

Rural Health Transformation and Sustainability Program

Advancing Access. Empowering Providers. Improving Rural Health.



Today's Agenda

- **Rural Health Transformation Program Summary/Timelines**
- **Louisiana's Rural Health Transformation Program application**
- **Next Steps for Rural Health Transformation Program**

Rural Health Transformation Program Summary / Timelines



Overview of Federal Rural Health Transformation Program

- **Section 71401 of the Reconciliation Bill** allocated **\$50 billion** over 5 years for transformative funding to rural health systems for infrastructure, workforce, and access.
 - 50% divided equally among states that apply
 - 50% divided based on data driven metrics, initiative based activities, and state policy actions
- Grant outlined appropriate use of funds and limitations.
- States receive funding allocation on an annual basis, initially and then based on performance, with ability to spend until the following federal fiscal year.

Key Timelines

Timeline	Key Activities
August 4 – November 4, 2025	<ul style="list-style-type: none">• Established and held task force meetings• Held community idea raisers and RFI for feedback• CMS released NOFO: September 15, 2025• Prioritized strategies / wrote application• Submitted application: November 4, 2025
November 5 – December 31, 2025	<ul style="list-style-type: none">• Establishing mechanisms for funding per strategy• Communication on application• CMS expected award date: December 31, 2025
January 1, 2026 – September 30, 2031	<ul style="list-style-type: none">• Total time span for actual use of funds of grant
FFY 2026 (Budget Period 1, beginning January, 2026) – September 30, 2027	<ul style="list-style-type: none">• Span for spending for activities in budget period 1• Year 1 report on spending and outcomes due (Date TBD)• Continues for next 4 budget periods / FFY
October 31, 2026	<ul style="list-style-type: none">• CMS expected award decision for FY 2027 funds• Continues annually for next 4 budget periods / FFY

LA Rural Health Transformation Program Application Overview



State Policy Actions

- **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

Proposed Initiatives / Strategies in Application

Goal	Strategy
Workforce	Strengthen health and emergency systems through workforce expansion and integration
Rural HERO grants New education / training pathways	Rural Clinician Credit Bank Local workforce pipelines State income tax credit program Collaborative provider models Community paramedicine
Tech Innovation	Modernize technology infrastructure and capacity for efficiency and care coordination
Single, net new state managed EHR instance Remote-monitoring devices	Milestone-based, reimbursable RTCF-LA Access to digital literacy
Innovative Care	Reinforce innovative, outcomes-based care delivery in rural areas
Risk-sharing value-based arrangements	Innovative care models not traditionally billable
MRAHA	Expand physical activity and nutrition interventions through community-based partnerships
Food pharmacy programs	Community-based nutrition and fitness through partnerships
MRAHA	Strengthen care integration for high-needs populations through coordinated, multi-modal models
Regional care conveners and navigation networks Partnerships for mental health / substance use facilities	Telehealth infrastructure Alternative PACE sites
Sustainable Access	Strengthen access to essential health services through capital investments
Rural health facility Capital Improvement Initiative	

Strengthen Health and Emergency Systems through Workforce Expansion and Integration: Strategies

- **Launch Rural HERO grants** targeting rural parishes, collaborating with healthcare training programs to meet workforce needs in nursing, allied health, and other high-need areas. Building on the LA HERO fund's success, LDH will announce annual funding opportunities to strengthen the rural healthcare pipeline.
- **Establish a rural clinician credit bank** to provide financial resources for sign-on and retention bonuses and allow facilities to apply for state-supported matching incentives. This strategy would tie financial support to 5-year service commitments, promoting recruitment and retention of rural talent to build a sustainable local healthcare workforce. Rural providers can request state funding for relevant activities through an open enrollment process after payment is made to the rural clinician through a Cooperative Agreement with LDH.
- **Implement a state income tax credit program** for clinicians relocating to and serving in rural or Health Professional Shortage Areas. Eligible professionals will receive annual tax credits tied to a service commitment of at least five years. This program previously existed and saw more than 400 healthcare workers in rural areas receive a tax credit.

