

Rural Health Transformation Program

An educational overview of how the \$50 billion program works: who qualifies, how states award funds, and the rules on spending and reporting.



50 states. 50 different programs. One set of federal rules.

AT A GLANCE

The money flows through your state. Not CMS.

Congress created RHTP in July 2025 (Public Law 119-21, Section 71401). CMS awards the money to the 50 states. Each state decides who gets it and how. Providers can't apply to CMS directly.

\$50B

Total, fiscal years
2026 through 2030

\$10B

Per year, split
across all 50 states

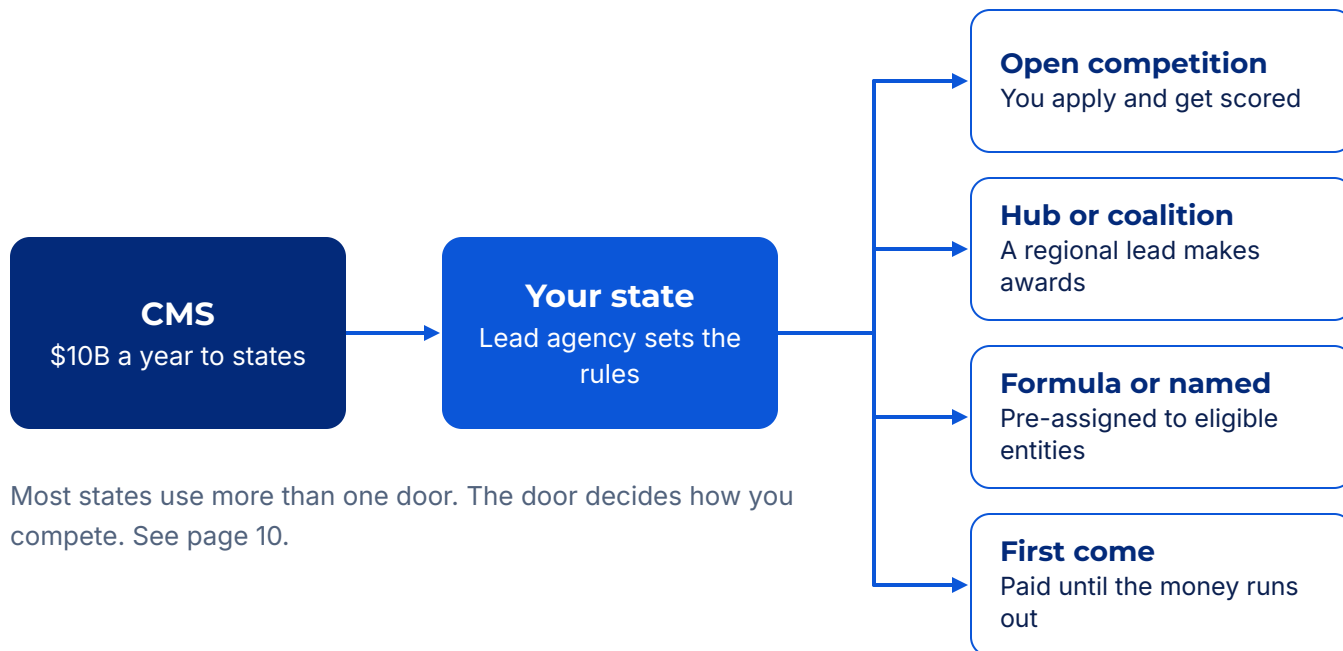
\$281M

Largest Year 1 state
award (Texas)

11

Permitted uses.
Each state picked at
least 3

How RHTP money reaches you



The yearly rhythm, every year through 2030

Oct 31

A new budget year begins and
new money arrives

Oct 30

Last day states can commit that
year's money

Sep 30

The following year: that money
must be spent. Full calendar on
page 8

There's no national checklist. There is a federal floor.

Each state sets its own eligibility. But every state has to follow these six rules, and they flow down to you.

1

Rural benefit

You don't have to sit in a rural area. Your project has to clearly serve rural residents.

2

State-plan fit

Your project must match an initiative in your state's CMS-approved plan. Nothing outside it gets funded.

3

New or expanded work

No replacing current funding. No paying for services Medicare, Medicaid or insurance already cover.

4

Five-year rural service

Clinicians paid recruitment or retention incentives must work in a rural area for five years.

5

No non-competes

RHTP can't fund clinician pay if those clinicians are bound by non-compete agreements.

6

Good standing

Not suspended or debarred from federal programs. States check SAM.gov.

"Rural" means something different in every state

State	How it defines rural
Oklahoma	Communities of 55,000 people or fewer (most programs)
Texas	Counties under 68,750 people (202 of 254 counties)
Oregon	10 or more miles from a city of 40,000
Mississippi	Every county counts
Virginia, California	HRSA Federal Office of Rural Health Policy definition

Always pull your state's rural definition document before you scope a project.

