LOUISIANA
DEPARTMENT OF HEALTH
Office of Rural Health Transformation and Sustainability

Rural Health Transformation Program Advisory Council November 5, 2026



Stevens Amendment

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Agenda

1. Call to Order and Roll Call
2. Approval of the Agenda
3. Approval of Previous Meeting Minutes
4. Items for Discussion
    a. Review and discussion of LDH RHTP Annual Report for RHTP Budget Period 1
    b. Budget Period 1 Data Report on Awards
    c. 2027 Regional Visits and Plan
    d. 2027 Advisory Council Tentative Meeting Dates
5. Public Comment Period
    a. In-Person Comments
    b. Electronic Comments
6. Consideration of any other matters that may come before the Council
7. Adjournment

RHTP Advisory Council Purpose

- LA Rural Health Transformation Program Advisory Council established within the Office of Rural health Transformation and Sustainability through Governor Landry Executive Order Number JML 26-032

- Composed of 11 members appointed by the Governor
  - Secretary of LDH or designee, chair
  - Secretary of La Works or designee
  - President of La Community Technology College or designee
  - Executive Director Louisiana Rural Hospital Coalition or designee
  - President La Independent Pharmacies Association or designee
  - Chair House Health / Welfare or designee
  - Chair Senate Health / Welfare or designee
  - Four at large members with demonstrated experience or active involvement in rural healthcare

Review and Discussion of LDH RHTP Annual Report for Budget Period 1

LDH RHTP Annual Report for Budget Period 1

Checkpoint Guidance: Guidance for the State for each of the checkpoints to assist in reporting initiative progress. This includes checkpoint guidance, the weight assigned to each checkpoint, which checkpoints belong to each stage, and information on the type of evidentiary documentation that could be used to demonstrate completion.

Initiative: Includes initiative names, numbers, narratives, number of people served, metrics, checkpoints, and attachment names. For each metric, the State should provide the most recent available value as well as the date for which the reported value is current.

State Policy Actions Tab: Form for the State to report the current status of their State policy action commitments. The State may only report progress on policy commitments identified in their application and for which they received credit.

Obligated and Spent Funds Reporting: Forms for the State to report how RHT Program funds were disbursed. Includes Entity Type Guidance, First-Tier Entities, Use of Funds, and Downstream Reporting tabs.

Additional Information: Form for the State to share success stories and updates to their sustainability plans based on the implementation of the RHT Program. This form also includes a field for the State to provide the 'rural area' definition that was used to determine whether subrecipients were considered to be rural.

State Policy Actions Reported

Reporting Period Ending July 31,2026

The policy actions reported as commitments during the August Advisory Council meeting have since been approved and awarded.

State Policy Action	Status Description
SNAP waivers	La: 100 points for USDA approved state waiver prohibiting purchase of non-nutritious items in SNAP
Nutrition and Continuing Medical Education	La: 100 points for legislative requirement in place
Certificate of Need	La: 50/100 points based on Cicero Institute Findings as we have some requirements in place
Licensure Compacts	Data they use showing La with 100/100 points in areas of physician, nurse, and EMS, but 0/100 points for psychology and physician assistant; plan to share universal licensure passed in 2024 session as evidence for full points
Scope of Practice	La: 50/100 points for physician assistant and nurse practitioner and 0/100 points for pharmacist and dental hygienist
Short Term Limited Duration Insurance	Full points as we mirror federal practice on this
Remote Care Services	La with partial points for this and we do include pilots in initiatives
Presidential Fitness	Governor signed executive order prior to application to maximize points

1 - Workforce Checkpoint

Reporting Period Ending July 31,2026

Initiative
Strengthen Health and Emergency Systems through Workforce Expansion and Integration

