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Unlocking RHTP Funding: Best Practices for Nebraska's Rural Hospitals

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Rural Health Transformation

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents arethose of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.

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Learning Objectives

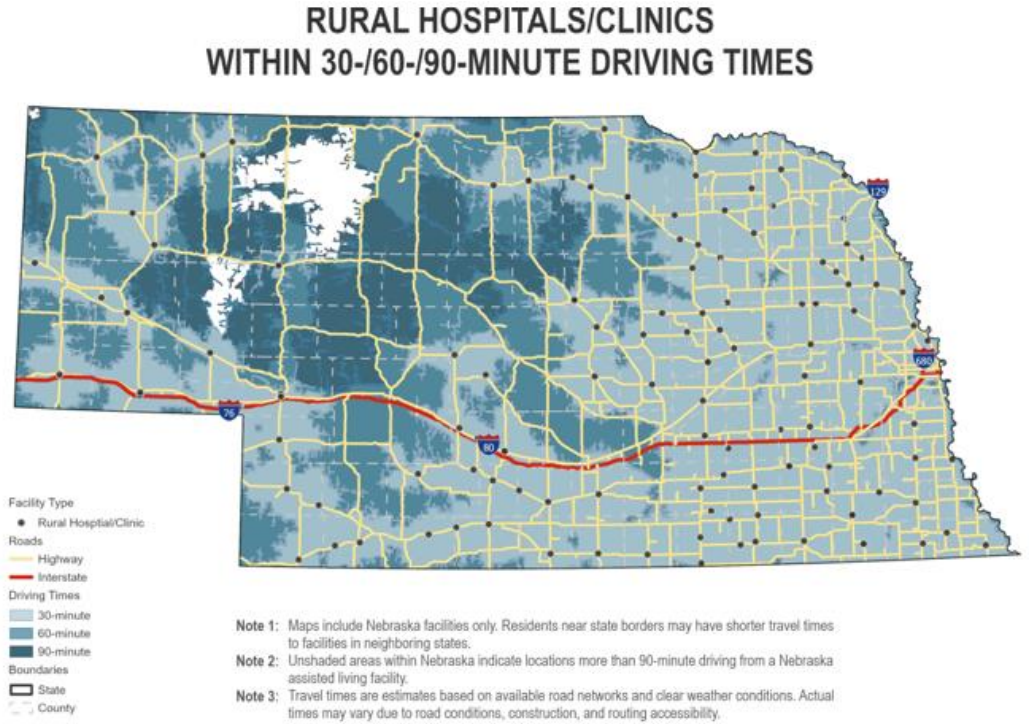
- Identify the specific sub-grant funding initiatives from Budget Period 1 as administered by the Nebraska Department of Health and Human Services (DHHS) that apply to rural hospitals.
- Understand general practices around accessing, completing, and submitting RHTP-related sub-grant applications through the state.
- Understand general reporting requirements around RHTP projects.

Background

- The One Big Beautiful Bill Act created a $50B Rural Health Transformation Program (RHTP) to improve rural healthcare through improved access, quality, and outcomes through system transformation.
- $50 billion to states over five years (2026-2030).
  - $25 billion divided equally among all successful applicants.
  - $25 billion at the discretion of CMS.
- Each state is the prime awardee and is responsible for the use of funds, including any subawards or contracts with partners.

Current Nebraska Statistics

- 37% of Nebraskans live in rural areas
  - 88 of 93 counties are rural
  - 30 counties are frontier
- Healthcare shortages span rural counties
  - 66 counties have a primary care shortage
  - 61 counties have a dental care shortage
  - 88 counties experience psychiatry and mental health shortages
- Over half of counties are maternity care deserts
- 84% of rural EMS agencies rely primarily on volunteers



