Montana Rural Health Transformation Program

Stakeholder Advisory Committee (SAC)

August 6, 2026

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

MONTANA RURAL HEALTH TRANSFORMATION

Welcome!

MONTANA DPHHS

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Objectives for Our Work Together Today

1. Provide progress update to SAC on Montana's Rural Health Transformation Program (RHTP)

2. Receive SAC and public feedback on RHTP implementation

3. Receive SAC feedback on initiative-specific topics

Today's Agenda

Topic	Time
Welcome: introductions and objectives for the day	10:00 – 10:20 a.m.
Rural Health Transformation Program (RHTP) progress updates • Implementation updates • RHTP office updates • Preview Year 1 Annual Report	10:20 – 10:50 a.m.
Year 2 plan preview: priorities and path to submission	10:50 – 11:15 a.m.
Initiative-level updates: high-level plan and progress to date	11:15 a.m. – 12:00 p.m.
Q&A	12:00 – 12:15 p.m.
Lunch	12:15 – 1:15 p.m.
Public comment: input on RHTP implementation to date, community needs, and public issues for DPHHS/SAC consideration	1:15 – 2:00 p.m.
Breakout group discussions: Year 2 priorities, related stakeholder needs, potential implementation risks and opportunities	2:00 – 3:15 p.m.
Break	3:15 – 3:25 p.m.
Plenary readout: cross-cutting themes and implications for the Year 2 plan	3:25 – 3:45 p.m.
Closing	3:45 – 4:00 p.m.

State Vision for RHTP

The five-year Montana Rural Health Transformation Program (RHTP) will support Montana's rural health care providers in delivering **sustainable, high-quality care** and **ensuring appropriate access** for those in need of services.

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RHTP Updates

RHTP Implementation Accomplishments

Recent Accomplishments

- Completed **first RHTP CMS site visit**
- Hired and onboarded a **dedicated team of 15 RHTP staff** (details to follow)
- Announced **CoE Advisory Council Members**
- Selected **CoE Implementation vendor** (MHA Montana Health Research & Education Foundation)
- Released **EMS grant application**
- Released **RFP for workforce recruiting campaign**
- Expanded contracts with **VBC TA, StationMD, and Myers & Stauffer**
- Conducted EHR/HIE surveys to inform **grant design and interoperability planning**
- **Executed one or more contracts per initiative** (a new CMS scoring criteria)