Most applications fail on paperwork and timing. Not the idea.



Start registrations today. A SAM.gov Unique Entity ID can take weeks to months. Most rounds stay open only 2 to 6 weeks.

1. Registrations

- ☐ Active SAM.gov registration and UEI
- ☐ State vendor or supplier number (MissouriBUYS, wvOASIS, WEBS and others)
- ☐ State grantee portal access (Illinois GATA and Euna, Michigan EGrAMS)
- ☐ Secretary of State good standing and a current W-9
- ☐ Insurance certificate. Oklahoma asks for \$2M general, \$2M auto, \$5M cyber

2. Eligibility fit

- ☐ Your service area meets your state's rural definition
- ☐ Project maps to one named state initiative and one federal category
- ☐ Your provider type is eligible for that specific notice
- ☐ You know whether your state funds you directly or through a hub

3. Compliance readiness

- ☐ Written non-duplication statement
- ☐ No clinician non-competes if you'll request wage support
- ☐ 5-year service agreements with a repayment clause
- ☐ Cost tracking by budget line, with timesheets
- ☐ A procurement policy that meets 2 CFR 200
- ☐ Cash to float costs. Many states pay by reimbursement

4. Application package

- ☐ Project summary
- ☐ Narrative: need, population, goals, workplan, state fit
- ☐ Evaluation plan with baseline data
- ☐ Sustainability plan for after the money ends
- ☐ Budget and narrative on the state's template
- ☐ Signed partner letters and commitments

Read your state's subrecipient agreement before you apply. Utah and California post theirs online.

11 permitted uses. Your state picked at least 3.

Your project has to land in a category your state chose, inside an initiative your state named. Examples below are what states are actually funding.

A Prevention and chronic disease

Diabetes and heart programs, Food is Medicine, cancer screening

B Payments to providers

15% cap

Stabilization payments, APM incentives. Can't raise rates on billable services

C Consumer tech for chronic care

Remote patient monitoring, telehealth tablets, patient apps

D Training and tech assistance

AI, robotics and remote monitoring training. Surgical robotics at 13 Georgia hospitals

E Clinical workforce

5-year rural commitment

Sign-on and relocation incentives, residencies, preceptor stipends

F IT, cybersecurity, efficiency

EHR replacement 5% cap

EHR modernization, HIE onboarding, cyber assessments, AI scribes

G Right-sizing care delivery

Critical access to Rural Emergency Hospital conversion, service line redesign

H Behavioral health and SUD

Tele-buprenorphine, crisis stabilization, CCBHC transitions

I Innovative and value-based care

AHEAD Model readiness, Medicaid rural APMs, hospital-at-home

J Capital and infrastructure

20% cap

Minor renovation, equipment, mobile units. Never new construction

K Fostering collaboration

Regional hubs and networks, clinically integrated networks

Caps are state-level

Each cap is a share of the whole state award per budget period. Admin is capped at 10%. A Rural Tech Catalyst fund: the lesser of 10% or \$20M.

The rules that sink applications and trigger paybacks

Never allowed, in any state

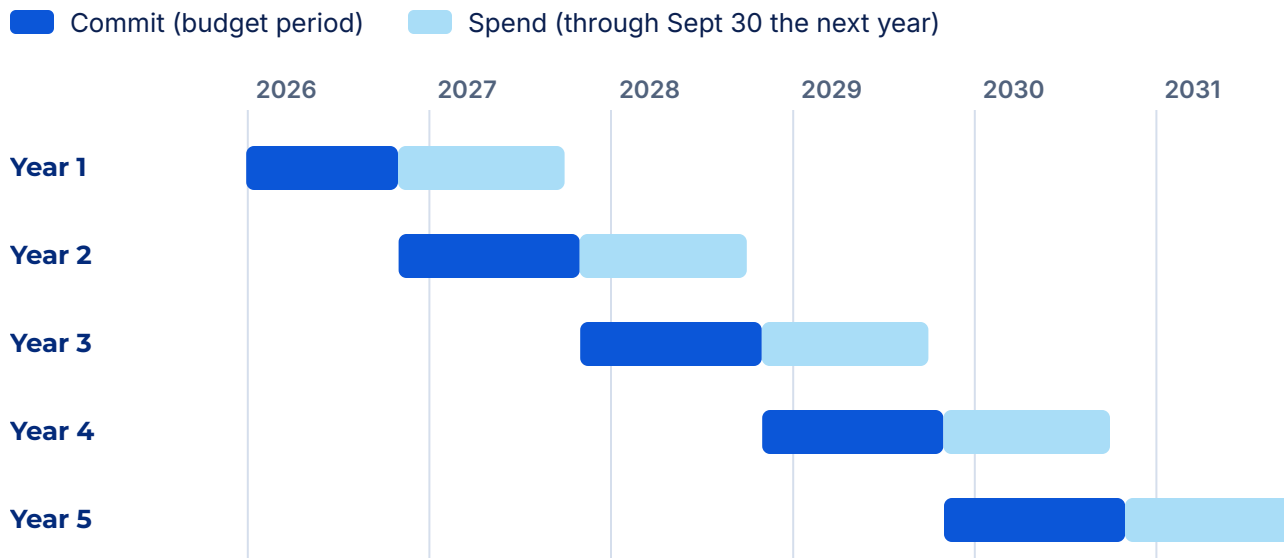
- ⊘ New construction, building purchase or major expansion
- ⊘ Replacing existing funding, including current salaries
- ⊘ Match for another federal grant
- ⊘ Broadband infrastructure or home internet bills
- ⊘ Banned telecom and surveillance equipment (2 CFR 200.216)
- ⊘ Services insurance would reimburse
- ⊘ Pre-award costs, including application prep
- ⊘ Lobbying or independent R&D
- ⊘ Meals, except for patients or approved activities
- ⊘ Clinician pay where non-competes are used