Strengthen Health and Emergency Systems through Workforce Expansion and Integration: Strategies

- **Develop new education and training pathways** through partnerships with universities, professional schools, and facilities to broaden clinical rotations, residencies, fellowships, and faculty positions. This will prioritize primary care and behavioral health disciplines in rural areas and tie to a 5-year service commitment for participants. Funding opportunities for this sub-grant will be announced twice a year; the request must include an established partnership between the teaching institution and the rural facility to be considered.
- **Strengthen local workforce pipelines** through “Grow-Your-Own” Career Pathway and Community Access Network initiatives to build a unified workforce development approach, upskilling community health workers and allied professionals (including EMTs and paramedics) through mentorships, micro-credentialing, and shadowing opportunities with regional health systems. Middle and high school-based healthcare clubs and mentorship programs will also be established to inspire early interest in health careers. The LDOE and Louisiana Community and Technical Colleges will help identify partnerships to apply.

Strengthen Health and Emergency Systems through Workforce Expansion and Integration: Strategies

- **Develop collaborative provider models** to foster cross-hospital provider-sharing and rotation programs that extend specialist coverage and enable rural facilities to pool limited staff resources to support patient care, and enhance efficiency, continuity, and quality. Supported by clear guidelines, this approach will leverage telehealth and cross-training and build resilient regional partnerships that can endure beyond federal funding. This funding opportunity will be announced as an open enrollment, and LDH will facilitate partnerships among providers to build this model and provide technical assistance as needed.
- **Launch regional community paramedicine and tele-EMS pilot programs** to provide urgent “treat-in-place” care in Frontier and Remote (FAR) parishes, the EMS and care deserts with long hospital travel times and limited emergency infrastructure, where treat-in-place protocols could provide significant benefits. The pilot programs will equip paramedics, nurses, and community health workers to delivery care closer to home, ultimately reducing delays in access to urgent care.

Strengthen Health and Emergency Systems through Workforce Expansion and Integration: Key Stakeholders

Type	Stakeholder
Academic	<ul style="list-style-type: none">• Medical schools, nursing schools, and allied health education programs• Middle and high schools, community colleges, and universities serving rural students
Providers	<ul style="list-style-type: none">• RHF: hospitals, rural health clinics, FQHCs, behavioral health clinics in rural areas• Community health centers
Payers	<ul style="list-style-type: none">• Primary care associations and workforce boards• Louisiana Medicaid and Managed Care Organizations
Community	<ul style="list-style-type: none">• Rural health coalitions, local EMS agencies, volunteer corps
Other	<ul style="list-style-type: none">• State and local agencies: Louisiana Economic Development, LA Works, LDOE, LDH, LSU Health Sciences Center, Board of Regents, Louisiana Ambulance Association

Strengthen Health and Emergency Systems through Workforce Expansion and Integration: Implementation Plan / Timeline

Stage	Timeline	Activities
0 Planning underway	Jan 2026 – Sep 2026	<ul style="list-style-type: none">• Define shared objectives, success metrics, and data-reporting standards across LDH, LA Works, and LED• Establish governance, roles, and protocols for aligned funding, initiative tracking and policy coordination• Engage universities and technical colleges to align curricula and rotations with Rural HERO-funding disciplines and paramedicine workforce needs• Update baseline data on workforce supply, training gaps, and EMS coverage to identify high-need and FAR parishes for early roll out• Develop readiness plans for early-moving strategies with unified data-reporting and evaluation standards
1 Plan developed, implementation underway	Mar 2026 – Apr 2027	<ul style="list-style-type: none">• Launch Rural HERO Fund and Tax Credit programs; initiative five-year commitment tracking, via contractual agreement with recipient across Rural HERO, Tax Credit, and credit bank• Begin design of community-paramedicine and tele-EMS pilots in broadband-ready FAR parishes integrated with local hospitals and clinics• Expand university and technical college partnerships to increase rural rotations, mentorships, and Grow-Your-Own pathways• Set up shared data and performance-tracking systems covering workforce incentives and EMS pilots

Strengthen Health and Emergency Systems through Workforce Expansion and Integration: Metrics