RHTP Implementation Updates

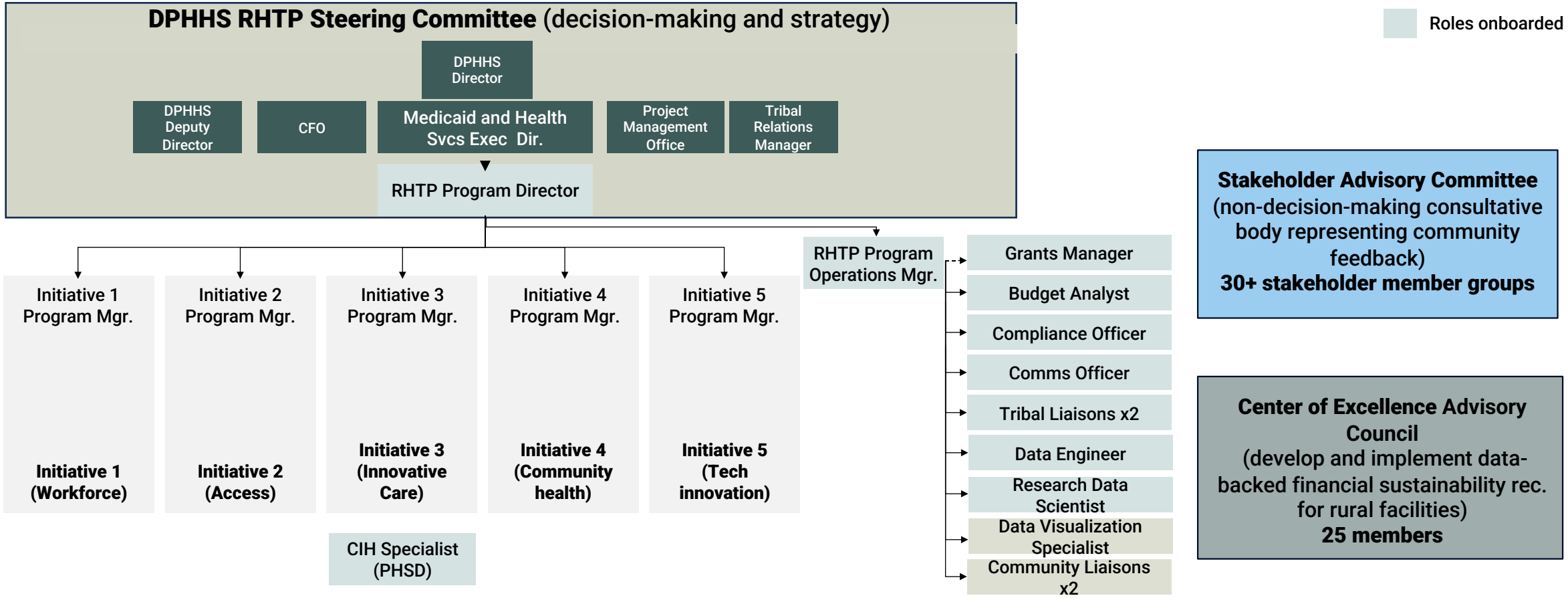
Current priorities

- **Award contracts and finalize agreements** to launch programs and meet CMS obligation timelines (October 30)
- **Post remaining Year 1 RFPs** (EMD System, School-based Care, etc.)
- **Finalize Year 1 grant programs** (EHR modernization and CIH grants)

Upcoming milestones

- Ongoing – Refine next steps on **policy commitments** (EMS Compact, SPAs)
- August 31 – Submit **Year 1 Annual Report and Year 2 Application** to CMS
- Early fall – Convene **first CoE Advisory Council meeting**
- October 30 – **Obligate Year 1 funds**

DPHHS has Onboarded ~85% of its Originally Planned RHTP Unit



RHTP Has Operationalized Approximately $157M and Has a Path to Obligation by October 30

Scope of work	Year 1 funding	Timeline
Center of Excellence: Implementation (cross-cutting)	$105.5M	Vendor announced; Contract near execution
Center of Excellence: Strategy and Analytics (I2)	$11.6M	NOIA soon to be released
EMS equipment grant (I3)	$4.46M	Grant released July 16, Grant closes August 15
Emergency Medical Dispatch (I3)	$0.7M	*RFP expected to be released August 2026*
School based care (I4)	$5.0M	*RFP expected to be released August 2026*
TA for PCPs participating in Medicaid value-based payments (I3)	$1.7M	Initial amendment executed
Nursing Facility Price Based Reimbursement (I3)	$0.2 M	Amendment executed
Big Sky Care Connect data quality and tools (I5)	$2.0M	Contract amendment executed 7/31
DDP Telehealth (I2)	$1.8M	Contract amendment executed 7/31
Workforce development (I1)	$22.1M	MOU finalized April 17
Pharmacy Point of Care Training & Technical Assistance (I3)	$0.9M	Expected release in August
MSU COOP (I4)	$1.15M	Contract executed 7/31
Total	$157M	

Remaining **$76M of year 1 award, planned and on track for obligation** by end of fiscal year

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Montana's RHTP Engages Stakeholders Across 9+ Communications Channels

Comms channels	Regular updates	As-needed updates
Public-facing milestone newsletter	✓ Monthly	
Legislative interim committees	✓ CFHHS, IBC	
Stakeholder forums	✓ SAC, CoE Board, etc.	✓ Briefings / meetings requested and approved ad-hoc (e.g., May MHA presentation)
RHTP website	✓ Monthly	✓ For time-sensitive updates (e.g., job / procurement postings)
RHTP email inbox		✓ ~24-hour response as emails come in
Interested parties emails		✓ For time-sensitive updates (e.g., job / procurement postings)
News releases		✓ Immediately following major milestones (expected at least monthly)
Facebook, X posts		✓ Immediately during / after major milestones (expected at least monthly)
Contractor communications[1]		✓ For time-sensitive updates and requests (e.g., for CMS reporting)

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

Near-Term Priority: Delivering a Strong Year 1 Annual Report and Year 2 Continuation Application by August 31