Multiple round table discussions were held with key stakeholders pertaining to key focus areas, including Grow Your Own strategies, adding “seats” in key healthcare areas to colleges / universities with rural rotations, building rural education programs, and EMS deserts. Funding opportunity announcements, scoring, and determinations were made in collaboration with LDH Steering Committee members with subject matter expertise in these areas. Three competitive funding applications were announced – 136 applications received for Rural Clinician Credit Bank, with 70 rural providers receiving awards; 37 applications received for Collaborative Provider Models; and 15 applications received for Rural HERO program. A Cooperative Endeavor Agreement with Louisiana Community and Technical Colleges was drafted with input from Louisiana Department of Education and Louisiana Works to identify activities to promote opportunities for rural residents, adult and student learners, to have an opportunity to visit teaching institutions and learn about health care opportunities. These programs are anticipated to begin in Fall of 2026. Agreements with five public universities were completed to add additional “seats” for health care students in targeted areas, selected from those with more student applicants than the university is able to support. These students will all do a clinical rotation, and the university demonstrated rural health facility partnerships in their applications. Data was utilized to identify parishes with no emergency services and/or emergency hospitals, and funding will be deployed to build capacity in these areas. Acadian Ambulance will be key funding partner to expand in these areas, and a Cooperative Endeavor Agreement is being drafted to support this activity. The Louisiana Department of Revenue has begun preparations for re-establishing the state-wide income tax credit for rural healthcare practitioners, and they will work collaboratively with LDH to reinstate legislation during the 2027 Regular Louisiana Legislative Session. LDH also contracted with University of Louisiana – Lafayette to develop the Rural Health Transformation Atlas, which will be utilized to assist with determination of rural eligibility and to complete needs based assessment across initiatives.

#	Metric
1	# of patients receiving primary care service in their parish-of-residence (stratified by parish)
2	# of rural-trained HCWs entering Louisiana’s workforce within 12 months of graduation
3	# of specialty care provider coverage across rural parishes
4	% penetration in viable rural areas (i.e. broadband available), served by tele-EMS or community paramedicine
5	Average EMS response time to high acuity incidents in rural areas (stratified by parish)
6	# of low-acuity 911 calls resolved through tele-EMS without hospital transport

1 - Workforce Checkpoint

Reporting Period Ending July 31,2026

Stage 0 – Planning				CMS Review (CMS Use Only)	
				Stage 0 - Planning	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
0.1	Establish governance	Yes	Approved LDH Governance Plan	Accepted	Meets the criteria for this checkpoint.
0.2	Submit project plan to CMS	Yes	Approved Project Plan (Year 1)	Accepted	Meets the criteria for this checkpoint.
Stage 1 – Project Preparation				**Stage 1 - Project Preparation**	
Checkpoint		**Yes/No**	**Attachment(s)**	**CMS Status Evaluation**	**Comments**
1.1	CMS approval of project plan	Yes	CMS Checkpoint Approval Email	Accepted	
1.2	Launch initiative	Yes	Attachment 1.1.2	Accepted	Meets the criteria for this checkpoint.
Stage 2 – Early Implementation				**Stage 2 - Early Implementation**	
Checkpoint		**Yes/No**	**Attachment(s)**	**CMS Status Evaluation**	**Comments**
2.1	Continue initiative activities	No			
2.2	Achieve at least one post-launch milestone	Yes	Attachment 1.2.2	Accepted	Meets the criteria for this checkpoint.
2.3	Establish metric reporting methodology	No			
2.4	Submit updated project plan to CMS	No			

2 - Tech Innovation Checkpoint

Reporting Period Ending July 31,2026

Initiative
Modernize Technology Infrastructure and Capacity for Efficiency and Care Coordination
Implementation of a state-managed CMS-certified EHR instance focused on contract negotiations for the license, identifying rural providers who were interested and ready in participating on the platform, and establishing a governance structure for the program. Some rural providers preferred to go with an already established epic instance, and LDH will support those efforts through a voucher program, not to exceed the 5% cap for electronic medical records upgrade. LDH contracted with the McKinsey Group to assist in development of the governance and implementation plan for this project. A draft contract with Louisiana Economic Development has been completed and is pending CMS review and approval for engagement with the Rural Tech Catalyst Fund. Over 200 vendors submitted application for inclusion in this novel program, and many innovative technology ideas will be able to move forward for trials to address rural resident healthcare needs. To ensure rural residents have access to technology that will meet their needs for digital literacy and participation in telehealth platforms, LDH contracted with Thrive Mobile to build a platform for this use with a per diem paid as rural residents join the platform. LDH will monitor ongoing engagement on this platform, with a plan to expand use for eligibility redeterminations in the future.

