Rural Health Transformation Program (RHTP) Update

Montana Medicaid Tribal Consultation

Oct. 27, 2026

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

MONTANA RURAL HEALTH TRANSFORMATION

Agenda

1. Tribal Consultation and Engagement Overview

2. RHTP Updates

3. Initiative-Level Updates

Tribal Consultation and Engagement Overview



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RHTP Tribal Consultation – Purpose, Outcomes, and Process

Purpose

- **Tribal Consultation is critical** to ensure that RHTP program design & initiative-level implementation reflect Tribal perspectives

Guiding questions

- **How has RHTP meaningfully engaged with Tribes in the previous few months?**
- **How could RHTP improve engagement?**
- **What else do Tribes need to understand how to access RHTP funds and programming?**

Working norms

- **Ask questions:** Please engage throughout the presentation and raise questions as they arise
- **Feedback:** Please prioritize giving feedback on how RHTP can improve Tribal engagement moving forward

RHTP Updates



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Implementation Updates

Recent Accomplishments

- **Selected Center of Excellence (CoE) Implementation** partner
- **Selected CoE Strategy and Analytics** vendor
- **Identified program implementation partners** (e.g., dual-eligibles, Pharmacy)
- Closed RFPs for **Emergency Medical Dispatch (EMD),** selected the **Rural Health Talent Attraction** awardee, and **EMS Grant** awardees were announced
- **Submitted Year 1 Annual Report** and **Year 2 application** to CMS
- Appointed **CoE Advisory Council**
- Convened RHTP **Stakeholder Advisory Committee** and **I5 Stakeholder Group**

Current priorities

- Completing remaining **Year 1 implementation actions,** e.g.:
  - School-based care subaward
  - CHAP Education Hub and Administrative Hub awards
- **Operationalizing executed agreements,** including:
  - BSCC
  - TA for providers participating in VBC
  - CoE Implementation

Upcoming milestones

- **Finalizing obligation of funds** for all programs
- **Finalizing Year 2 budget** in response to any CMS feedback
- **Preparing for next quarterly report**, due end of November
- Preparing for **CoE Advisory Council meeting**, scheduled for November 19
- Preparing for RHTP **Stakeholder Advisory Committee** convening to be scheduled for November 30

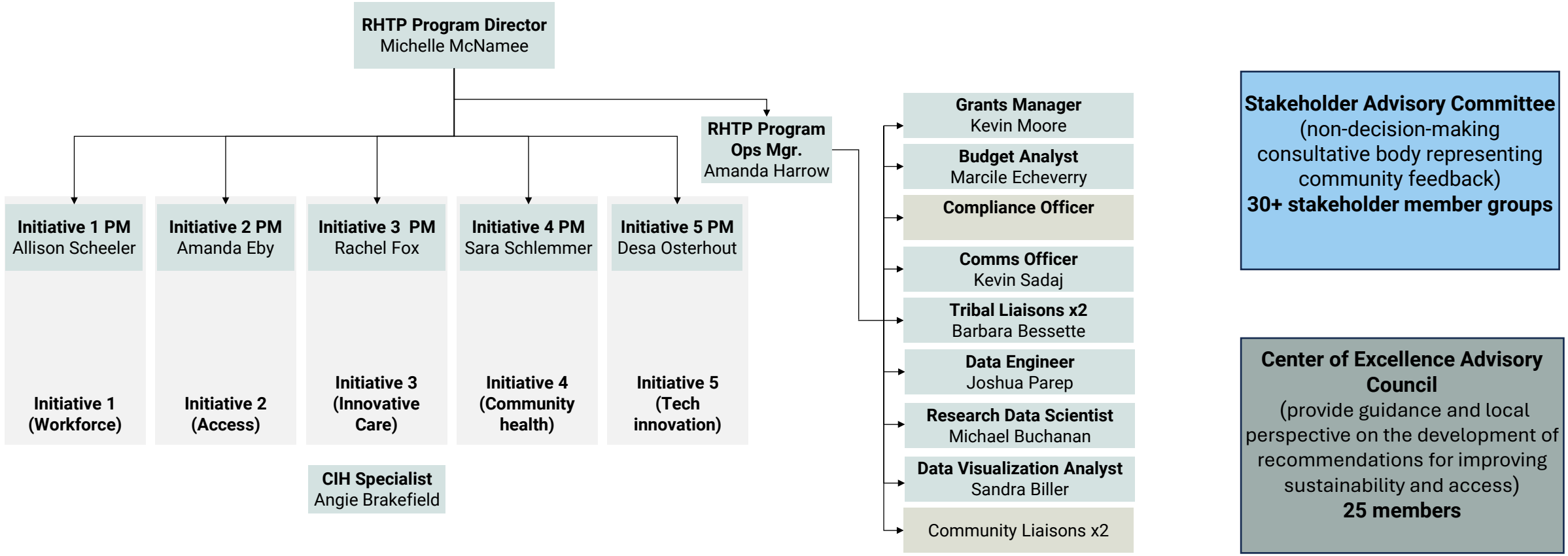
Second Stakeholder Advisory Committee Meeting