Dates	Deliverables
August 31, 2026	• Year 1 annual report • Year 2 application
October 30, 2026	• Year 1 funding obligated • Year 2 award announced
November 30, 2026	• Quarterly report 1 due
January 31, 2027	• Annual expenditure federal financial report due

Year 2 Plan Preview

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Required Annual and Quarterly Reporting to CMS

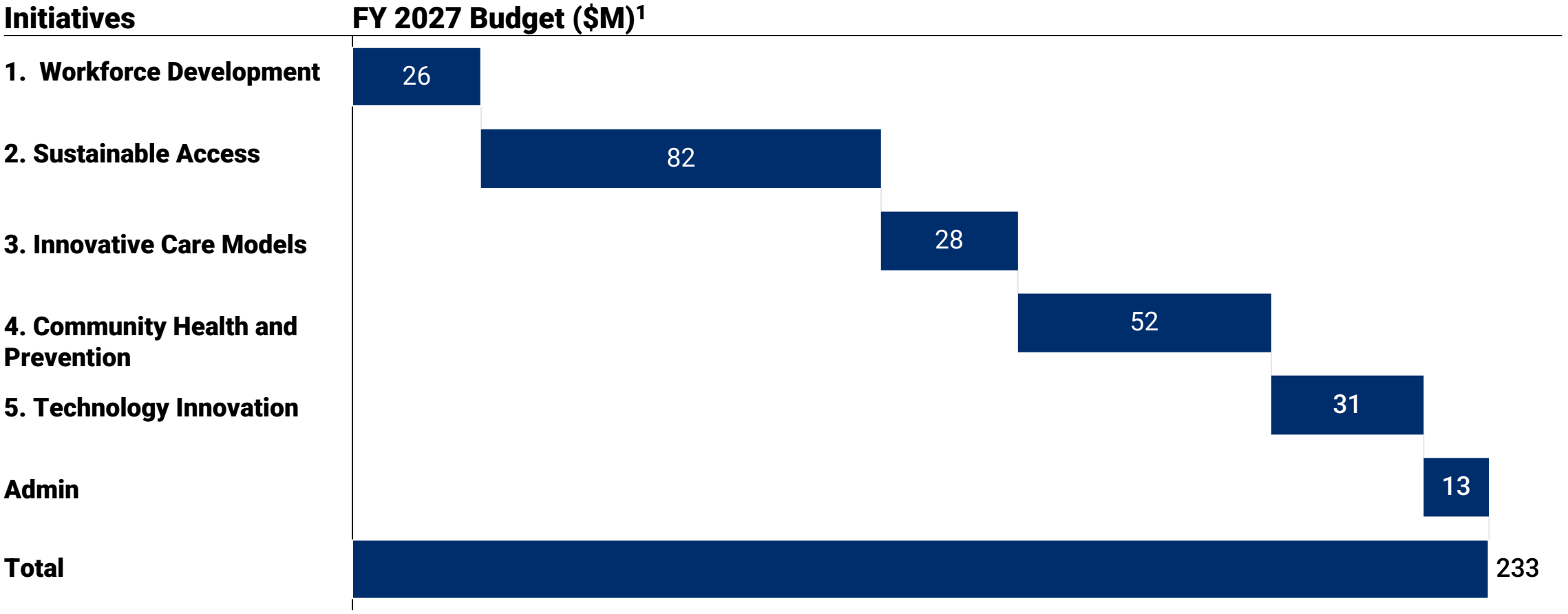
Key requirements:

- **Annual report**
  - Due at the **end of August** each year (captures activities completed by July 31)
- **Quarterly report**
  - Due **one month after end of quarter**
  - May-July performance captured in the Annual report
- **5-year report**
  - Due March 2031

Montana's Year 2 funding will depend on the **quality and speed of Year 1 implementation**

Source: CMS Notice of Award, Montana RHTP

Draft Year 2 Budget Based on Year 1 Award



1. Values rounded to the nearest $1 million

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Initiative-Level Updates

Initiative 1: Workforce Development | Recap

To attract more health care providers to rural and frontier areas in Montana, DPHHS, in collaboration with 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)

Source: Montana RHTP Project Narrative

Initiative 1: Workforce Development | Progress Toward Initiative Goals

- Increasing recruitment of rural health care
  - Closed Talent Attraction / Recruitment RFP
    - Responses are being reviewed, and stakeholder work is expected to begin in September
- Retaining and upskilling the rural health care workforce
  - Released RFI for workforce well-being
    - Responses will help the RHTP office understand data and scope for future funding opportunities

