Rural Health Transformation Program

Office of Policy and Management & Department of Social Services

November 19, 2025

General Overview

- Established by H.R 1 – *One Big Beautiful Bill Act*
- $50 billion over five years—to transform care and improve health outcomes in rural communities
- 50% distributed equally to approved states ($25 billion over 5 yrs)
- Remaining 50% is based on rural factors data, state policy commitments, overall quality of application, and other factors specified in the funding notice
- Exceptionally short, 7-week deadline with strict and evolving criteria and guidance; DSS submitted grant application on November 4, 2025
- Decisions made by December 31, 2025

RHT Program Funding Scope

Use funding to pay for	Do not use funding to pay for ...
✓ Transformation of care delivery	✗ New construction (minor alterations only)
✓ Improved access to, quality of, and cost of healthcare in rural America	✗ Clinical services that duplicate billable services and/or attempt to change payment amounts of existing fee schedules
✓ Technological & infrastructure investments and startup costs that will have sustainable impact beyond the end of the program	✗ Ongoing expenses, such as student loan repayment and food
✓ Expanded or enhanced services but not duplicate programs	✗ Transportation
	✗ Broadband expansion
	✗ Other specified limitations outlined in the NOFO, including no supplantation

All of State Government Approach & Transparent Stakeholder Process

- Broad-based visioning of what an effective health delivery system can look like
- Unique collaboration across broad set of state agencies including HHS-related agencies (DSS, OPM, ORH, DPH, OHS, DMHAS, DCF) and some projects also to be led by additional agencies (SDE, DoAg, DEEP, UCHC)
- State's application includes 31 proposals
- **Application materials are posted to the DSS website: https://portal.ct.gov/dss/rural-health-transformation-program**
- Comprehensive opportunities for stakeholder input
  - Open written public comment period through state website, received over 250 public comments
  - Engagement meetings with federally recognized tribes, hospital association, community health centers, state medical society, local health directors, academic partners, community action agencies, and others
  - In-person public listening sessions (one each in Winsted and Willimantic) and a virtual session

Key Projects Related to Children's Behavioral Health

Ongoing Initiative	RHTP Investment	Building on our Success
Children's Mental Health	Address high-acuity needs through school-based programming and expansion of ACCESS Mental Health to school based health centers and for individuals with Autism Spectrum Disorder	Strengthen and stabilize kids in local school districts, building on successful investments for specialized mental health consultation
Medicaid Supports for Behavioral Health Practice	Direct investment and value-based payment for primary care, maternal, behavioral health, and dental providers serving rural residents	Improve provider capacity and builds on recent Medicaid rate increases supported by the Medicaid Rate Study
Improving Providers' Care Coordination	Expanding health information exchange and other health records tools to improve care coordination. Making care coordination payments to primary care practices	Builds on Connecticut's health information exchange (Connie). Expands on Medicaid primary care initiatives, part of which include improving integration with behavioral health
Expanding Behavioral Health Workforce	Various initiatives to improve provider workforce including direct support, AHEC expansion, Expand implementation of multi-state licensure compact infrastructure and identify potential opportunities for expansion into other fields	Builds on existing initiatives to enact Medical, Psychologist, and Nurse Licensure Compact and explore additional opportunities for cross-state practice and workforce expansion

CT's Four Transformation Initiatives

Population Health Outcomes – Advance prevention, chronic care, maternal and behavioral health integration, and address root causes of disease, including:

- Air Line State Park Trail Revitalization—outdoor recreation and exercise
- ACCESS Mental Health Expansion—Adult Behavioral Health, Autism Services, and School-Based Mental Health
- Universal Home Visiting Expansion
- Mobile Clinic Pilot—4 vans for primary care, 4 dental (one of each for Tribal communities)
- Evidence-Based Senior Exercise
- Seed Funding for Non-Traditional Farming Infrastructure

Workforce – Strengthen recruitment, training, and retention of physicians and other healthcare practitioners and staff through education partnerships, telehealth support, and career pipelines, including:

- Rural residency expansion
- Interstate Licensure Compact Implementation Support
- Expanded Certified Nurse Aide Training and Certification
- Medication administration training
- Rural Provider Incentives
- Salary supplement for non-licensed workers
- AHEC/UCHC Health Workforce Pipeline