Metrics	Baseline	Targets / Milestones
% increase patients receiving primary care service in their parish-of-residence	Estimated calculation 60%	Year 3: 1% increase in coverage from baseline; Year 5: 3%
% increase in rural-trained Community Health Workers entering workforce within 12 months of graduation	Estimated 55.5% of state trainees who completed residency from 2012-2021 practice in state of residency	TBD based on data received from grantees in phase 0/1
% increase of specialty care provider coverage across rural parishes	Estimated 23 specialty providers per 100,000	Year 3: 3% increase in coverage from baseline; Year 5: 5%
% penetration increase in viable rural areas served by tele-EMS or community paramedicine	Estimated calculation 10% – 12%	Year 3: 5 pp coverage increase over baseline; Year 5: 10 pp
% decrease in EMS response time to high acuity incidents in rural areas	Estimated 18 min response time	Year 3: 5% decrease in response time; Year 4: 7.5%; Year 5: 10%
% reduction in low-acuity 911 calls resolved through tele-EMS without hospital transport	Estimated 60%	Year 3: 5% reduction in low acuity transports; Year 4: 10%; Year 5: 15%

Modernize Technology Infrastructure and Capacity for Efficiency and Care Coordination: Strategies

- **Implement a single, net new state-managed CMS-certified EHR instance** to connect rural providers, hospitals, and behavioral-health facilities that currently lack electronic systems, enabling secure, FHIR- and USCDI-compliant data exchange, embedding strong identity, security, and trust safeguards, and aligning with the CMS Aligned Network Framework for transparency and interoperability. This will provide access to the EHR instance in areas where it is currently unavailable, rather than replacing existing systems. Through the EHR and our Developer Portal as part of the Aligned Network, we will ensure providers who currently lack this functionality gain access to a G10 FHIR server.
- **Establish a milestone-based, reimbursable RTCF-LA** to accelerate the modernization of digital infrastructure for rural providers and technology partners. RTCF-LA aims to disrupt normal market economics for rural areas by focusing on start-ups that are developing solutions specifically for rural markets, rather than extending urban solutions into rural areas. The funding aims to develop mature markets over five years by addressing initial start-up costs, design, and customer acquisition, with accountability through milestone-based funding.

Modernize Technology Infrastructure and Capacity for Efficiency and Care Coordination: Strategies

- **Expand access to and promote the use of remote-monitoring devices**, such as glucometers, blood pressure cuffs, pulse oximeters, and weight scales, for high-risk and chronic disease patients in rural parishes. Data from these consumer-facing tools will securely integrate into the statewide EHR and health tech ecosystem, enabling real-time analytics, proactive clinical alerts, and coordinated interventions that reduce duplicative testing, improve continuity of care, and strengthen rural digital health infrastructure. Funding opportunities will be announced for pilots based on rural community needs, with a focus on managing chronic disease and cancer.
- **Enhance access to digital literacy** education, training, and technology supporting, including free or subsidized smartphones with data and health tools for rural residents. Partnering with local clinics, colleges, libraries, and health systems, the program provides hands-on instruction for utilizing digital health platforms. These efforts will increase broadband use, strengthen digital skills among residents and providers, and encourage engagement in preventative and chronic care.

Modernize Technology Infrastructure and Capacity for Efficiency and Care Coordination: Key Stakeholders

Type	Stakeholder
Academic	<ul style="list-style-type: none">University systems, community and technical colleges, training health IT specialists
Providers	<ul style="list-style-type: none">RHFs: hospitals, rural health clinics, FQHCs, behavioral health clinics in rural areasParish Public Health Units
Payers	<ul style="list-style-type: none">Louisiana Medicaid and Managed Care Organizations and Accountable Care Organizations
Community	<ul style="list-style-type: none">Rural health networks/ local organizations supporting digital literacy and patient engagement
Other	<ul style="list-style-type: none">Technology partners: EHR vendors, cloud partners, identity management solutions providers, CINs, broadband providers, telehealth and remote-monitoring companiesGovernment entities: LA Office of Information Technology, Broadband Office, LA Medicaid, LA Office of Public Health and Behavioral Health

Modernize Technology Infrastructure and Capacity for Efficiency and Coordination: Implementation Plan / Timeline

Stage	Timeline	Activities
0 Planning underway	Jan 2026 – Oct 2026	<ul style="list-style-type: none">• Convene inter-agency working group to design and sequence EHR, RTCF-LA, and mobile health initiatives• Build Health Technology Ecosystem Implementation Team• Finalize statewide EHR vendor procurement, governance, and data security standards• Apply HIPAA, CMS, and state data-privacy standards across activities with protocols• Design RTCF-LA structure, eligibility, and milestone-based funding model using ARPA-H methodologies• Coordinate with BEAD and FCC to map broadband coverage and readiness by parish• Define evaluation metrics for remote-monitoring pilots and mobile-access distribution
1 Plan developed, implementation underway	Jul 2026 – Jun 2027	<ul style="list-style-type: none">• Execute EHR vendor contract and launch phased deployment for pilot facilities in broadband-ready parishes• Establish RTCF-LA operations, issue Round 1 funding opportunities and select initial grantees• Begin procurement and setup for remote-monitoring and connected care device pilots• Launch smartphone distribution program with preloaded health and telemedicine tools