Initiative 1: Workforce Development | Upcoming Activities

Sub-initiative	Upcoming activities (August-September)
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** | Recap

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

Source: Montana RHTP Project Narrative

Initiative 2: Sustainable Access | Progress Toward Initiative Goals

- Launch Montana Rural Health Center of Excellence
  - Appointed CoE Advisory Council
  - Highly competitive application process – 88 applications for 15 seats
  - Members include representatives of rural health care consumers; tribal health; PPS hospitals, independent and affiliated CAHs, and FQHCs. Also participating: DPHHS Dir. and Medicaid Dir., legislators, MHA, MPCA, MHN, and payers BCBS and MHC
- Protect and increase access through clinical partnerships
  - Selected and awarded CoE Implementation Partner contract to Montana Health Research and Education Foundation (MHREF)
    - Non-profit organization that advances rural health care by providing financial, educational, and technical support to Montana health care facilities

Initiative 2: Sustainable Access | Upcoming Activities

Sub-initiative	Upcoming activities (August-September)
Launch a Montana Rural Health Center of Excellence to develop and support the implementation of data-backed recommendations	• Sign contracts to administer CoE strategy and analytics, CoE implementation support • Conduct data analysis for rural health profile • Hold first Advisory Council meeting • Identify initial sites for transformation
Protect and increase access through clinical partnerships	• Finalize procurement for contractor implementing telehealth expansion • 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 | Recap

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 enhanced technical assistance for primary care providers to provide value-based care and pilots for complex care populations
- **Modernize EMS care model** by empowering EMS to deliver on-site care when feasible 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 and medication management
- **Increase outpatient services** across rural Montana by incorporation Center of Excellence analytics-backed recommendations

Source: Montana RHTP Project Narrative

Initiative 3: Innovative Care Models | Progress Toward Initiative Goals

- **Expand innovative payment and care models**
  - **TA for Primary Care Providers participating in Primary Care Montana program** kicked off in July: 76 provider groups and 5 solo providers have enrolled in the program to date
  - **Nursing Facility Price Based Reimbursement Project** kicked off in July; now assessing a value-based care model for nursing homes
  - **Duals Interventions** Request for information was released to gather information on interventions for dually eligible Medicaid and Medicare members; moving forward on evaluation, program design, and feasibility study beginning in August
- **Modernize EMS care model**
  - **EMS Equipment** EMS agencies were surveyed to assess needs to upgrade aging equipment; Grant launched July 17, closes August 15
  - **Emergency Medical Dispatch RFP** to procure a new statewide system, based on survey of Public Safety Answering Point managers, will be released in early August
  - **Community Integrated Health (CIH) Program** CIH staff hired; engaged with current CIH sites to identify need and interest in expanding CIH program; program and grant design underway
- **Expand rural pharmacy services**
  - **Point of Care Pharmacy Pilot** to provide technical assistance, training, and infrastructure to rural pharmacies to begin in August. DPHHS and vendor will work to identify pilot sites for Y1

Initiative 3: Innovative Care Models | Upcoming Activities

Sub-initiative	Current and upcoming activities (August-September)
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 • Release RFP for statewide emergency medical dispatch system
Expand rural pharmacy services	• Sign contract with implementing partner • 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 implementation contract to expand outpatient services • Finalize initial sites for outpatient expansion[1]

Source: Montana RHTP Project Narrative and Implementation Plan

Initiative 4: Community Health and Prevention | Recap

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 Community Health Aide Program (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 FY27)*

Initiative 4: Community Health and Prevention | Progress Toward Initiative Goals

- **Implement community-based care**
  - School-based care RFP submitted to DOA
  - Agreements for CHAP implementation in process of being finalized
- **Update rural health care infrastructure**
  - Contract negotiations with the CoE implementing partner, Montana Health Research & Education Foundation, are being finalized
- **Invest in healthy lifestyles**
  - Key stakeholders identified and grant program design initiated

Source: Montana RHTP Project Narrative and Implementation Plan

Initiative 4: Community Health and Prevention | Upcoming Activities

Sub-initiative	Upcoming activities (August-September)
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