CT's Four Transformation Initiatives

Data & Technology – Expand interoperability, health information exchange participation and capacity, telehealth infrastructure, and analytics to guide performance and policy and improve healthcare providers' ability to coordinate care and improve population health, including:

- Bridging the Digital Divide
- Integrated Care Network
- Health Information Exchange Enhancements (Connie)
- Predictive analysis to avoid ED visit/coordination platform
- Consumer AI power care management tools

Care Transformation & Stability – Promote enhanced capacity at rural healthcare providers to improve quality and population health, including by supporting the adoption of value-based models, integrated care teams, and sustainable funding mechanisms for rural healthcare providers, including:

- Adult Crisis Stabilization for Behavioral Health
- Mobile Integrated Health Pilot
- CT Hospital Transformation Right-sizing Initiative
- PACE, all-inclusive care for elders to remain at home and out of institutional care
- High-acuity school based behavioral health program
- Regional Collaboratives
- Community Health Navigator
- Care Coordination Support for Primary Care Practices
- Improving Primary, Behavioral, and Dental Health through Direct Investment and VBP

Budget Sustainability

CT's RHT Program was designed to minimize potential budget impact after the grant period ends:

- Initiatives focus on one-time scalable investments, including infrastructure improvements (e.g., hospital right-sizing, EHR connectivity, bridging the digital divide, provider incentives).
- State will examine whether better health outcomes have resulted in savings that could be reinvested in the pick-up of successful initiative.
- Opportunities will be explored to support successful programs through a combination of Medicaid, private insurance and grant funding or public-private partnerships, and collaborative efforts to ensure long-term benefits for rural residents.