#	Metric
1	% of rural providers/facilities leveraging data exchange for care coordination via interoperable platforms
2	% of rural providers exchanging data via FHIR-compliant network
3	% of rural patients with electronic access to their own health data through state-managed EHR
4	% of rural residents using RTCF-supported digital-health tools (telehealth apps, mobile platforms)
5	% preventive-care utilization among digitally connected patients (e.g., annual checkups, screenings)

2 - Tech Innovation Checkpoint

Reporting Period Ending July 31,2026

Stage 0 – Planning				CMS Review (CMS Use Only)	
				Stage 0 - Planning	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
0.1	Establish governance	Yes	Approved LDH Governance Plan	Accepted	Meets the criteria for this checkpoint.
0.2	Submit project plan to CMS	Yes	Approved Project Plan (Year 1)	Accepted	Meets the criteria for this checkpoint.
Stage 1 – Project Preparation				**Stage 1 - Project Preparation**	
Checkpoint		**Yes/No**	**Attachment(s)**	**CMS Status Evaluation**	**Comments**
1.1	CMS approval of project plan	Yes	CMS Checkpoint Approval Email	Accepted	Meets the criteria for this checkpoint.
1.2	Launch initiative	Yes	Attachment 2.1.2	Accepted	Meets the criteria for this checkpoint.
Stage 2 – Early Implementation				**Stage 2 - Early Implementation**	
Checkpoint		**Yes/No**	**Attachment(s)**	**CMS Status Evaluation**	**Comments**
2.1	Continue initiative activities	Yes	Attachment 2.2.1	Accepted	Meets the criteria for this checkpoint.
2.2	Achieve at least one post-launch milestone	No			
2.3	Establish metric reporting methodology	No			
2.4	Submit updated project plan to CMS	No			

3 - Innovative Care Checkpoint

Reporting Period Ending July 31,2026

Initiative
Reinforce Innovative, Outcomes-Based Care Delivery in Rural Areas
In order to establish Budget Year 1 funding opportunities for this initiative, LDH sponsored multiple round table and think tank discussions, including partners such as Medicaid, Managed Care Entities, rural providers, ACOs, CINs, enabler networks, and vendor platforms that support these efforts. LDH also contracted with the McKinsey Group to assist with development of innovative care models for Year 1. Based on this input, the two strategies proposed in the initial grant application were combined into one funding opportunity with two tracks. Track 1 was for rural providers who required funding to build an infrastructure for them to participate in any type of alternative payment model / value based care model. Track 2 was for rural providers who were ready to engage in these models directly. Over 30 entities applied for funding and participation in this initial cohort.

#	Metric
1	% of non-emergent ED visits (stratified by parish)
2	% of patients in ACOs with controlled diabetes and other chronic conditions
3	% of rural patients with access to a provider participating in accountable care or value-based payment models
4	% penetration of piloted care models in rural areas (stratified by parish)

3 - Innovative Care Checkpoint

Reporting Period Ending July 31,2026

Stage 0 – Planning				CMS Review (CMS Use Only)	
				Stage 0 - Planning	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
0.1	Establish governance	Yes	Approved LDH Governance Plan	Accepted	Meets the criteria for this checkpoint.
0.2	Submit project plan to CMS	Yes	Approved Project Plan (Year 1)	Accepted	Meets the criteria for this checkpoint.
Stage 1 – Project Preparation				**Stage 1 - Project Preparation**	
Checkpoint		**Yes/No**	**Attachment(s)**	**CMS Status Evaluation**	**Comments**
1.1	CMS approval of project plan	Yes	CMS Checkpoint Approval Email	Accepted	Meets the criteria for this checkpoint.
1.2	Launch initiative	Yes	Attachment 3.1.2	Accepted	Meets the criteria for this checkpoint.
Stage 2 – Early Implementation				**Stage 2 - Early Implementation**	
Checkpoint		**Yes/No**	**Attachment(s)**	**CMS Status Evaluation**	**Comments**
2.1	Continue initiative activities	No			
2.2	Achieve at least one post-launch milestone	No			
2.3	Establish metric reporting methodology	No			
2.4	Submit updated project plan to CMS	No			