Initiative 5: Technology Innovation | Recap

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 data warehouse
- **Modernizing Electronic Health Record (EHR) systems for rural providers** by updating EHR systems for providers on outdated (non-HITECH certified) platforms and funding consumer-facing EHR modules to enable nutrition and chronic disease management and remote patient monitoring

Initiative 5: Technology Innovation | Progress Toward Initiative Goals

- Enhance data usability and population health interventions
  - Contracted on RHTP HIE initiative
    - Completed a preliminary USCDI assessment
    - Advanced data dictionary for finalized quality measures
  - Completed HIE survey
    - Launched survey on HIE perceptions and usability with 81 responses
- Modernize EHRs for rural providers
  - Completed EHR survey
    - Launched EHR readiness assessment, giving a structured view of rural, tribal, and frontier provider needs based on 84 responses
  - Began EHR Modernization Grant Design
    - Utilizing survey responses and stakeholder engagement, began design of grant program focused on modernizing EHR systems

Initiative 5: Technology Innovation | Upcoming Activities

Sub-initiative	Upcoming activities (August-September)
Enhance data usability and population health interventions	• Identify priority use cases and tools of interest • Establish technical and functional requirements for 2-3 HIE tools (e.g., bed registry, interfacility transport, ED 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

Questions

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Lunch

Welcome Back

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Public Comment

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Breakout Group Discussions

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Breakout Group Process

- Go to your assigned breakout groups (indicated on name tags)
- Once in your groups, identify one member who will stay with the same breakout group for both rounds and will conduct the readout at the end of the session
- All other participants should rotate to a new breakout group after the first 35-minute discussion
- Return to the main room for the plenary readout, where each breakout group will share its key insights with the full group

Questions for Breakout Groups

Initiative	1 Workforce Development	2 Sustainable Access	3 Innovative Care Models	4 Community Health and Prevention	5 Technology Innovation
Break-out group questions	1. What are the best strategies to advertise training opportunities? 2. How can those strategies specifically target individuals in highest-need rural communities? And how can they specifically target the highest-need positions for those communities? *3. What investments or partnerships are needed to build a sustainable rural health workforce over the long term?*	1. What do you see as the CoE Advisory Committee's top priorities in their collaboration with the CoE and DPHHS? 2. How would the RHTP Stakeholder Advisory Committee suggest it play a role in advising the CoE, as distinct from the CoE Advisory Committee? 3. What specialty areas of telehealth do you think should be a focus other than those already included as possibilities in the project plan? 4. What alternative wording or strategies to 'right-sizing' do you think would market the CoE more positively? *5. What partnerships will be most critical to sustaining access in rural Montana over the long term?*	1. How might we evolve the role of EMS in behavioral health care to better meet the needs of rural and frontier Montanans? 2. What are the biggest challenges or concerns you see in caring for older adults in rural Montana, particularly those with complex conditions? How might gaps be addressed? *3. What will be needed to ensure these innovative care models are financially and operationally sustainable over time?*	1. What are the biggest needs for providers at School-based care sites? Dental? Behavioral? Primary care? 2. How do mobile care units access both schools and the community across the state? 3. What are the largest barriers for accessing healthy foods in rural communities, and how might they be overcome? *4. What will be needed to ensure that community-based prevention initiatives remain sustainable after initial funding ends?*	1. What are the greatest barriers to modernizing technology for facilities/providers in rural communities? What are the greatest technical needs? 2. If RHTP funding is limited, what investments would have the greatest impact on helping rural providers successfully participate in a hub-and-spoke EHR model, and why? 3. What characteristics or readiness factors should the State prioritize when selecting organizations for funding to maximize the likelihood of long-term success and sustainability?

Plenary Readout

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Closing

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RHTP Website: ruralhealth.mt.gov

Check the website for program updates, including upcoming meetings and procurements

Thank you for an excellent second Stakeholder Advisory Committee meeting

What we covered

- State vision for RHTP
- Changes since January SAC meeting
- RHTP Updates
- Year 2 Plan Preview
- Initiative-level updates
- RHTP initiatives and priorities for the first six months
- Breakout discussions and public comment

What's next

- Incorporate stakeholder feedback into near-term planning
- Share meeting materials and follow-up communications
- Continue engagement through meetings, website updates, email, and newsletter

Next meeting: To be announced

Stay connected: ruralhealth.mt.gov | HHSRuralHealthTransformation@mt.gov

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