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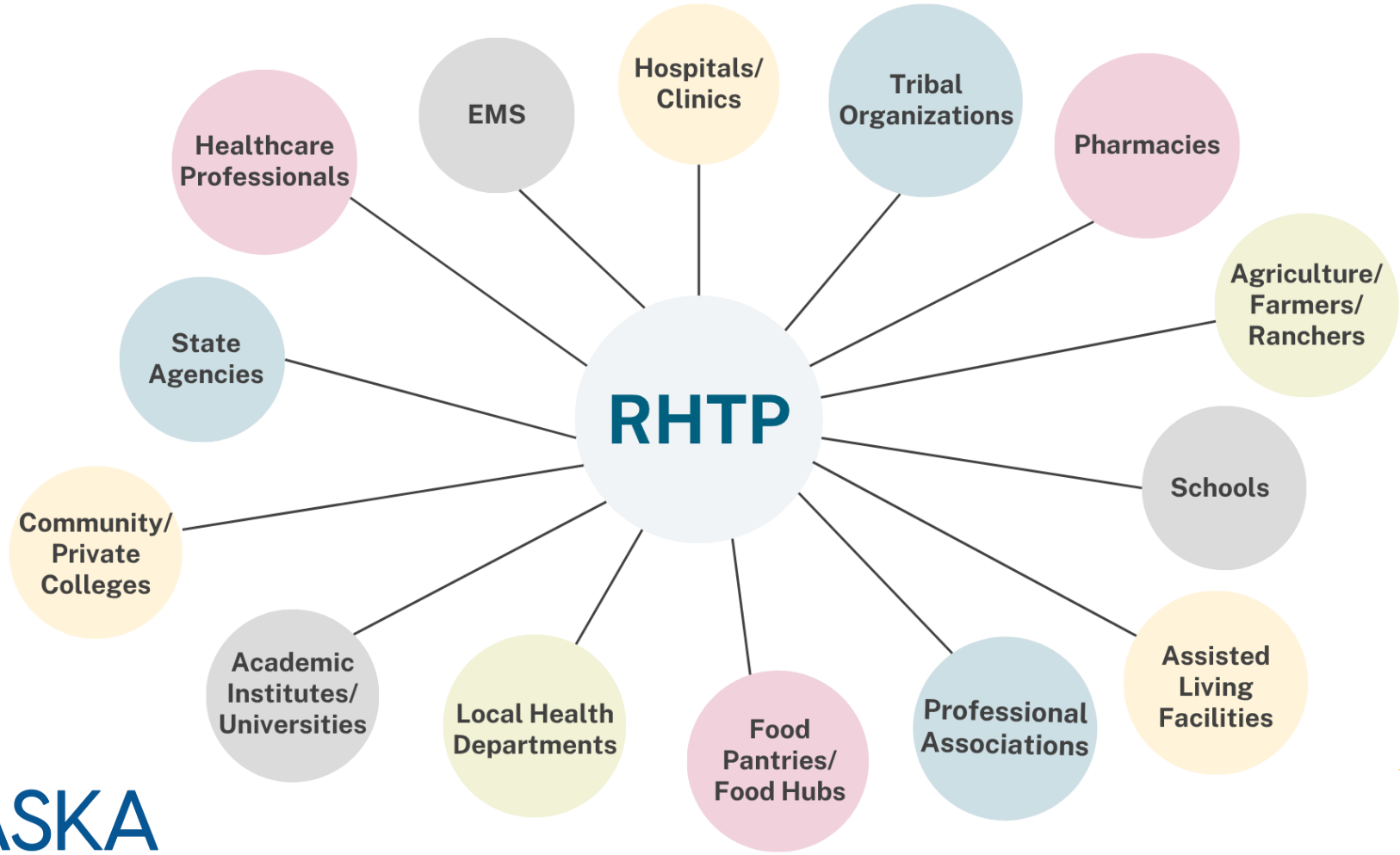
Nebraska's RHTP

- Nebraska received $218.5 million in the first year of a five-year program.
- Nebraska RHTP's seven initiatives will strengthen rural health infrastructure, address workforce gaps, expand access to care, and connect communities to resources through technology, healthy foods, education, coordination, and integrated systems.
- Multiple RFAs will be released over five years, providing organizations with ongoing opportunities to apply for funding and support implementation.
- Learn more:

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Partners

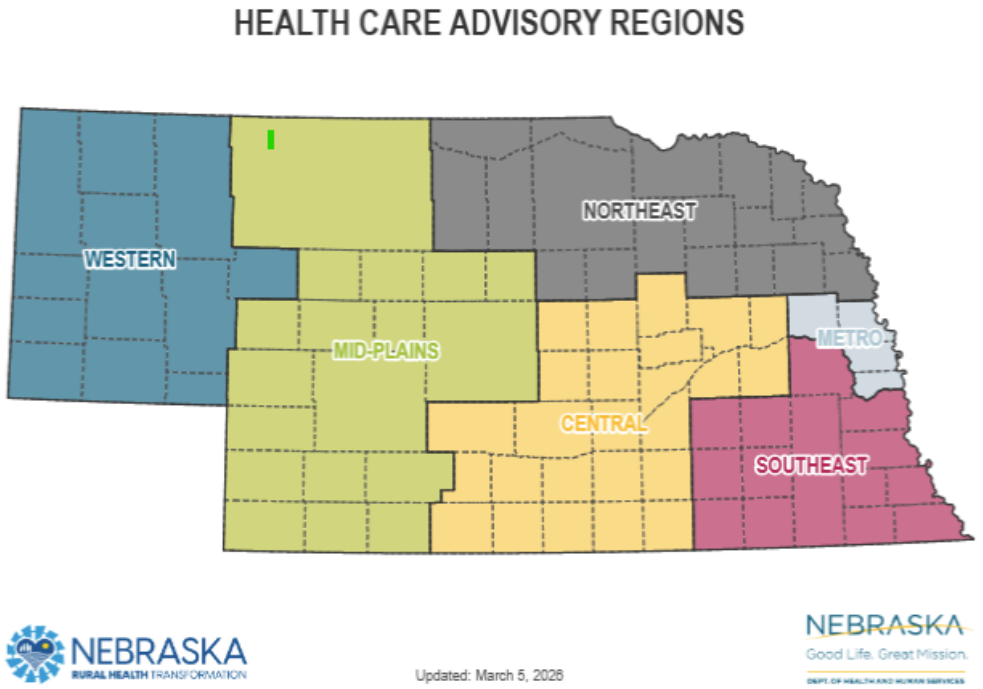


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HCARs

- Six HCARs across Nebraska to serve as formal advisory and engagement bodies to provide regional input, recommendations, and implementation perspectives to DHHS and RHTP.
- Members serve in a regional advisory capacity and represent system-level perspectives rather than individual organizational interests.



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RFA Opportunities

DHHS is using a Request for Applications (RFA) process, where feasible, to identify partners for RHTP project implementation. This allows a transparent, competitive process that multiple partners can engage in and allows DHHS to select the best applicants for the work.

- RFA opportunities are posted here: https://dhhs.ne.gov/Pages/Grant-Opportunities.aspx
  - Most are closed in order to obligate funds by the 10/30/26 deadline

Support for CAH and REH

Purpose: assist Critical Access Hospitals (CAH) and Rural Emergency Hospitals (REH) with infrastructure, technology, and equipment improvements that would aid in service line expansion and improvement, resulting in financial stabilization.

Requires: a current strategic plan that outlines the facility's financial position and future financial projections. Must show how funds would be used to improve access to care, service line expansion, or the improvement of quality of care within their facilities. Must include a return-on-investment analysis.

Rural Health Workforce Incentive Program

Purpose: offer monetary incentives to health care providers in exchange for a service commitment to work in a rural county for five years.

Requires:

- Have an active DHHS license, credential, or certification
- Live in Nebraska and be a U.S. citizen or qualified alien
- Provide full-time care in rural counties and accept Medicaid and other patients in target populations

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Healthcare Acquired Infection Support and Chronic Disease Management

Healthcare Acquired Infection Support

Purpose: assist healthcare providers in efforts to reduce preventable infections, limit antibiotic resistance, and improve outcomes.