Modernize Technology Infrastructure and Capacity for Efficiency and Care Coordination: Metrics

Metrics	Baseline	Targets / Milestones
% increase of rural providers / facilities leveraging data exchange for care coordination via interoperable platforms	35% of national rural facilities are routinely interoperable	Year 3: +5 pp increase; Year 4: +10 pp; Year 5: +15 pp
% of rural providers exchanging data via FHIR-compliant network	40% of rural facilities use EPIC (FHIR-compliant) in La	Year 3: +5 pp increase; Year 4: +10 pp; Year 5: +12 pp
% of rural patients with electronic access to their own health data through state-managed EHR	0% (Not yet established)	Year 3: +20 pp increase; Year 4: +25 pp; Year 5: +30 pp
% of rural residents using RTCF-supported digital health tools (telehealth apps, mobile platforms)	TBD based on grantee baselines once RTCF grantees determined	Year 2: +10 pp increase; Year 3: +15 pp; Year 4: +20 pp; Year 5: +25 pp
% increase in preventive-care utilization among digitally connected patients (e.g. annual check-ups, screenings)	TBD (Year 1 claims review based on participants)	Year 3: +4 pp increase; Year 4: +6 pp; Year 5: +8-10 pp

Reinforce Innovative, Outcomes-Based Care Delivery in Rural Areas: Strategies

- **Facilitate risk-sharing value-based arrangements** between providers serving high-needs rural populations and plans/providers with quality-based incentives to improve care. Support includes provider education, technical assistance, and shared savings. MCO participation may be considered if aligned with quality-based, risk sharing arrangements. The RHTP will fund these arrangements, with stakeholder input on metrics such as selection, calculation, timing, and report design.
- **Pilot innovative care models** not traditionally billable to improve outcomes for hard-to-reach populations through community partnerships (e.g. care navigation with panel management); post-partum care navigation; mobile units in care deserts; correctional facility care; non-HIS (hospital information system) rural hospitals; and rural pharmacy access and accompanying health literacy. Announced opportunities for funding will include criteria and reporting requirements to demonstrate the long-term viability of these projects.

Reinforce Innovative, Outcomes-Based Care Delivery in Rural Areas: Key Stakeholders

Type	Stakeholder
Academic	<ul style="list-style-type: none">• Academic/research partners: medical schools, health services researchers, and training institutes
Providers	<ul style="list-style-type: none">• Rural and urban healthcare delivery organizations: hospitals, outpatient care providers, post-acute / long term care providers, rural health clinics, FQHCs• Healthcare workforce: clinical providers, care coordination staff, behavioral health professionals
Payers	<ul style="list-style-type: none">• Managed Care Organizations and Accountable Care Organizations
Community	<ul style="list-style-type: none">• Advocacy and support organizations, professional associations, patient advocacy groups
Other	<ul style="list-style-type: none">• Government and regulatory bodies: LDH, legislature, CMS• Infrastructure and technology partners: EHR vendors, actuaries

Reinforce Innovative, Outcomes-Based Care Delivery in Rural Areas: Implementation Plan / Timeline

Stage	Timeline	Activities
0 Planning underway	Jan 2026 – Jun 2026	<ul style="list-style-type: none">• Partner with local university to design and launch needs assessment with community stakeholders to identify priority interventions• Assess possible patient populations and identify concentrated geographies for pilot deployment• Develop criteria and selection processes for risk-sharing value-based payment pilots• Develop seed funding criteria and selection process, determining readiness and innovation potential• Begin designing provider education and TA frameworks for organizations transitioning to new models
1 Plan developed, implementation underway	Jul 2026 – Feb 2027	<ul style="list-style-type: none">• Execute partnership agreements with clear service delivery and cost targets with value-based payment partners, and award results-based financing contracts to pilot organizations• Launch provider education programs on value-based care models and evidence-based model implementation for pilot partners• Complete state plan amendments for value-based models, if indicated• Establish performance tracking systems and provide technical assistance to partners on data collection and quality reporting