Money rules that catch providers after the award

Rule	What it means for you
Federal salary cap	Grant-paid salary can't exceed the HHS Executive Level II rate, reset each January (\$228,000 in 2026). Pay above that comes from other funds
3-day cash rule	Money you draw must be paid out within 3 business days
Fixed budget lines	You can't move money between lines without state approval
Personnel timing	Staff costs must be paid inside the budget period they're incurred
Workforce paybacks	Telehealth from a non-rural site doesn't count toward 5 years. CMS may recoup up to 100% if a clinician leaves early
Single audit	Required if you spend \$1,000,000 or more in federal awards in a fiscal year
Student loan repayment	Oregon and Utah bar it. CMS hasn't addressed it publicly. Assume no unless your state says yes

Every dollar runs on two clocks. No extensions.

States must **commit** each year's money inside its budget period. That money must then be **spent** by September 30 of the following year. Your state may set an earlier end date for your project.



Year	Budget period (commit window)	Commit by	Spend by
Year 1	Dec 29, 2025 to Oct 30, 2026	Oct 30, 2026	Sep 30, 2027
Year 2	Oct 31, 2026 to Oct 30, 2027	Oct 30, 2027	Sep 30, 2028
Year 3	Oct 31, 2027 to Oct 30, 2028	Oct 30, 2028	Sep 30, 2029
Year 4	Oct 31, 2028 to Oct 30, 2029	Oct 30, 2029	Sep 30, 2030
Year 5	Oct 31, 2029 to Oct 30, 2030	Oct 30, 2030	Sep 30, 2031

Pay staff on time. Personnel costs must be paid in the budget period they're incurred.

Amounts reset yearly. CMS sets each state's award every year, partly on progress. Funding levels can change.

Money left over lapses. Uncommitted funds can't be used after Oct 30. Unspent funds are recaptured.

Reports, closeout and payback dates, 2026 to 2032

These are the federal deadlines states report against. Expect your state to set your own reporting dates a few weeks earlier. A deadline on a weekend moves to the next business day.

Year	Quarterly reports due	Annual report due
2026	Nov 29	Aug 31 (Annual Report 1)
2027	Mar 1, May 30, Nov 29	Aug 30 (Annual Report 2)
2028	Feb 29, May 30, Nov 29	Aug 30 (Annual Report 3)
2029	Mar 1, May 30, Nov 29	Aug 30 (Annual Report 4)
2030	Mar 1, May 30, Nov 29	Aug 30 (Annual Report 5)
2031	None	Feb 27 (Final Report)

Each annual report travels with the state's request for the next year's funding, so your progress data helps decide what your state receives.

Closeout and payback dates

- **Dec 31, 2027.** Most state policy promises due (certificate of need, scope of practice, licensure compacts, SNAP waivers). A miss can trigger recovery of related funds
- **Dec 31, 2028.** Remaining promises due: student fitness and nutrition in physician training
- **Feb 27, 2031.** Final program report to CMS
- **Sep 30, 2031.** Last day to spend Year 5 money
- **Sep 30, 2032.** Last day to spend money CMS redistributed between states
- **Oct 1, 2032.** Anything still unspent returns to the U.S. Treasury

Paybacks on your own clock

Workforce incentives. Five years of rural service, counted from the day service starts. Leave early and CMS may recoup up to 100%, prorated for extenuating circumstances.

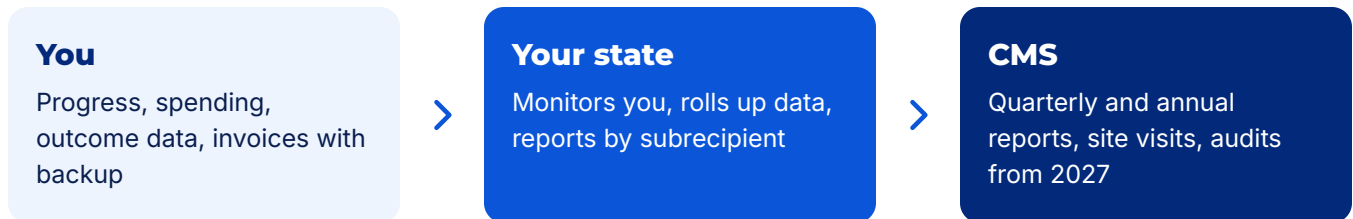
Unallowable costs. Recoverable any time, including in CMS audits, which begin in 2027. States get 90 days to fix a problem first.