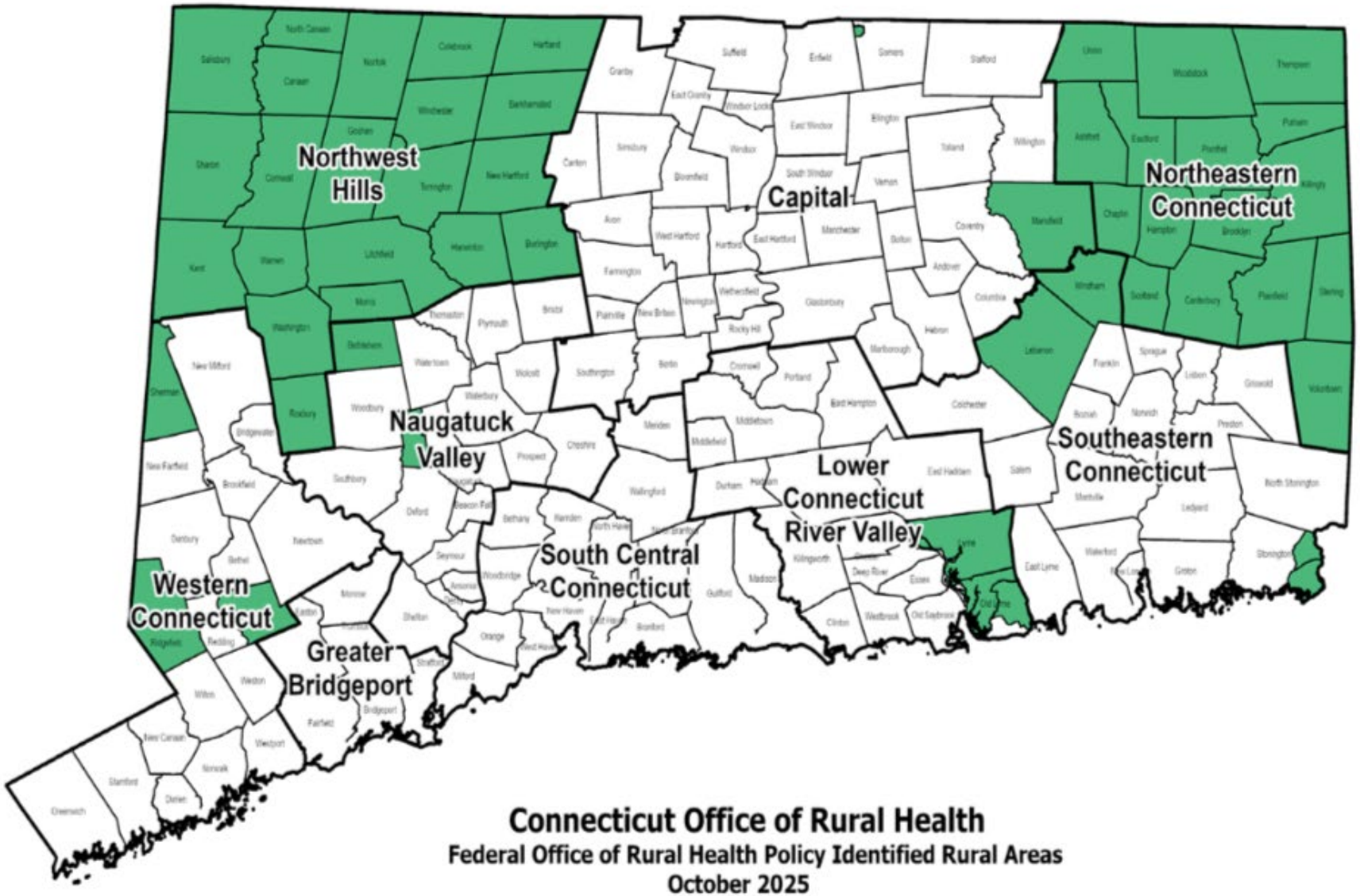
Application Supporters

- Transforming Children's Behavioral Health Policy Committee (Children's Behavioral Health Service Providers, Yale Child Study Center, Healthcare Professionals)
- LeadingAge CT
- Connecticut Hospital Association
- CHCACT (FQHCs)
- UCONN Health
- CT's Office of Rural Health
- New England Association of Rural Health
- Autism Spectrum Advisory Council
- Bipartisan coalition of State Senators representing rural communities
- Bipartisan support from legislative leadership and health care policymakers

Next Steps

- DSS Submitted Application on November 4th
- Pre-Implementation Planning
- Award Decisions by December 31
- First Round of Funding Anticipated to be Distributed in Q1 2026

Appendix


Northwest Hills
Capital
Northeastern Connecticut
Naugatuck Valley
Lower Connecticut River Valley
Southeastern Connecticut
Western Connecticut
South Central Connecticut
Greater Bridgeport
Connecticut Office of Rural Health
Federal Office of Rural Health Policy Identified Rural Areas
October 2025
Planning Region
Rural - Federal Office of Rural Health Policy