4 - MRAHA Checkpoint

Reporting Period Ending July 31,2026

Initiative
Expand Physical Activity and Nutrition Interventions Through Community-Based Partnerships
LDH hosted and participated in several discussions regarding Food is Medicine, which has demonstrated substantial community interest, and resulted in additional partnerships with LSU Agricultural College, Feeding Louisiana, and Office of Women's Health. Many of these agencies are leading efforts for Food Is Medicine, and LDH Office of Rural Health Transformation and Sustainability will partner with those leading these efforts. Based on input form subject matter experts, a competitive award for piloting Food Is Medicine programs was announced, and 37 applications were received for this program. Additional work was completed with Pennington Biomedical Center, who had conducted pilots of community based nutrition and fitness programs in urban areas, but had not expanded to rural areas. While the initial urban pilot was successful, additional considerations needed to be given to expand into the rural areas. Funding will support this expansion into rural areas and allow additional study to determine ongoing feasibility and sustainability.

Metric	
1a	Blood pressure control among target patient populations
1b	A1c control among target patient populations
2	% participation in school-aged physical fitness programming in rural parishes
3	% self-reported improved well-being (e.g., NQF) following community-based nutrition and physical health events
4	% participation in food pharmacies following provider referral (stratified by parish)

4 - MRAHA Checkpoint

Reporting Period Ending July 31,2026

Stage 0 – Planning				CMS Review (CMS Use Only)	
				Stage 0 - Planning	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
0.1	Establish governance	Yes	Approved LDH Governance Plan	Accepted	Meets the criteria for this checkpoint.
0.2	Submit project plan to CMS	Yes	Approved Project Plan (Year 1)	Accepted	Meets the criteria for this checkpoint.
Stage 1 – Project Preparation				**Stage 1 - Project Preparation**	
Checkpoint		**Yes/No**	**Attachment(s)**	**CMS Status Evaluation**	**Comments**
1.1	CMS approval of project plan	Yes	CMS Checkpoint Approval Email	Accepted	Meets the criteria for this checkpoint.
1.2	Launch initiative	Yes	Attachment 4.1.2 (PBRC Community Nutrition and Fitness)	Accepted	Meets the criteria for this checkpoint.
Stage 2 – Early Implementation				**Stage 2 - Early Implementation**	
Checkpoint		**Yes/No**	**Attachment(s)**	**CMS Status Evaluation**	**Comments**
2.1	Continue initiative activities	No			
2.2	Achieve at least one post-launch milestone	No			
2.3	Establish metric reporting methodology	No			
2.4	Submit updated project plan to CMS	No			

5 - Multi-Modal Checkpoint

Reporting Period Ending July 31,2026

Initiative
Strengthen Care Integration for High-Needs Populations Through Coordinated, Multi-Modal Models
As LDH ORHTS team has visited rural areas across the state, the need for behavioral health services is often expressed by rural residents and healthcare providers alike. Funding will be utilized to expand access to substance use treatment utilizing mobile clinics and to further expand crisis services into rural areas. Louisiana currently has four PACE sites, and the provider in central LA was prepared to expand services through an Alternative PACE Site model with the assistance of funding. Funding will support this implementation over the next two years, which will be sustainable through billing after initial start-up. A competitive application process was established for rural providers to expand telehealth infrastructure to deliver care remotely and efficiently, and over 75 rural providers applied for funding through this program.

#	Metric
1	% of adult population referred for Mental Health/SUD consult within 30 days of screening
2	% of rural residents with access to telehealth or virtual BH services
3	% inpatient admission among adults participating in new PACE geographies (stratified by parish)
4	% clinical outcomes for target conditions (chronic disease, obesity, pregnant/postpartum women, cancer)