Single audit. Due within 9 months after your fiscal year ends, in any year you spend \$1M+ in federal awards.

Your state's dates. Project end dates and reporting deadlines in your agreement can come earlier than these.

You report to your state. Your state reports to CMS.

Every term in your state's federal agreement flows down to you. Subrecipients can't opt out of reporting.



What your state owes CMS

- Three quarterly reports a year. Full schedule on page 8
- Annual report every Aug 30. Final report Feb 27, 2031
- Milestones, metrics, money committed and spent
- Money by subrecipient and initiative, and proof caps were met
- Subawards of \$40,000+ reported federally within 30 days

So that's what your state will ask you for.

What to expect from your agreement

- Quarterly progress and spending reports on the state's template
- Baseline data, then outcomes measured against it
- Reimbursement requests with backup
- Site visits and monitoring
- Your UEI, plus top executive pay if you meet federal thresholds
- Single audit at \$1M+ federal spending a year

Records to keep from day one

- | | |
|--|---|
| ☐ Signed agreement, scope, budget and every approved change | ☐ Invoices, payroll, timesheets, contracts, proof of payment |
| ☐ A note on each cost: necessary, reasonable, not paid by anyone else | ☐ Baseline data and every measure you promised |
| ☐ Milestone tracker tied to the spending plan | ☐ 5-year agreements, NPI, tax ID, proof of rural work site |
| ☐ Proof drawn funds were paid out within 3 business days | ☐ Required funding acknowledgment on public materials |

Warning: CMS can withhold or recover funds for unallowable costs. There's no judicial review of those decisions, and your state will pass the hit down to whoever spent the money.

Know which door your state uses. Then be ready before it opens.

Open competition

You apply directly and get scored.

Seen in: TX, TN, UT, KS, OK, SC, MI, WV, WY, MT, VA

Your move: Watch for releases. Pre-build. Submit early.

Hub or coalition

A regional lead, foundation or association makes the awards.

Seen in: IN, NC, NM, NH, AK, ME, VA, IL

Your move: Join the hub's planning now. Applying alone usually isn't an option.

Formula or named recipients

Money is pre-assigned to eligible entities or partners named in the plan.

Seen in: MN (94 hospitals), IL planning grants, GA, WI

Your move: File your share on time. Spend it well.

First come, first served

Paid until the money runs out.

Seen in: PA Rapid Response, MD CRISP connectivity

Your move: Have every document ready before the window opens.

Your six-step path

- 1 Check fit.** Rural status, provider type, what's open. Week 1
- 2 Get registered.** SAM, state portals, insurance. Weeks 1 to 4
- 3 Map to the plan.** Use your state's own words. Weeks 2 to 4
- 4 Join the network.** Indiana required it before its deadline
- 5 Pre-build the package.** Concept sheet, data, budget, letters
- 6 Plan for the award.** Reporting owner, records, cash flow

What scores well

A named rural gap

An initiative your state wrote

Baseline plus a measurable result

Real partners: EMS, FQHC, behavioral health, public health

Keeps running without RHTP money

Some states limit contact during an open round. Florida routes every question through the sole point of contact named in the RFA. Read the rules before you call.

21 questions to answer before you apply

If section 1 is weak, fix it first. A strong idea won't get past an eligibility screen.

1. Can you play? (go / no-go)

1. What counties do you serve, and do they meet your state's rural definition?
2. What type of provider are you?
3. Is your SAM.gov UEI active? Your state vendor number?
4. Any exclusion, debarment or federal corrective action plan?
5. Do any clinician contracts include non-competes?

4. Can you deliver and report?

14. Who owns the project day to day? Who owns grant accounting?
15. Can finance track costs by budget line, with timesheets?
16. Can you float costs for 60 to 90 days on reimbursement?
17. Do you have a 2 CFR 200 procurement policy? A prior single audit?
18. Which partners will sign a letter?

2. What have you already done?

6. Have you applied for or received RHTP money? Which round?
7. Are you part of the hub or coalition your state uses?
8. Who do you know at the state office of rural health or your association?
9. What grants pay for related work today? You'll need this to show the work isn't already funded.

5. What happens after the money?

19. How does this keep running in 2031 without RHTP?
20. If you recruit with incentives, can you hold people for 5 years?
21. Who signs, and how long does board approval take?

3. What problem is worth funding?

10. What's the one rural access gap that hurts most?
11. What data do you have on it today?
12. Which initiative in your state's plan does it fit?
13. Is it new or expanded work, or something you already bill for?