- Held second **Stakeholder Advisory Committee,** August 6, facilitated by MSU Office of Rural Health
- 116 attendees in person, 278 attended virtually
- Held **10 breakout groups for Stakeholder Advisory Committee members**
- Key takeaways from public comment and breakout groups:
  - **Integrate maternal and behavioral health** as key areas of focus
  - **Build on existing local partnerships** rather than duplicate efforts
  - **Treat telehealth as an ecosystem**, not just a technology
  - **Take a broader view of workforce development** to include staff beyond clinicians
  - **Address reimbursement and participation barriers** for EMS and pharmacy
- Next meeting takes place virtually in December.





DPHHS RHTP Unit Overview Deep Dive



Stakeholder Advisory Committee
(non-decision-making consultative body representing community feedback)
30+ stakeholder member groups

Center of Excellence Advisory Council
(provide guidance and local perspective on the development of recommendations for improving sustainability and access)
25 members

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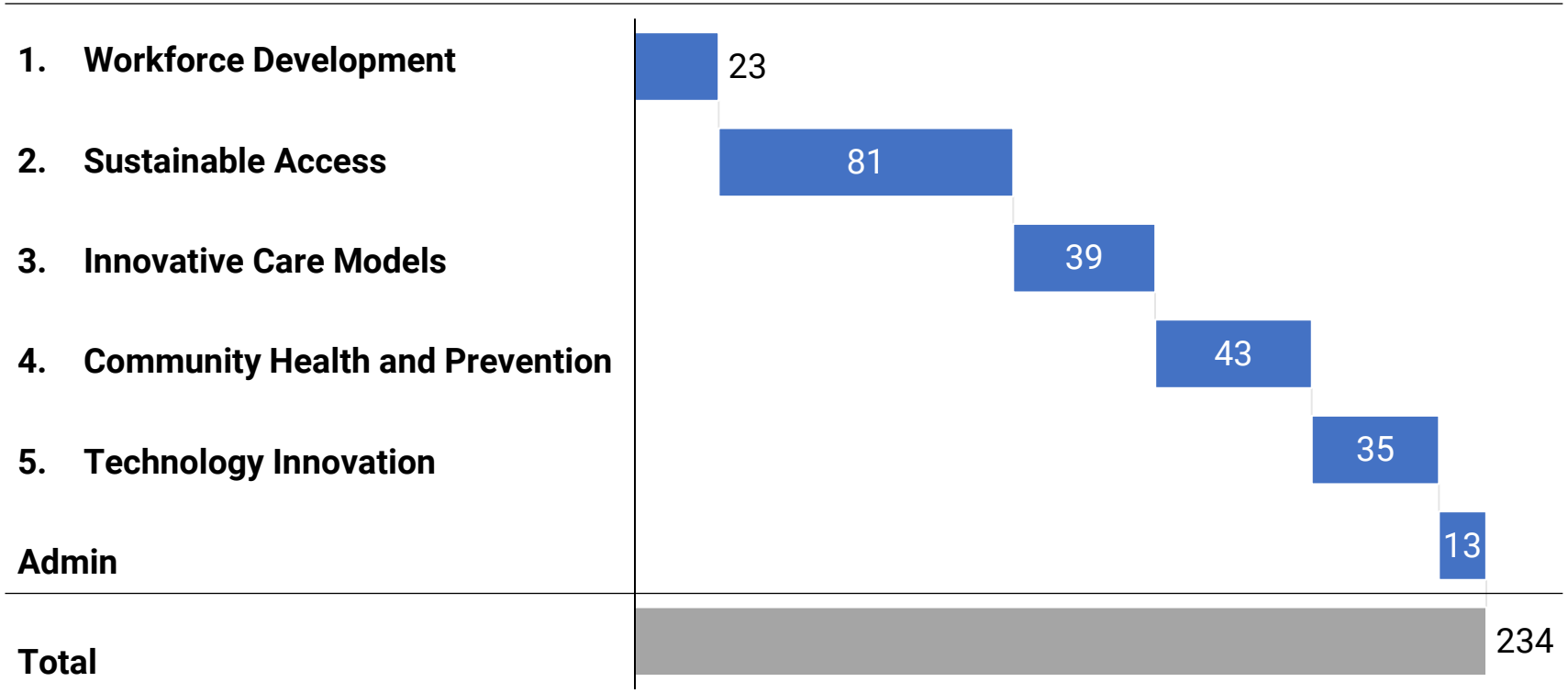
Upcoming RHTP Milestones