Reinforce Innovative, Outcomes-Based Care Delivery in Rural Areas: Metrics

Metrics	Baseline	Targets / Milestones
% reduction in non-emergent ED visits by parish	Estimated calculation 75,000 – 85,000 potentially preventable ED visits	Year 4: 2 pp reduction in visits; Year 5: 5 pp reduction
% of patients in ACOs with controlled diabetes and other chronic conditions	Baseline to be established following program launch from ACOs	Target to be determined in phase 0/1
% of rural patients with access to a provider participating in accountable care or value-based payment models	Baseline to be established in phase 0/1 based on 1,578,450 statewide Medicaid managed care enrollment	Target to be determined in phase 0/1
% of penetration of piloted care models in rural areas by parish	Baseline to be established following program launch from subgrantee platform analytics	Year 2: 10% uptake increase; Year 4: 20% increase; Year 5: 30% increase

Expand Physical Activity and Nutritional Interventions Through Community-Based Partnerships: Strategies

- **Partner with rural health care facilities to launch “food FARMacy”** programs that integrate nutrition into healthcare, combining access to healthy foods with education on diet, disease prevention, and meal planning. Collaborating with local farmers and community groups, these initiatives will expand access to fresh, healthy foods as part of evidence-based treatment and prevention. Through food prescriptions and nutrition-focused care plans, participants can better prevent and manage chronic diseases sensitive to improvement through diet, such as diabetes. Funding opportunities will include an open enrollment process requiring collaboration between rural facilities and local community partners.
- **Support and expand community-based nutrition and fitness** through partnerships with Louisiana agriculture, fitness programs, nutrition for youth, and established institutions. These collaborations will promote healthy eating, increase access to nutritious foods, and provide fitness opportunities to foster lifelong healthy habits and prevent chronic disease. Funding will support new evidence-based programs in rural areas, with LDH facilitating partnerships.

Expand Physical Activity and Nutritional Interventions Through Community-Based Partnerships: Key Stakeholders

Type	Stakeholder
Academic	<ul style="list-style-type: none">Local Education Agencies and State Agricultural Schools
Providers	<ul style="list-style-type: none">Rural health facilities
Payers	<ul style="list-style-type: none">Managed Care Organizations and private health insurers
Community	<ul style="list-style-type: none">Community centers
Other	<ul style="list-style-type: none">Pennington Biomedical CenterLocal groceries/farmersLDH, Office of Public Health, Office of Surgeon General

Expand Physical Activity and Nutritional Interventions Through Community-Based Partnerships: Plan / Timeline

Stage	Timeline	Activities
0 Planning underway	Jan 2026 – Jun 2026	<ul style="list-style-type: none">• Partner with rural facilities to assist with start up costs associated with food FARMacy programs• Develop statewide campaign strategy and identify community partner organizations for wellness programming• Develop operational frameworks, including food distribution logistics, prescribing protocols, eligibility criteria, and blended financing models• Create framework to fund local wellness campaigns and programs, and develop evaluation and behavior-change measurement plans.
1 Plan developed, implementation underway	Jul 2026 – Feb 2027	<ul style="list-style-type: none">• Launch community wellness pilot campaigns in 3-5 rural regions through community organizations, schools, and faith organizations• Co-design outreach materials on nutrition, exercise, and preventive screenings, and provide mini-grants to support community-delivered guidance or nutrition programs• Begin baseline data collection tracking participation, awareness, and behavior indicators for community wellness initiatives• Monthly track outputs, including facilities funded and patients enrolled for food pharmacy programs

Expand Physical Activity and Nutritional Interventions Through Community-Based Partnerships: Metrics