Your output

A go / no-go. The state door and round you're targeting. A gap list with an owner for each. A draft concept sheet (next page).

Your two-page concept sheet

Build this before any round opens. It becomes the spine of every application and your leave-behind for the state or hub.

Organization

Legal name, UEI, provider type, counties, rural status

Request

Total amount, by year and budget category

The rural problem

One gap, with local numbers: wait times, transfers, vacancies, outcomes

Target population

Who, how many, where

State-plan fit

State initiative by name, plus federal category A to K

Project design

What you'll do, in 3 to 5 steps

Partners

Each partner and what it commits to

Non-duplication

What already pays for related work, and why this is new

Milestones

Quarterly, 12 to 24 months, ending before the state's project end date

Measures

Baseline, target and data source for 3 to 5 measures

Sustainability

How it's paid for after RHTP: billing, savings, contracts, a partner taking it over

Readiness

Registrations done, finance and reporting owner, cash float plan

It's real money. It isn't free money.

Rounds close fast	Each year's money must be committed by October 30. Miss a round and you may wait a full year for the next one.
Not all of it is open	Large shares go to state agencies, universities, hubs and partners named in each plan.
Awards can be modest	Many run \$10K to \$2M. Size your application effort to match.
Cash gets tight	Many states pay after you spend. Some ask for a match. Missouri's ToRCH round required 25%.
Money can be pulled back	CMS can withhold or recover funds for unallowable costs or missed state promises, with no judicial review. The state passes it down.
It ends in 2030	Anything you build has to pay for itself after that. New staff and ongoing services carry the most risk.

\$10B

to the states every year, 2026 through 2030

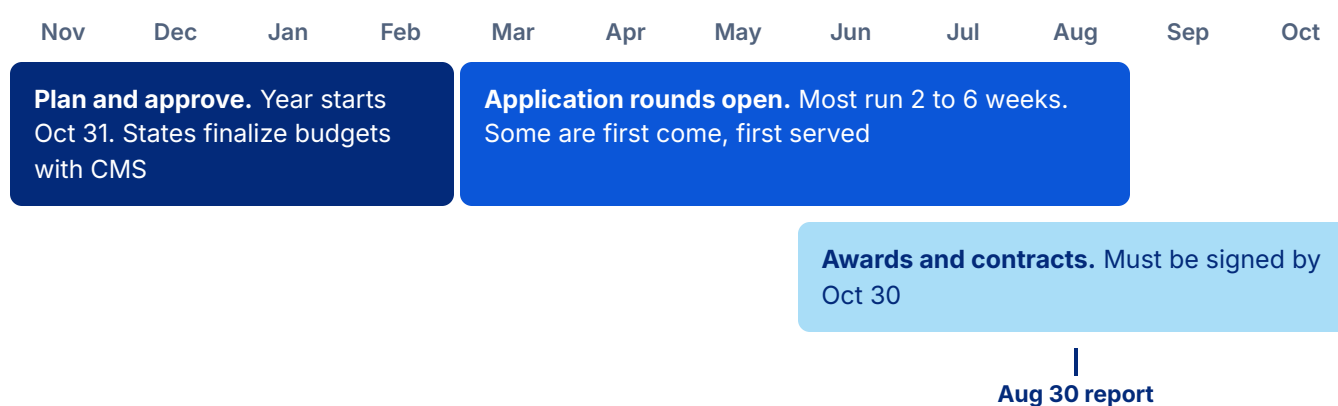
Why it's still worth it

The same initiatives repeat every year. A provider who's registered, mapped and inside the network can win more than once. One-time investments with a clear payoff carry the least risk: equipment, IT, cybersecurity, training and care redesign.

Your state sets the application dates. The yearly cycle sets the pace.

There's no federal application deadline for providers. Each state opens its own rounds. Because every year's money must be committed by October 30, rounds tend to follow the same yearly pattern.

A typical budget year



Pattern based on how states ran Year 1. Your state's timing may differ, and some states release rounds on a rolling basis.

Where rounds are posted

- Your state's RHTP website and funding page
- The state procurement or grants portal named in the State Directory
- Regional hubs and coalitions, where your state uses them
- Partner organizations that run rounds for the state, such as foundations and hospital associations

How to never miss one

- ☐ Join your state's RHTP email list
- ☐ Register in the state portal before rounds open
- ☐ Follow your state hospital association and office of rural health
- ☐ Set a custom alert at the Rural Health Information Hub, ruralhealthinfo.org
- ☐ Keep your concept sheet ready all year

5

funding years means up to five chances to apply. Missing one round isn't the end. Being ready for the next one is what counts.