Proposal Title	Budget Period 1	Budget Period 2	Budget Period 3	Budget Period 4	Budget Period 5	Total
Population Health Outcomes Initiative						
Expand ACCESS Mental Health Model to Adults	$3,600,000	$3,600,000	$3,700,000	$3,900,000	$3,900,000	$18,700,000
Universal Nurse Home Visiting Expansion	5,000,000	5,000,000	5,000,000	5,000,000	5,000,000	25,000,000
Air Line State Park Trail Revitalization	7,000,000	7,000,000	8,000,000	9,000,000	9,000,000	40,000,000
ACCESS Mental Health ASD Service Access	2,700,000	2,700,000	2,700,000	2,800,000	2,900,000	13,800,000
ACCESS Mental Health Enhanced School-Based Mental Health Care	1,100,000	1,100,000	1,100,000	1,200,000	1,200,000	5,700,000
Mobile Clinic Pilot	3,700,000	2,400,000	2,400,000	2,400,000	2,400,000	13,300,000
Promoting Healthy Aging in Rural Connecticut Through Engaging Exercise	201,000	186,000	186,000	186,000	186,000	945,000
Seed Funding for Non-Traditional Farming Infrastructure	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	15,000,000
Program Total - Population Health Outcomes	$26,301,000	$24,986,000	$26,086,000	$27,486,000	$27,586,000	$132,445,000
Workforce Initiative						
Formalize CNA Training	$250,000	$250,000	$250,000	$250,000	$250,000	$1,250,000
Area Health Education Center (AHEC) Expansion	1,000,000	800,000	600,000	500,000	400,000	3,300,000
Formalize Medication Administration Training	100,000	100,000	100,000	100,000	100,000	500,000
Interstate Licensure Compact Support	*Staff costs shown below*					
Rural Provider Incentives	8,500,000	8,500,000	8,500,000	8,500,000	8,500,000	42,500,000
Rural Residency Development Grant	150,000	450,000				600,000
Salary Supplements for Non-Licensed Healthcare Workers	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	10,000,000
Program Total - Workforce	$12,000,000	$12,100,000	$11,450,000	$11,350,000	$11,250,000	$58,150,000
Data & Technology Initiative						
CT Healthcare Bed Capacity Tracking System	$450,000	$450,000	$200,000	$150,000	$150,000	$1,400,000
Bridging the Digital Divide	500,000	700,000	700,000	700,000	700,000	3,300,000
Connecticut Rural Predictive Analytics and Care – Coordination Platform	1,400,000	3,400,000	3,400,000	2,400,000	1,400,000	12,000,000
Consumer AI-Powered Care Management Tools	2,300,000	6,400,000	6,400,000	4,300,000	2,100,000	21,500,000
HIE Expansion for Rural Providers, EMS, and Skilled Nursing Facilities.	1,200,000	2,000,000	2,000,000	2,000,000	1,000,000	8,200,000
Integrated Care Network	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	10,000,000
Rural Health Transformation through Shared Infrastructure and Telehealth Innovation	1,350,000	2,300,000	2,600,000	975,000	625,000	7,850,000
Program Total - Data & Technology	$9,200,000	$17,250,000	$17,300,000	$12,525,000	$7,975,000	$64,250,000
Care Transformation & Stability Initiative						
Adult 23-Hour Crisis Stabilization Units	$2,000,000	$12,000,000	$12,000,000	$12,000,000	$12,000,000	$50,000,000
Care Coordination Support for Primary Care Practices	8,600,000	8,600,000	8,600,000	8,600,000	8,600,000	43,000,000
Community Health Navigator	500,000	500,000	500,000	550,000	550,000	2,600,000
Rural Hospital Transformation & Rural Health Facility Right-Sizing and Infrastructure Program	90,207,516	78,228,324	87,811,884	90,803,854	94,903,543	441,955,121
Improving Primary, Maternal, Behavioral, and Dental Health through Direct Investment and VBP	25,400,000	20,400,000	10,400,000	10,400,000	10,400,000	77,000,000
Mobile Integrated Health Pilot	6,000,000	6,000,000	6,000,000	6,000,000	6,000,000	30,000,000
Program of All-Inclusive Care for the Elderly (PACE)	4,000,000	2,500,000	2,500,000	2,500,000	2,500,000	14,000,000
Regional Collaboratives	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000	6,000,000
High Acuity School-Based Behavioral Health Programming	3,800,000	3,800,000	3,800,000	3,800,000	3,800,000	19,000,000
Program Total - Care Transformation & Stability	$141,707,516	$133,228,324	$132,811,884	$135,853,854	$139,953,543	$683,555,121
Administrative Costs						
Staff and Vendors	$6,791,484	$10,435,676	$10,852,116	$11,285,146	$11,735,457	$51,099,879
Grant Management / Evaluation	$4,000,000	$2,000,000	$1,500,000	$1,500,000	$1,500,000	$10,500,000
Total RHT Plan	**$200,000,000**	**$200,000,000**	**$200,000,000**	**$200,000,000**	**$200,000,000**	**$1,000,000,000**

Strategic Goals

Make Rural America Healthy Again

Support health innovations and new access points to promote preventive health and address root causes of diseases

Sustainable Access

Help rural providers become long-term access points for care by improving efficiency and sustainability

Workforce Development

Attract and retain a high-skilled health care workforce by strengthening recruitment and retention of healthcare providers in rural communities

Innovative Care

Spark the growth of innovative care models to improve health outcomes, coordinate care, and promote flexible care arrangements

Tech Innovation

Foster use of innovative technologies that promote efficient care delivery, data security, and access to digital health tools by rural facilities, providers, and patients

Source: CMS - [Rural Health Transformation (RHT) Program Overview]

What is the Expected Timeline?

Application Released

By Mid September: Application released

Late September: Intro webinars

Application Formation

All October: Channels to receive and respond to questions from States

Submission Deadline

Early November: Application due

Awardee Decisions

By December 31: Awardee decisions

Monitoring Begins

2026+: Continuous monitoring & support from CMS

Source: CMS - Rural Health Transformation (RHT) Program Overview