Metrics	Baseline	Targets / Milestones
% improvement in health markers (e.g. BP, glucose levels, weight) among target patient populations	60.5% of population with high BP control and 63.7% of population with A1c control	Year 3: 0.5 pp improvement per marker; Year 4: 1 pp; Year 5: 2 pp
% participation in school-aged physical fitness programming in rural parishes	31/64 parishes in the state currently participate in PFT; rural baseline to be established in state 0/1	Year 2: 10% increase over baseline; Year 3 – 5: 10% increase over prior year
% self-reported improved well-being (e.g. NQF) following community-based nutrition and physical health events	40.1% adults in La report they are obese; 14.7% adults in LA report been told have diabetes; 11.5% adults in LA report been told they have CVD; baseline on self-reported well-being to be collected	Year 2: 1 pp improvement in reported wellbeing; Year 4: 3 pp improvement; Year 5: 5 pp improvement
% participation in food pharmacies following provider referral	0% no record of programs operating in state	Year 2: 10% in targeted rural areas among eligible groups; Year 3: 12%; Year 5: 17.5%+

Strengthen Care Integration for High-Needs Populations Through Coordinated, Multi-Modal Models: Strategies

- **Develop regional care conveners and navigation networks** to coordinate physical, behavioral, and social-service providers through hub organizations (e.g. FQHCs, CCBHCs, hospitals) and deploy community and school-based navigators connecting residents to care.
- **Increase telehealth infrastructure access** across rural facilities to support behavioral health, prenatal, and chronic-care services in underserved parishes. Funding through open enrollment will enable facilities to apply for telehealth improvements and enhance patient access.

Strengthen Care Integration for High-Needs Populations Through Coordinated, Multi-Modal Models: Strategies

- **Expand partnerships among CCHBCs, OTPs, and rural health facilities** to provide co-located care like **medication-assisted treatment (MAT)** and **crisis response**. Behavioral health providers express concern about adding OTP as billable service due to licensure risks. Funding will offset start up costs and incentivize clinics to incorporate this module, providing rural residents with integrated services in one location.
- **Establish alternative Program of All-Inclusive Care for the Elderly (PACE) sites** by retrofitting rural hospital spaces for wraparound, community-based services for elderly residents, like day health centers and at-home support. Louisiana values PACE programs, but there has been limited expansion of these services into rural areas. Providers cite high start up costs as a barrier, which aren't billable. Funding would help cover start up costs.

Strengthen Care Integration for High-Needs Populations Through Coordinated, Multi-Modal Models: Key Stakeholders

Type	Stakeholder
Academic	<ul style="list-style-type: none">• K-12 school districts and student support services
Providers	<ul style="list-style-type: none">• Behavioral health providers and facilities• School-based health clinics• Healthcare delivery organizations• Care coordination workforce
Payers	<ul style="list-style-type: none">• Louisiana Medicaid, MCOs, commercial insurers
Community	<ul style="list-style-type: none">• Advocacy and professional organizations
Other	<ul style="list-style-type: none">• LDH Office of Behavioral Health, LDOE, Department of Children and Family Services, other federal agencies

Strengthen Care Integration for High-Needs Populations Through Coordinated, Multi-Modal Models: Implementation Plan / Timeline

Stage	Timeline	Activities
0 Planning underway	Jan 2026 – Jun 2026	<ul style="list-style-type: none">• Conduct statewide needs assessment to identify priority parishes and populations for integrated care expansion• Define the subgrantee framework and funding criteria for partner organizations capable of implementing multi-modal care models• Align early planning with workforce and broadband initiatives to ensure readiness for telehealth and co-locates service delivery
1 Plan developed, implementation underway	Jul 2026 – Dec 2026	<ul style="list-style-type: none">• Release competitive funding opportunities and execute award agreements with qualified subgrantees• Award funds and initiate early pilots in high-priority parishes to test regional convener networks, telehealth access, and behavioral health integration• Begin preliminary planning for 1st PACE site retrofits in partnership with licensed rural hospital and OAAS• Onboard awardees through technical assistance sessions covering reporting, metrics, and implementation of milestones• Finalize MCO data-sharing agreements and establish baseline performance dashboards for care access and service coordination

Strengthen Care Integration for High-Needs Populations Through Coordinated, Multi-Modal Models: Metrics

Metrics	Baseline	Targets / Milestones
% adult population referred for Mental Health / SUD consult within 30 days of screening	57.9% initiation and engagement for new SUD; mental health figures TBD in stage 0/1	Year 3: 5 pp increase; Year 5: 15 pp increase
% increase in rural resident access to telehealth or virtual BH services	3.2 million live in officially designated mental health shortage areas; to be stratified by rurality in state 0/1	Year 3: 1 pp increase; Year 4: 3 pp increase; Year 5: 4 pp increase
% decrease in inpatient admission among adults participating in new PACE geographies	78 per 100 participants in existing sites in urban parishes (ranges from 35% to 99% readmission); TBD for rural parishes in stage 0/1	Year 3: 1 – 3 pp reduction over established rural baseline; Year 5: 4 – 10 pp
% clinical outcomes for target conditions (chronic disease, obesity, pregnant / postpartum women, cancer)	60.5% of population with high BP control and 63.7% of population with A1c control; additional baselines to be established in stage 0/1	Year 3: 1 pp improvement per marker; Year 4: 2 pp; Year 5: 4 pp