State Directory

Alabama to Georgia

State, Year 1 award	How to apply	Contact	What to know
Alabama \$203M Economic and Community Affairs (ADECA)	Online portal at alabamarhdp.com	info@alabamarhdp.com	EHR, IT and cyber; rural health; workforce; mental health; rural practice initiatives
Alaska \$272M Department of Health	Alaska Community Foundation portal, via the state's RHTP applicant page	RHTP@alaska.gov	Applications run in funding cycles through a partner foundation portal. Planning and implementation projects
Arizona \$167M AHCCCS	Grant applications, cooperative and intergovernmental agreements	RHTP@azahcccs.gov	Rolling awards. Grants start at \$10K. Tribal partnership strongly encouraged
Arkansas \$209M Governor's office, Finance and Administration	Funding notices at arkansasrhdp.com	info@ArkansasRHTP.com	THRIVE, PACT, RISE AR and HEART rounds. Hospitals, clinics, FQHCs, EMS, pharmacists eligible
California \$234M Health Care Access and Information (HCAI)	Program RFAs on the CalRHT funding page; Submittable	info@calruralhealth.org 855-225-7487	Rounds released in phases: care models, workforce, EHR modernization. Posts its subrecipient agreement
Colorado \$200M Health Care Policy and Financing	RFA with state templates on the HCPF RHTP page	hcpf_RHTP@state.co.us Help: CRHC_RHTP@coruralhealth.org	Publishes an eligible-provider list, rural census tracts and a supplant vs. supplement fact sheet
Connecticut \$154M Department of Social Services	State procurement portal	RHTP-Questions@ct.gov	30 projects across 4 initiatives. Watch the state procurement portal
Delaware \$157M Health and Social Services	Competitive RFPs on the DHSS RHTP page	dhssinfo@delaware.gov 302-255-9040	Health hubs, school health centers, telehealth, value-based care (\$24.3M)
Florida \$210M Agency for Health Care Administration	RFAs on MyFloridaMarketplace Vendor Information Portal	RHTP@AHCA.myFlorida.com	During an open RFA, contact only its named sole point of contact
Georgia \$219M Community Health (GREAT Health)	Grant applications at greatealth.georgia.gov	(404) 656-4507 RHTP@dch.ga.gov *	Five initiatives. Funds AHEAD Model readiness for rural hospitals, telehealth and workforce

State names link to each state's official RHTP page. * From the National Rural Health Association's state contact list. Confirm before relying on it.

State Directory

Hawaii to Maryland

State, Year 1 award	How to apply	Contact	What to know
Hawaii \$189M Department of Health	rhttp.hawaii.gov , funding opportunities page	Contact form at rhttp.hawaii.gov webmail@doh.hawaii.gov *	Six initiatives. Covers neighbor islands and rural Oahu
Idaho \$186M Health and Welfare	Funding opportunities page on the DHW RHTP site	IdahoRHTP@dhw.idaho.gov	Funds renovations, equipment, vehicles, EMS, telehealth, cyber, GME
Illinois \$193M Healthcare and Family Services	GATA registration plus the Euna portal only	Dani Mendez Dani.Mendez@Illinois.gov (773) 720-9469	Hospital grants run planning first, then competitive implementation. CAHs and 15%+ rural-discharge hospitals
Indiana \$207M Health, plus Family and Social Services (GROW)	Only through a Regional Coalition. One application per region	GrowRuralHealth@health.in.gov * Regional contacts on the GROW page	About \$120M a year across 8 regions. Join your region's coalition
Iowa \$209M Health and Human Services (Healthy Hometowns)	No public open application so far	healthyhometowns@hhs.io wa.gov * (800) 972-2017	Funds hospitals, EMS, workforce and health information exchange. Public results dashboard
Kansas \$222M Health and Environment (KDHE)	RFAs on the KDHE RHTP page	kdhe.rhttp@ks.gov * 785-296-1500	Rounds include community health workers, Food is Medicine and non-emergency transportation
Kentucky \$213M Health and Family Services	RFA page at ruralhealthplan.ky.gov . Register with the interest form	ruralhealthplan@ky.gov	RFAs for community paramedicine, CHW certificates, mobile training units
Louisiana \$208M Department of Health	Funding notices on the LDH RHTP page	RuralHealthTransformation@la.gov 225-342-9500	Funds telehealth, capital, Food is Medicine and a rural Medicaid APM. Lists eligible facility types
Maine \$190M Health and Human Services	Partner portals, such as MCD Global Health for EMR funding	rhpc.dhhs@maine.gov * (207) 287-3707	EMR (\$30M), hospital efficiency (\$30M), APM support (\$28.5M). Rolling releases
Maryland \$168M Department of Health	MDH RHTP procurement page; eMMA	mdh.transformruralhealth@maryland.gov * (410) 767-6500	CRISP connectivity funding is first come, first served

State names link to each state's official RHTP page. * From the National Rural Health Association's state contact list. Confirm before relying on it.