NOT EXHAUSTIVE

	Q4 (Oct-Dec)	Q1 (Jan-Mar)
Cross-cutting	• **Year 2 funding** awarded by CMS • CMS **Quarterly Report 1** due • **Year 1 funding obligations** due	• CMS **Quarterly Report 2** due • Subrecipient and contractor reporting and monitoring continues
Initiative-specific	1. Onboard first and second wave of preceptors; begin expansion of rural apprenticeship programs for licensed professionals 2. Convene CoE Advisory Council; identify initial sites for transformation 3. Begin duals interventions assessment; disburse EMS infrastructure grant funding 4. Distribute CHAP award; conduct provider capacity assessment for new School-Based Care sites 5. Develop prototype bed-registry and data integration pipeline, open application for EHR grants	1. Launch clinical training pilots 2. Begin transformation at initial CoE sites; identify priority GPO(s) to work with for vendor services 3. Identify, prioritize, and finalize initial sites for outpatient expansion 4. Begin crisis safe space center build outs in CCBHCs or partnering facilities; start roll out for expansions of school-based care in identified sites 5. Finalize user training and implementation support for HIE tool adoption; collect user feedback and refine tool usability and data quality

Year 1 and Year 2 Budgets

Year 1 Budget by Initiative



CMS will announce Montana's Year 2 RHTP award on October 30th

1. Values rounded to the nearest $1 million

Eligibility for RHTP Funds

CMS rules determine which entities can receive RHTP funds and how those funds can be spent, including for Tribes and IHS facilities

- Tribes may participate in RHTP as subawardees or contractors
- Tribally operated IHS facilities are eligible subawardees, but federally operated IHS facilities are not eligible
- Funds cannot pay for services that are the legal responsibility of another party under federal, state, or Tribal law (no supplantation)
- Federal requirements flow down to subrecipients, including Tribes and Tribally operated IHS facilities

Tribal Liaison Engagement



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Overview of Tribal Liaison Outreach

RHTP Tribal Liaisons have visited or conducted outreach with the following Tribes:

- Fort Peck Assiniboine and Sioux Tribes
- Fort Belknap Assiniboine and Gros Ventre Tribes
- Blackfeet Tribal Health
- Confederated Salish and Kootenai Tribal Health
- Chippewa Cree Tribal Health
- Northern Cheyenne Tribe
- Little Shell Tribe
- Crow-outreach initiated