5 - Multi- Modal Checkpoint

Reporting Period Ending July 31,2026

Stage 0 – Planning				CMS Review (CMS Use Only)	
				Stage 0 - Planning	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
0.1	Establish governance	Yes	Approved LDH Governance Plan	Accepted	Meets the criteria for this checkpoint.
0.2	Submit project plan to CMS	Yes	Approved Project Plan (Year 1)	Accepted	Meets the criteria for this checkpoint.
Stage 1 – Project Preparation				**Stage 1 - Project Preparation**	
Checkpoint		**Yes/No**	**Attachment(s)**	**CMS Status Evaluation**	**Comments**
1.1	CMS approval of project plan	Yes	CMS Checkpoint Approval Email	Accepted	Meets the criteria for this checkpoint.
1.2	Launch initiative	Yes	Attachment 5.1.2 (Trinity Health PACE Alexandria)	Accepted	Meets the criteria for this checkpoint.
Stage 2 – Early Implementation				**Stage 2 - Early Implementation**	
Checkpoint		**Yes/No**	**Attachment(s)**	**CMS Status Evaluation**	**Comments**
2.1	Continue initiative activities	No			
2.2	Achieve at least one post-launch milestone	No			
2.3	Establish metric reporting methodology	No			
2.4	Submit updated project plan to CMS	No			

6 - Sustainable Access Checkpoint

Reporting Period Ending July 31,2026

Initiative Name
Strengthen Access to Essential Health Services Through Capital Investments

Narrative
With input from rural providers, LDH ORHTS established a Rural Health Facility Capital Improvement Program, which will offer funding for minor renovations and equipment purchases that will expand and/or enhance services in rural areas. A competitive application process was announced, which required that applicants demonstrate readiness for funding and outlined expected outcomes to be achieved. Over 150 rural providers applied for funding through this program, with requests that far exceed the cap for this activity. LDH will ensure all requests are in alignment with CMS guidance on Capital Improvement Projects, Category J Requirements, and we will continue to engage with the Project Officer for any requests that are unclear as to whether they meet these requirements. LDH has received some applications that will require this additional scrutiny, if they score at a level that would potentially result in funding.

#	Metric
1	Average time to specialized care in rural parishes (chronic disease, obesity) (stratified by parish)
2	# new diagnoses overall after screenings among target populations (chronic disease, obesity) (stratified by parish)
3	% rural asset utilization by service line (e.g., laboratory, diagnostics, rapid testing)
4	# RHF capital projects funded

6 - Sustainable Access Checkpoint

Reporting Period Ending July 31,2026

Stage 0 – Planning				CMS Review (CMS Use Only)	
				Stage 0 - Planning	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
0.1	Establish governance	Yes	Approved LDH Governance Plan	Accepted	Meets the criteria for this checkpoint.
0.2	Submit project plan to CMS	Yes	Approved Project Plan (Year 1)	Accepted	Meets the criteria for this checkpoint.
Stage 1 – Project Preparation				**Stage 1 - Project Preparation**	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
1.1	CMS approval of project plan	Yes	CMS Checkpoint Approval Email	Accepted	Meets the criteria for this checkpoint.
1.2	Launch initiative	No			
Stage 2 – Early Implementation				**Stage 2 - Early Implementation**	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
2.1	Continue initiative activities	No			
2.2	Achieve at least one post-launch milestone	No			
2.3	Establish metric reporting methodology	No			
2.4	Submit updated project plan to CMS	No			

Budget Period 1 Data Report on Awards*

*Note that the data reported in this presentation is preliminary as budgets continue to be negotiated. Numbers are subject to vary until contracts are executed.

Notice of Funding Opportunity:

Use of Rural Health Transformation Program Funds

1. **Prevention and chronic disease:** Promoting evidence-based, measurable interventions to improve prevention and chronic disease management.

2. **Provider payments:** providing payments to health care providers for the provision of health care items or services, subject to restrictions.

3. **Consumer tech solutions:** Promoting consumer-facing, technology-driven solutions for the prevention and management of chronic diseases

4. **Training / technical assistance:** For the development and adoption of technology-enabled solutions that improve care delivery in rural hospitals, including remote monitoring, robotics, AI, and other.

5. **Workforce:** Recruiting and retaining clinical workforce talent to rural areas, with commitment to serve rural community for minimum of 5 years.

6. **IT advances:** Providing TA, software, and hardware for significant IT advances designed to improve efficiency, enhance cybersecurity capability development and improve patient health outcomes.

7. **Appropriate care availability:** Assisting rural communities to right size their health care delivery systems by identifying needed preventative, ambulatory, pre-hospital, emergency, acute inpatient care, outpatient care and post-acute care service lines.

8. **Behavioral Health:** Supporting access to opioid use disorder treatment services, other substance use disorder treatment services, and mental health services.