Strengthen Access to Essential Health Services Through Capital Investments: Strategies

- Establish **Rural Health Facilities Capital Improvement Initiative** as a competitive grant for rural facilities (validated by needs assessment) to request funds for capital improvements like facility renovations, high-cost medical equipment, and IT upgrades.

Strengthen Access to Essential Health Services Through Capital Investment: Key Stakeholders

Type	Stakeholder
Academic	<ul style="list-style-type: none">• Health services researchers, needs assessment consultants, and evaluation specialists
Providers	<ul style="list-style-type: none">• Rural healthcare delivery organizations• Healthcare workforce
Community	<ul style="list-style-type: none">• Advocacy and support organizations
Other	<ul style="list-style-type: none">• Government and regulatory: LDH, HRSA, Office of Rural Health Policy• Infrastructure and technology partners: HIEs, EHR vendors, medical equipment suppliers, construction / engineering firms

Strengthen Care Integration for High-Needs Populations Through Coordinated, Multi-Modal Models: Implementation Plan / Timeline

Stage	Timeline	Activities
0 Planning underway	Jan 2026 – Dec 2026	<ul style="list-style-type: none">• Launch application for the RHF Capital Improvement Fund and provide technical assistance for rural facilities navigating submission requirements• Award seed funding to initial cohort of rural facilities demonstrating greatest need and implementation readiness• Provide project management and compliance support to grantee facilities beginning procurement and renovation planning• Track outputs, including facilities funded and capital projected initiated,
1 Plan developed, implementation underway	Jan 2027 – Dec 2027	<ul style="list-style-type: none">• Award second round of grants to additional rural facilities based on refined evaluation criteria, expanding program reach across additional parishes• Monitor grant recipient progress against contractual deliverables and provide technical assistance addressing implementation challenges• Begin tracking early utilization metrics as upgraded facilities deploy enhanced capabilities for patient care

Strengthen Access to Essential Health Services Through Capital Investments: Metrics

Metrics	Baseline	Targets / Milestones
% reduction in time to specialized care in rural parishes by parish	<30 minutes	Year 3: 5% decrease in time to specialized care; Year 5: 10% – 15%
# new diagnoses overall after screenings among target populations by parish	153,673 women have received screening and diagnostic breast imaging; specific baseline to be outlined once EHR in place to be outlined	Year 3: 500 increases over existing count, by population; Year 4: 2,000 increases; Year 5: 3,000+ increases to be refined based on eligible population size and screening
% increase in rural asset utilization by service line (e.g. laboratory, diagnostics, rapid testing)	Baseline to be established following program launch with information from RHF	Year 1 post-investment: 5%+ average utilization by service line; Year 3 post: 10%+; Year 4 post: 10 – 15%+
# RHF capital projects funded	0%	Year 2: 10+ requests fulfilled; Year 3: 20+ funding; Year 5: 30+ funding

Estimated Funding: Based on \$1 billion total budget

Initiative	Estimated Grant Funding Over 5 Budget Years <small>(subject to increase / decrease based on award)</small>
Workforce Integration and Expansion	\$245 million
Modernize Tech Infrastructure	\$240 million
Outcomes-based Care Delivery	\$150 million
Physical and Nutrition Interventions	\$45 million
Strengthen Care Integration	\$130 million
Capital Investments	\$175 million

Next Steps



Next Steps

- Hire Rural Health Transformation and Sustainability staff (**Interested? Send resume to Ruralhealthtransformation@la.gov**)
- Develop notices for grant applications in prioritized manner (clear/concise instructions and technical assistance, where indicated)
- Enact standing rural health transformation advisory group
- Establish regional groups to assist with partnerships and engagement
- State-wide tour of rural health facilities/communities in 2026
- Ongoing public informational sessions

Contacts

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THANK YOU