Q&A from Tribal Tours

Question	Answer
What does the administrative fee cover?	There is no administrative “fee.” Tribes can invoice administrative costs, incl. personnel, travel, and indirect costs
What happens if money is not spent?	Unspent funds will be redistributed by CMS to other states
Can RHTP fund:	
Chiropractor services?	Chiropractor services are not an allowable cost
Handicap accessible vehicles?	Handicap accessible vehicles may be an allowable cost depending on the specified use
MRI machines	MRI machines may be an allowable cost through the Center of Excellence (CoE) if the facility is eligible for RHTP funds
Are there opportunities for social services within RHTP?	Not directly; there may be social services opportunities through CHAP providers

Engagement: Communications Channels and Tribal Liaisons

Communications

Regular Updates

- Public-facing milestone newsletter
- Legislative interim committees (CFHHS, IBC)
- Stakeholder forums (SAC, CoE Board)

Continual and as-needed updates

- RHTP website
- RHTP email inbox response (24 hours)
- News releases
- Social media
- Contractor communications[1]
- Briefings/meetings
- Time-sensitive job and procurement postings
- Updates and requests (e.g., for CMS reporting)

Tribal Liaisons

Roles, job functions, goals

- Liaisons to Montana Tribal health services and Urban Indian Organizations (UIOs)
- Facilitate engagement, and support Tribal participation in RHTP initiatives
- Ensure Tribal priorities are reflected in program design, implementation, and evaluation
- Coordinate with Tribal health systems to support access to workforce development, technology modernization, and care delivery transformation resources
- Collaborate with the Community Engagement and Workforce teams to align Tribal efforts with RHTP goals while respecting Tribal sovereignty and self-determination
- Advance Tribal community health, honor government-to-government relationships, and ensure Tribal communities are full RHTP partners

1. May share updates with expanded internal audience as relevant (e.g., updates to CMS requirement for advance review on public-facing communications)

Initiative-Level Updates

Initiative 1: Workforce Development

Overview

To attract more health care providers to rural and frontier areas in Montana, DPHHS, in collaboration with the Department of Labor & Industry (DLI), plans to invest RHTP funds in:

- **Recruiting health care providers** by increasing access to local pipelines and apprenticeships, and reimbursing related instruction costs
- **Increasing ability to train health care providers in rural and frontier areas** by creating more physician residency slots, rural training tracks, and incentivizing and training supervisors
- **Encouraging providers to stay in rural Montana and have ongoing training** for the skills they need to treat the rural population (e.g., primary care/behavioral health integration)

Relevant Sub-initiative Activities

- **Refine and scale preceptor / mentor development** model statewide
- **Expand residency training capacity** in high-need specialties
- **Expand rural training tracks** to provide clinical educational experiences
- Invest in **advanced clinical, operational, and behavioral health** training programs

Source: Montana RHTP Project Narrative

Initiative 1: Workforce Development | Upcoming Activities

Sub-initiative	Upcoming activities (October - December)
Increasing recruitment of rural health care workers	• Begin expansion of rural apprenticeship programs for licensed professionals • Launch pilot registered pre-apprenticeship programs in select rural communities • Open applications for first wave of training program support recipients • Continue promoting HELP-Link expansion to **train first set of 700 participants**
Expanding rural clinical training capacity and opportunities	• Finalize expansion of rural training tracks for 10-15 APPs for upcoming academic year • Onboard first and second wave of preceptors • Initiate agreements with in-state programs to add new residency slots for FY27 intake
Retaining and upskilling rural health care workforce	• Disburse first round of relocation grants • Launch advanced clinical training pilots • Begin behavioral health training deployments

Source: Montana RHTP Project Narrative and Implementation Plan

Initiative 2: Sustainable Access

Overview

To support rural hospitals that face economic challenges due to low utilization, DPHHS plans to use RHTP funds for the following:

- **Providing recommendations on profitability to assist rural hospitals** in improving operations and profitability by providing technical assistance and financial incentives to adjust services and staffing based on community needs
- **Connecting to specialists and fostering provider partnerships** by enhancing partnerships and telehealth services that will link rural hospitals with specialists via telehealth statewide, along with improved transportation coordination
- **Building partnerships by fostering collaboration among rural facilities** that will enhance their negotiating power to reduce costs for administrative services, medical supplies, and medications