9. **Innovative Care:** Developing projects that support innovative models of care that include value-based care arrangements and alternative payment models, as appropriate.

10. **Capital expenditures and infrastructure:** Investing in existing facility buildings and infrastructure, subject to restrictions.

11. **Fostering collaboration:** Initiating, fostering, and strengthening local and regional strategic partnerships between rural facilities and other health care providers to promote quality improvement, improve financial stability of rural facilities, and expand access to care.

Use of Funds – Caps on Funding

There are four categories for funding that have limitations on the amount that can be allocated.

- Capital expenditures and infrastructure funding cannot exceed 20% of the total funding CMS awards States in a given budget period.
- Funding for provider payments cannot exceed 15% of the total funding CMS awards States in a given budget period.
- No more than 5% of total funding CMS awards to a State in a given budget period can support funding the replacement of an EMR system if a previous HITECH certified EMR system is already in place as of September 1, 2025.
- Funding towards initiatives similar to the “Rural Tech Catalyst Fund Initiative” cannot exceed the lesser of (1) 10% of total funding awarded to a State in a given budget period or (2) $20M of total funding awarded to a State in a given budget period, and funding is subject to all restrict

Funding Definitions

- **LDH Awarded Amount**
  - Amount of funding LDH will fund based on sub-awardees application
  - Budget amount may be modified as work through contracting process

- **LDH Fully Executed Contract**
  - Contract / Agreement has been signed by sub-awardee, LDH Secretary / designee, and approved by the Office of State Procurement

- **CMS Obligated Funds**
  - CMS accepting good faith documentation of a State's intent to establish a financial obligation for purposes of meeting October 30, 2026, obligation deadline. States may subsequently finalize agreements or reallocate funds to other contracts, activities, or funding categories, subject to applicable grants management requirements and approvals.

- **Expended Funds**
  - All Budget Period 1 awarded / contracted funds must be expended by September 30, 2027.
  - Sub-awardees will be required to submit invoicing with appropriate documentation prior to payment being made.
  - All agreements will have designated contract monitor to work collaboratively and ensure appropriate regulations are met.

Funding Through Notice of Funding Opportunities

Strategy	Brief Description
Rural Clinician Credit Bank	State-matching recruitment and retention program
Rural HERO	College / university activities to increase healthcare workforce
Collaborative Provider Models	Partnerships across rural providers to increase access to specialty services
Innovative Care Models	Alternative payment models and infrastructure
Food “Farm”acy	Food is Medicine programs
Care Convener	Collaborative models of care and care coordination
Telehealth	Funding for telehealth infrastructure and programs
Rural Facility Capital Improvement Program	Funding for minor renovations and equipment purchases to increase access
Rural Tech Catalyst Fund	Investments in start-up companies for patient-facing, novel, rural-focused tech

Rural Clinician Credit Bank

- **Total # Recipient Type for Applications Awarded**
  - Rural hospitals - 20
  - Rural clinics - 13
  - FQHCs – 3
  - Other - 23

# Applications Received	Requested Funding	# Applications Awarded	Obligated Funding
136	$20,348,118	59	$13,385,937

Rural HERO

- **Total # Recipient Type for Applications Awarded**
  - Teaching institution – 4
    - BP 1 funding directly to four public university / college systems to flow to institutions

# Applications Received	Requested Funding	# Applications Awarded	Obligated Funding
18	$21,868,413	18	$12,595,482

Collaborative Provider Model

- **Total # Recipient Type for Applications Awarded**
  - Rural hospitals - 5
  - Rural clinics - 3

# Applications Received	Requested Funding	# Applications Awarded	Obligated Funding
39	$20,544,955	8	$2,322,307

Innovative Care Models

- **Total # Recipient Type for Applications Awarded**
  - Rural hospitals - 2
  - Rural clinics - 5
  - FQHCs – 1
  - Teaching institution – 1
  - Other - 9
- 15% cap = $31,256,167

# Applications Received	Requested Funding	# Applications Awarded	Obligated Funding
33	$34,978,479	18	$26,728,713

Food “Farm”acy

- **Total # Recipient Type for Applications Awarded**
  - Rural hospitals - 2
  - Rural clinics – 1
  - Other - 5