Chronic Disease Management

Purpose: expand community-based education, care navigation, and self-management support for individuals living with chronic conditions.

Remote Patient Monitoring

Purpose: expand hospital-based Remote Patient Monitoring (RPM) programs to improve disease management, reduce avoidable hospital utilization, and strengthen rural health infrastructure.

Requires:

- Patient prioritization (chronic conditions such as diabetes, COPD)
- Integration of RPM technologies into clinical workflows
- Improvement of care coordination between hospitals, primary care, etc.

RFA Applications

- Each RFA is different
  - Different eligible entities
    - Ex: Modification of Clinical Facilities for Mental Health Crisis vs. Critical Access Hospital Support
  - Different timeframes – both application deadlines and period of performance
    - Ex: equipment purchases vs. ongoing projects
- Similarities include a required work plan and budget
- Administrative expenses (including but different than an indirect cost) are capped at 7.5%

General Reporting

Regular reports with invoices must be submitted.

- Financial considerations include
  - Budgeted, actual, and cumulative expenditures for reporting period
  - Allowable, allocable, and reasonable costs
- Programmatic considerations
  - Progress report on activities conducted
  - Participation data (i.e. number of people served)
  - Performance measures

RHTP Reporting

- Financial reporting and reimbursement
  - RHTP Financial Workbook provided to allow tracking of expenses against approved budgets
  - Supporting documentation (GL detail, payroll records, invoices, etc.) required
- Use of funds categories
  - CMS requires obligations and expenditures to be tracked according to approved Use of Funds
- Ongoing monitoring
  - DHHS will monitor agreements, including desk reviews looking at supporting documentation for reimbursement requests

Hospital Partners

- At the beginning of October, DHHS had a total of 325 executed agreements with hospital or clinic partners
- Total dollar amount across all agreements = approx. $53 million

Hospital Partners (cont.)

- These agreements cover activities across six initiatives:
  - CAH to REH Conversion, Rural Provider Recruitment and Retention Incentives, Healthcare Associated Infections Prevention, Chronic Disease Management, Remote Patient Monitoring, and Modification of Existing Clinical Facilities for Crisis Stabilization Centers.
- Year one success:
  - *This funding is helping us build a stronger, more connected healthcare system for the future, ensuring that patients can access the tools, knowledge, and support they need to live healthier lives while remaining close to home.* **- Diane Brugger, CEO of Antelope Memorial Hospital.**
  - *Many of our patients come to us from communities hundreds of miles away. Our remote monitoring program provides those with chronic conditions peace of mind when they return home and can quickly identify health changes. Innovation like this is a key part of our vision of a healthier future for all.* **- Kiley Grzywa, Vice President Patient Care Services, CHI Health St. Francis**

Hospital Partners (cont.)

- Other initiatives indirectly support rural healthcare delivery
  - Veteran EHR Coordination, Rural VR and Skills Acceleration Network, Mobile Maternal Care and Training, Technology-Enhanced Pharmacy Services, Integrated Primary Care with Behavioral Health Services, and Facility Modernization Grants.
- Year one success:
  - *Through collaboration among pharmacies, healthcare providers, and public health partners, patients receive ongoing support to improve medication adherence and chronic disease management. This sustainable model strengthens access to care, improves population health outcomes, and helps reduce total healthcare spending by preventing avoidable healthcare utilization.* **- Staci Hubert, PharmD, Nebraska Enhanced Services Pharmacies**
  - *By combining the strengths of our state, its public university, and an innovative network of community pharmacies, we are equipping pharmacists and pharmacy technicians to provide enhanced chronic disease and medication management services. Together, we are building a sustainable model that leverages the community pharmacies in rural Nebraska to better meet the needs of its communities.* **- Kim Scarsi PharmD, MSc, FCCP, UNMC College of Pharmacy**

Thank you

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https://dhhs.ne.gov/Pages/Rural-Health-Transformation.aspx

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