Relevant Sub-initiative Activities

- **Expand telehealth services** to allow individuals to receive medical evaluations at their residence 24/7
- **Support implementation of tele-stroke services along with other specialist tele services** (e.g., tele-ED, tele-cardiology) across rural hospitals

Source: Montana RHTP Project Narrative

Initiative 2: Sustainable Access | Upcoming Activities

Sub-initiative	Upcoming activities (October - December)
Launch a Montana Rural Health Center of Excellence to develop and support the implementation of data-backed recommendations	• Conduct data analysis for rural health profile • Hold first Advisory Council meeting • Identify initial sites for transformation
Protect and increase access through clinical partnerships	• Identify initial 20 sites to deploy tele-stroke and tele-ED capabilities • Finalize specific equipment, training, or other considerations for hub-and-spoke telehealth
Facilitate vendors and shared services for rural facility cost efficiency	• Finalize procurement for contractors implementing shared services among rural providers • Complete rural provider survey to assess usage of vendor services available through existing GPOs

Source: Montana RHTP Project Narrative and Implementation Plan

Initiative 3: Innovative Care Models

Overview

Montana residents frequently face challenges accessing health care services beyond hospital settings. To enhance the delivery of care in rural areas, DPHHS plans to use RHTP funds to:

- **Expand innovative payment and care models** through technical assistance for primary care providers to provide value-based care and pilots for complex care populations
- **Modernize Emergency Medical Services (EMS) care model** by empowering EMS to deliver on-site care to reduce emergency room admissions, expanding community integrated health, and upgrading ambulances and EMS equipment
- **Expand rural pharmacy services** by equipping and training pharmacists to provide point-of-care testing and treatment
- **Increase outpatient services** across rural Montana by incorporating CoE recommendations

Relevant Sub-initiative Activities

- **Assess acuity-based reimbursement and value based contracting models** with nursing facilities
- **Evaluate duals interventions** to improve quality and decrease cost of care for dual-eligible individuals
- **Launch community integrated health program to provide in home clinical and wellness evaluations**, chronic disease management, and behavioral health interventions
- **Support limited diagnostic and treatment capabilities in pharmacies** to decrease cost and improve access

Initiative 3: Innovative Care Models | Upcoming Activities

Sub-initiative	Upcoming activities (October - December)
Expand innovative payment and care models	• Continue technical support for PCPs enrolled in Medicaid value-based care program • Develop scope and sign contract for evaluation, feasibility study and design of rural interventions for dual eligible members
Modernize EMS care model	• Grant awards for wave 1 participants of EMS Equipment and Community Integrated Health Pilot • Draft Medicaid State Plan Amendment of treat no transport services • Collaborate with private payors to discuss commercial coverage for treat no transport
Expand rural pharmacy services	• Identify sites for implementation of pharmacy point of contact test and treat services based on rural needs • Draft Medicaid State Plan Amendment for pharmacist service coverage adoption • Collaborate with private payors to discuss including commercial coverage of pharmacy point of care testing
Expand outpatient services	• *Managed by CoE Implementation Partner* • Finalize initial sites for outpatient expansion

Source: Montana RHTP Project Narrative and Implementation Plan

Initiative 4: Community Health and Prevention

Overview

Rural Montanans frequently lack access to preventative health care and infrastructure to promote healthy lifestyles. To address this, DPHHS plans to invest RHTP funds in:

- **Increasing care in community-based settings** by facilitating more primary care and behavioral health in schools through partnerships with FQHCs and other providers, purchasing/retrofitting mobile care vans to bring services to rural communities
    - **Launching the CHAP** and other workforce strengthening efforts in tribal communities
- **Repairing outdated rural health care infrastructure** by funding minor renovations and repairs for facilities, and ensuring future Community Behavioral Health Clinics (CCBHCs) can provide crisis "safe spaces"
- **Investing in community spaces that promote healthy lifestyles** by providing one-time funding for community gardens and similar projects to improve rural population health and nutrition *(starting FY 2027)*