State Directory

Massachusetts to New Jersey

State, Year 1 award	How to apply	Contact	What to know
<u>Massachusetts</u> \$162M Executive Office of Health and Human Services	COMMBUYS	RuralHealth@mass.gov * Contact list sign-up on mass.gov	Awards through state procurement. Join the RHTP contact list
<u>Michigan</u> \$173M Health and Human Services	EGrAMS. Project director must request access before the deadline	MDHHS-RHTP@michigan.gov *	Rounds have covered workforce, chronic disease and transportation
<u>Minnesota</u> \$193M Department of Health	Formula notices by provider type; vendor RFPs on the Supplier Portal	grants.ruraltransformation.mdh@state.mn.us 651-201-3838	70% to 94 rural hospitals by formula. FQHCs, CCBHCs, Tribes get shares
<u>Mississippi</u> \$206M Governor's RHTP Office, Dept. of Health	Rounds posted at mississippirhtp.com	MSCenterRHPS@msdh.ms.gov *	Every county counts as rural. Grants pay by reimbursement
<u>Missouri</u> \$216M Department of Social Services	MissouriBUYS registration; DSS bid page	DSS.RHTP@dss.mo.gov EMS: RHTP@memsa.org	Facility rounds have required a 25% match. Register with MissouriBUYS early
<u>Montana</u> \$234M Public Health and Human Services	Submittable, via the DPHHS RHTP vendor page	HHSRuralHealthTransformation@mt.gov * 406-444-5623	Strong EMS focus: equipment and community integrated health grants
<u>Nebraska</u> \$219M Health and Human Services	RFAs on the DHHS Grant Opportunities page	DHHS.RHTP@nebraska.gov (402) 471-3121	Many narrow RFAs: CAH to REH, RPM, crisis centers. Incentives need Medicaid service
<u>Nevada</u> \$180M Nevada Health Authority	RFAs at nvha.nv.gov	RHTP@nvha.nv.gov	Second rounds open if money remains
<u>New Hampshire</u> \$204M GO-NORTH (Governor's office)	Through hubs and GO-NORTH RFPs	rhtf@dhhs.nh.gov *	Foundation for Healthy Communities hub (\$66.6M) serves FQHCs, CAHs, EMS
<u>New Jersey</u> \$147M Health; Human Services	DOH notice of grant availability page	mahs.njrht@dhs.nj.gov	Competitive rounds on workforce, technology and prevention. Join the NJ RHT listserv

State names link to each state's official RHTP page. * From the National Rural Health Association's state contact list. Confirm before relying on it.

State Directory

New Mexico to South Carolina

State, Year 1 award	How to apply	Contact	What to know
<u>New Mexico</u> \$211M Health Care Authority	Through your region's hub; portal at hca.nm.gov/rht	No program email published. Use the HCA contact page	\$76.2M via 6 regional hubs. Hubs must pass 90% to local projects
<u>New York</u> \$212M Department of Health	Guidance on the Transforming Rural Healthcare page	rhtp@health.ny.gov Cyber: RHTPCyber@health.ny.gov	Rural community health integration grants. 47 of 62 counties eligible
<u>North Carolina</u> \$213M Health and Human Services, Office of Rural Health	Per opportunity. Regional money flows through ROOTS hubs	RHIF@nc.gov 1-800-662-7030	Rural Health Innovation Fund, about \$20M a year
<u>North Dakota</u> \$199M Health and Human Services	Online forms on the HHS RHT funding page	rhtp@nd.gov *	Needs ND registration, state vendor setup, SAM UEI. Indirect capped at 10%
<u>Ohio</u> \$202M Department of Health	ODH RHTP solicitations page	@odh.ohio.gov *	School health centers, maternal care networks, workforce, pharmacy
<u>Oklahoma</u> \$223M State Department of Health	Online forms on the RHTP Funding page; Oklahoma Supplier Portal	OklahomaRHTP@health.ok.gov	Requires UEI, insurance and a state vendor ID. Rural = 55,000 or fewer
<u>Oregon</u> \$197M Oregon Health Authority	OregonBuys grant proposals	RHTP@oha.oregon.gov	Catalyst Awards fund projects in 4 initiatives. No loan repayment
<u>Pennsylvania</u> \$193M Department of Human Services	Certification webform per round. Must be a Commonwealth vendor	RHTP Inquiry Form on the DHS rural health page	First-come rounds, up to \$1M per location. Windows can close in days
<u>Rhode Island</u> \$156M Executive Office of Health and Human Services	Ocean State Procures. Work starts only after a purchase order	OHHS.RIRHTP@ohhs.ri.gov	Funds APM incentives, hospital-at-home and behavioral health
<u>South Carolina</u> \$200M Health and Human Services	Grant applications via scdhhs.gov/rhtp	Grants@scdhhs.gov (888) 549-0820	Four initiatives: Connections to Care, Wellness Within Reach, Leveling Up, Shoring Up

State names link to each state's official RHTP page. * From the National Rural Health Association's state contact list. Confirm before relying on it.