# Applications Received	Requested Funding	# Applications Awarded	Obligated Funding
37	$20,338,369	8	$3,067,521

Care Convener

- **Total # Recipient Type for Applications Awarded**
  - Rural hospitals - 1
  - Other - 4

# Applications Received	Requested Funding	# Applications Awarded	Obligated Funding
25	$28,985,895	5	$3,507,070

Telehealth

- **Total # Recipient Type for Applications Awarded**
  - Rural hospitals - 12
  - Rural clinics - 4
  - FQHC - 2
  - Other - 2

# Applications Received	Requested Funding	# Applications Awarded	Obligated Funding
78	$7,971,786	20	$4,577,479

Rural Facility Capital Improvement Program

- **Total # Recipient Type for Applications Awarded**
  - Rural hospitals - 27
  - Rural clinics - 19
  - FQHCs – 3
  - Other - 10
- 20% cap = $41,674,889

# Applications Received	Requested Funding	# Applications Awarded	Obligated Funding
163	$272,192,420	59	$41,638,919

Rural Tech Catalyst Fund

- Funding for this was obligated through an Agreement with Louisiana Economic Development
- Awards for this strategy require CMS review / approval prior to announcement
- Internal review is in process with projected timeline for CMS review in mid-December

# Applications Received	Requested Funding	# Applications Awarded	Obligated Funding
212	TBD	TBD	TBD

Funding Through Other Agreements

Strategy	Identified Vendor(s)	Description	Obligated Amount
University Pathways	UL-Lafayette, UL-Monroe, LSU-E, LSU-A, Northwestern	Add “seats” for healthcare students, with required rural rotation	$5,997,662
Community Paramedicine	Acadian Ambulance Service	Pilot community paramedicine in parishes with no emergency department / dedicated ambulance service	$4,013,625
State-instance of EMR	Epic, UL-Lafayette, McKinsey Group	Implementation of state-instance of electronic medical records for rural providers	$42,494,658
Digital Literacy	Thrive Mobile / Carahsoft	Provision of mobile technology for rural residents with required digital learning	$4,371,190
Grow Your Own	Louisiana Community and Technical Colleges	Programs for high school and adult learners to experience health care educational opportunities	$5,000,000
Community Based Nutrition /Fitness	LSU – Ag Center	Programs to improve nutritional and fitness for rural community members through partnerships	$5,000,000
Innovative Care	McKinsey Group	Develop model for Innovative Care funding	$2,000,000
All	UL – Lafayette	Development and updates of RHTLA.net	$498,723

Feedback on BP 1

- Advisory Council Feedback on BP 1

Budget Period 2

Funding Strategic Priorities

Year 1 focus has been on obligating funds to alleviate the risk of losing valuable Federal dollars to support Louisiana's Rural Providers.

- Establishing the ORHTS
- Developing and executing solicitation processes.
- Establishing processes for contracting, invoicing and reporting.

Going forward into Year 2, ORHTS activities will concentrate on funding strategic priorities.

- Working within the approved strategies to identify specific issues, regions or challenges to address with funding.
- Engaging with rural healthcare providers and citizens to survey the landscape for unmet needs.
- Considering commitments to build long-term solutions rather than short-term patches.
- Connecting funding opportunities to make collective, impactful investments in Rural Louisiana

BP 2 Funding Status

- CMS provided Notice of Award for $100 million to cover state's administrative expenses for BP 2
- Notification of new total budget amount expected soon
    - States must submit revised Budget Narrative by November 30, 2026 with new funding amount
- LDH anticipating Notice of Funding Opportunities for Budget Period 2 to be released January – March in staggered manner

Recommendations for BP 2

- Advisory Council Recommendations for RHTP BP 2
- Advisory Council Recommendations for Advisory Council Meetings

2027 Regional Visit and Plan

Month	Region
January	CMS Visit
February	1
March	4
April	7
May	3
June	8
July	9
August	6
September	2
October	5

Activities Include:

- Rural hospital meeting
  - all rural hospitals in region invited
  - all RHC/FQHC in region invited
- General public town hall meeting
- Site visits of facilities receiving funding

2027 Advisory Council Meeting Dates

- March 11, 2027
- June 17, 2027
- September 9, 2027
- December 9, 2027