Relevant Sub-initiative Activities

- **Purchase and equip mobile care vans** to travel to targeted rural communities to offer preventive services to **increase services offered and geographies reached**
- **Launch community health strengthening efforts for Montana tribes to increase access to emergent, acute, and chronic care within tribal communities,** including supporting the launch of the CHAP and extension of training opportunities like the Caring for Our Own workforce program

Initiative 4: Community Health and Prevention | Upcoming Activities

Sub-initiative	Upcoming activities (October - December)
Implement community-based care	• Finalize procurement contracts for community-based care projects • Identify first wave of sites for school-based care expansions to include primary care and dental services, along with currently offered • Conduct provider capacity assessment to determine sites for launching new school-based care sites • Identify sites for mobile care van investments (aligned with CoE Implementation contract)
Update rural healthcare infrastructure	• Begin identifying soon to be certified CCBHCs and other rural facilities they would partner with to target for build out of SAMHSA-defined crisis safe spaces as an alternative to hospitalization (aligned with CoE Implementation contract) • Begin identifying sites for critical repairs and modernization needs in rural facilities and tribal clinics (aligned with CoE Implementation contract) • Start coordinating with facilities to plan out specified repairs and modernizations needed (aligned with CoE Implementation contract)
Invest in healthy lifestyles	• Convene relevant stakeholders (e.g., Montana Partnership to End Childhood Hunger, MSU, Farm Connect Montana) • Design grant guidelines, criteria, and submission processes, and begin external communication

Source: Montana RHTP Project Narrative and Implementation Plan

CHAP Updates

Program	Program responsibilities	Latest update
CHAP – MTCA	• Establish and manage a **statewide Education Hub** • **Develop curriculum and programming** that aligns with certification requirements for Community Health Aides (CHA), Behavioral Health Aides (BHA), and Dental Health Aides (DHA)	**Finalizing** award agreement
CHAP – RMTLC	• **CHAP Administrative Hub:** Distribute funds to Tribal subrecipients and coordinate across implementation pillars • **BACB Development and Administration:** Build and administer the Billings Area Certification Board – with its own staff, budget, objectives, and reporting	**Finalizing** award agreement
CHAP – TA	• **Provide specialized, culturally responsive hands-on support** to relevant parties, including Tribes, THOs, RMTLC, the BACB, the MTCA, and TCUs • **Focus primarily on readiness, workflows, supervisions**, workforce, EHR, and implementation coaching	**RFP Notice of Intent to Award letter sent out Friday.**

Initiative 5: Technology Innovation

Overview

Rural communities in Montana often face limited access to care, fragmented clinical infrastructure, and gaps in data integration that hinder timely, informed decision-making. To address this, DPHHS plans to invest RHTP funds in:

- **Enhancing data usability and health interventions** by creating tools for actionable insights using Montana's health data (hospital and behavioral health bed registry) and implementing monitoring and evaluation programs leveraging the data warehouse
- **Modernizing Electronic Health Record (EHR) systems** for rural providers by updating EHR systems for providers on outdated (non-HITECH[1] certified) platforms and funding consumer-facing EHR modules to enable nutrition and chronic disease management and remote patient monitoring

Relevant Sub-initiative Activities

- **Improve the state HIE functionality and usability** through data quality improvements, standard reporting, and development of new tools (e.g., bed registry, interfacility transport, AI assistant, patient tracker)
- EHR grant program funds are not available to Senior and Long-Term Care (SLTC) facilities in Year 1, but could be eligible for future grant programs

[1]Health Information Technology for Economic and Clinical Health Act of 2009

Initiative 5: Technology Innovation | Upcoming Activities

Sub-initiative	Upcoming activities (October - December)
Enhance data usability and population health interventions	• Establish technical and functional requirements for 2-3 HIE tools (e.g., bed registry, interfacility transport, emergency department dashboard) • Develop prototype bed-registry and data integration pipeline • Complete full data quality assessments
Modernize EHRs for rural providers	• Secure commitments from larger health systems for community connect support framework • Launch first wave of EHR modernization grant programs for providers/facilities • Initiate community connect implementation across 3-5 regional hubs

Source: Montana RHTP Project Narrative and Implementation Plan

Contact

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Questions?

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