State Directory

South Dakota to Wyoming

State, Year 1 award	How to apply	Contact	What to know
<u>South Dakota</u> \$189M Department of Health	SD Central Bidding posting board	DOHRHT@state.sd.us * (605) 773-3361	Large tech and data grant program, plus EMS and CCBHC grants
<u>Tennessee</u> \$207M Department of Health	TDH Partner Portal. 30-day application windows	Competitive.Health@TN.gov v RuralHealth@TN.gov	Rounds open for 30 days each. Sign up for TDH alerts
<u>Texas</u> \$281M Health and Human Services (Rural Texas Strong)	HHSC Grants Management System	RuralTexasStrong@hhs.Texas.gov	202 rural counties. Independent physicians eligible for workforce and equipment
<u>Utah</u> \$196M Health and Human Services	Per opportunity on the DHHS rural health funding page	ruralht@utah.gov * (833) 353-3447	Most rounds need a consortium. Davis, Salt Lake, Utah and Weber counties excluded
<u>Vermont</u> \$195M Agency of Human Services	Grants, per-member payments and procurements	ahs.rht@vermont.gov *	AI scribes, telehealth for independent practices, team-based care payments
<u>Virginia</u> \$190M Health and Human Resources, with DMAS	Ways to Apply page plus the RFA Navigator	ruraltransformation@governor.virginia.gov *	15 RFAs, many run by partners like VHCF. Check the RFA Navigator
<u>Washington</u> \$181M Health Care Authority, DOH, DSHS	Public bids. Register in WEBS	HCARuralHealthTransformationProgram@hca.wa.gov *	Rounds for rural hospitals, provider tech and behavioral health
<u>West Virginia</u> \$199M Department of Health	wvOASIS. Postings open two weeks	RHTP@wv.gov *	Short windows. Have your package ready before rounds post
<u>Wisconsin</u> \$204M Department of Health Services	DHS solicitations list	DHSOGM@dhs.wisconsin.gov * Help: RHTP-evaluation@wisc.edu	Rounds for workforce, technology and care coordination partnerships
<u>Wyoming</u> \$205M Department of Health	Submittable (wyrhtp)	monique.mcbride@wyo.gov v (307) 777-7656	Emergency care, workforce, technology and healthy lifestyle rounds

State names link to each state's official RHTP page. * From the National Rural Health Association's state contact list. Confirm before relying on it. For a national scan, the Rural Health Information Hub keeps a running RHTP funding list: 1-800-270-1898.

Where this guide comes from

Everything here comes from public federal and state sources. Your state's notice and your signed agreement always control. This guide isn't legal or financial advice.

Federal rules

- CMS, RHTP Post-Award FAQ, September 2026 (medicaid.gov)
- CMS, RHTP Frequently Asked Questions, April 2026 (cms.gov)
- CMS, RHTP Notice of Funding Opportunity (grants.gov)
- CMS award terms and conditions, as issued to Maryland (health.maryland.gov)
- CMS funding restrictions, as posted by Colorado HCPF
- CMS reporting statement, CMS-10949
- NIH notice NOT-OD-26-034, 2026 salary limit (grants.nih.gov)
- HRSA bulletin on the HHS salary limit for subawards
- Public Law 119-21, Section 71401

Independent analysis

- U.S. GAO, GAO-27-108853, October 6, 2026
- KFF, A Closer Look at the \$50 Billion RHTP
- Becker's Hospital Review, funding status by state (NRHA tracker data)
- Rural Health Information Hub, state RHTP lists
- National Rural Health Association, state contact list

State sources

Each state's own RHTP website, funding page, notices and press releases, including the agencies named in the State Directory. Also: Texas Medical Association and Texas HHSC briefing slides; Tennessee Hospital Association; Virginia RFA Navigator; Indiana GROW regional grants; Illinois HFS hospital planning grant guidance; Missouri IFB DSS26015; New York program updates; Washington HCA webinar slides; UA Center for Rural Health (Arizona).

What we couldn't confirm

- State award amounts after Year 1. CMS sets them each year
- Whether loan repayment is barred in every state
- Contacts marked * in the directory

State deadlines and contacts change often. Federal dates in this guide are set by CMS and run through 2032. Treat the State Directory as a starting point and confirm on the state's page before you apply.

ABOUT THIS GUIDE

A free resource for rural health providers.

The Rural Health Transformation Program is complex, and every state runs it differently. We put this guide together to give rural providers one clear, plain-language overview of how it works.

Educational only

This guide informs. It isn't legal, financial or grant advice.

Public sources

Built from federal and state sources, including CMS program rules.

Your state decides

Your state's notice and agreement always control. Confirm details there.

About iWare

We design and build custom software, web and mobile applications, and data systems for healthcare and other regulated industries.

HIPAA compliant

SOC 2 Type II

ISO 9001

Questions about this guide?

Tim Martin, Founder and CEO

(615) 300-0685 | tmartin@iwarebi.com

iwarebi.com

