rural Utahns healthy	Workforce development	Innovation and access	Technology innovation
~\$155 million	~\$187 million	~\$437 million	~\$190 million
1. Preventive Action and Transformation for Health (PATH)	2. Rural Incentive and Skill Expansion (RISE)	3. Sustaining Health Infrastructure for Transformation (SHIFT) 4. Financial Approaches for Sustainable Transformation (FAST) 5. Leveraging Innovation for Facilitated Telehealth (LIFT)	6. Shared Utilities for Partnered Provider Operational Resources and Technology (SUPPORT) 7. Leveraging Interoperability Networks to Connect Services (LINCS)

Make rural Utahns healthy

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

Estimated funding: \$155,000,000

Key actions

1. Strengthen rural food infrastructure to support access to locally-sourced fresh, nutritious whole food.
2. Strengthen physical activity and nutrition in schools and support the Presidential Fitness Test through Gold Medal Schools.
3. Improve the walkability, physical safety, and recreation of rural communities in support of physical activity and active transportation.
4. Improve coordinated care for prevention and disease management coordinated care models.
5. **Support integrated behavioral health and primary care services.**

Workforce development

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

Estimated funding: \$187,000,000

Key actions

1. Develop graduate medical education (GME) training in rural healthcare facilities.
2. Expand rural clinical preceptor capacity through an incentive program for a range of providers, including nurses, physician assistants, and physicians.
3. Increase health career pathways through the creation of “grow our own” high school to certification programs.
4. Optimize public-private partnerships to expand non-GME health workforce career training programs in targeted occupations with regional demand.
5. Recruit and retain rural workforce through structured incentives for high-need professions.

Innovation and access

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

Estimated funding: \$247,000,000

Key actions

- 1. Support capital infrastructure improvements to improve care delivery, keep care local, and improve the quality of care.**
2. Expand services and resources through rural health provider networks.
3. Strengthen emergency medical services (EMS) through community paramedicine programs to provide non-emergency healthcare services in rural areas.
- 4. Build new models for innovative care that expand access: mobile services; enhance transportation for medical appointments; and support prevention and management of chronic diseases, cancer, behavioral health, and maternal and child health.**

Innovation and access

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

Estimated funding: \$65,000,000

Key actions

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

Innovation and access

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

Estimated funding: \$125,000,000

Key actions

1. Address the healthcare and telehealth needs in:

- a. primary and preventive care,
- b. chronic disease and cancer,
- c. behavioral health and substance use disorders,**
- d. maternal and infant health,
- e. medication access and adherence, and
- f. oral care.

Technology innovation

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

Estimated funding: \$80,000,000

Key actions

- 1. Support investments in electronic health record (EHR) upgrades and improved patient access.**
2. Defend rural facilities from cyberattacks.
3. Equip rural providers through shared cybersecurity expertise and training.
4. Deploy consumer-facing tech and AI solutions.
5. Facilitate clinical technology and AI solutions.

Technology innovation

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

Estimated funding: \$110,000,000

Key actions

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

Post-submission

- **CMS application review and award**
 - Initial review for completeness and responsiveness criteria
 - Merit review to determine state workload funding amount
 - Expected Notice of Award by **December 31, 2025**
- **Legislature appropriates funds to DHHS during the 2026 legislative session**
- **Sub-awards/contracts/grants**
 - Competitive applications
- **Project monitoring, reporting, and funding redistribution**
 - CMS will re-calculate the workload funding amount for each budget period based on state provides in the required annual reporting
 - Noncompliance: CMS may withhold, reduce, or recover award payments

Key actions partners and communities can take now

1. Read Utah's application to understand the proposed initiatives and how your organization might contribute to or benefit from the proposed activities.
 - a. dhhs.utah.gov/wp-content/uploads/Utah-RHTP-Application-Summary-Nov2025.pdf
2. Identify potential one-time projects or upgrades for which your facility might be eligible within the proposed activities.
3. Identify potential partners with whom you might implement RHTP activities.
 - a. Begin initial discussions on partnership or coalition building.
4. Follow the guiding principles established by the Utah State Legislature in HJR 101.
5. Track RHTP updates on dhhs.utah.gov/ruralhealth/ including a post-NOA webinar.
6. Reach out to ruralht@utah.gov with any questions.

Questions?

ruralht@utah.gov

dhhs.utah.gov/ruralhealth

Discussion questions

- What resources or assistance would help you apply for and manage these funds effectively?
- What challenges or concerns do you foresee in applying for and managing this funding, and how might we address them?
- What else should the state take into account when determining how to distribute these funds?
- What approaches or actions would you suggest to ensure the state gets the most impact from this funding?