

Rural Health Transformation Program



The Utah Department of Health and Human Services (DHHS) is the lead agency designated to administer Utah's Rural Health Transformation Program (RHTP). This funding supports rural communities in improving health care access and quality, and health outcomes by promoting innovation, strategic partnerships, infrastructure development, and workforce investment. Utah received \$195.7 million in its Year 1 funding.

Utah's Approved RHTP Activities

In preparing the application for these funds, DHHS engaged rural stakeholders to identify community needs and inform the application. The Centers for Medicare & Medicaid Services (CMS) approved Utah's application authorizing the following seven initiatives:

#1 PATH: Preventive Action and Transformation for Health. Advance rural health through innovations in nutrition, physical activity, and built environments. Fostering lifelong wellness through innovations in nutrition, physical activity, and built environment innovations that reduce chronic disease.

- Year 1 funding: \$29,000,000

#2 RISE: Rural Incentive and Skill Expansion. Build a sustainable rural health workforce by investing in career pathways, expanding training, connecting education to local needs, and supporting recruitment and retention.

- Year 1 funding: \$28,800,000

#3 SHIFT: Sustaining Health Infrastructure for Transformation. Transform preventive care through enhancements to local service delivery that improves health outcomes.

- Year 1 funding: \$55,500,000

#4 FAST: Financial Approaches for Sustainable Transformation. Address financial and care delivery challenges by transitioning to value-based payment and proactive care, and piloting alternative models to fund specialist care.

- Year 1 funding: \$18,000,000

#5 LIFT: Sustaining Health Infrastructure for Transformation. Improve sustainable healthcare access and outcomes in Utah's rural communities through scalable, data-informed, telehealth strategies.

- Year 1 funding: \$26,500,000

#6 SUPPORT: Shared Utilities for Partnered Provider Operational Resources and Technology. Build critical digital, technological, and administrative infrastructure to collaborate and pool or share resources to reduce costs.

- Year 1 funding: \$16,900,000

#7 LINCS: Leveraging Interoperability Networks to Connect Services. Create a connected health data ecosystem for rural communities by modernizing the interoperability and secure exchange of health data among clinics, hospitals, public health and behavioral health entities, as well as community-based organizations.

- Year 1 funding: \$16,000,000

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Basics



RHTP is a cooperative agreement between DHHS and CMS. This means CMS will have substantial involvement throughout the duration of RHTP. CMS requires quarterly and annual progress reports, as well as monthly meetings and ad hoc updates.



As directed through legislative appropriations, DHHS will distribute RHTP funding to other state agencies, local entities, and community partners. Some funds may be distributed through competitive contracting.



CMS will re-calculate a portion of the funding amount for each budget period based on progress reported quarterly and annually. Grant compliance is essential to ensure Utah does not have funds pulled-back or receive reduced funding in future years.

Spending Caps & Unallowables

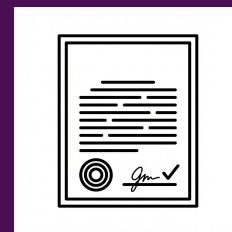
Funds must be spent in a manner consistent with CMS's Use of Funds and the approved initiatives and activities.

Funds CANNOT be used:

- To supplant existing funding
- For new construction or building expansion, purchasing, or significant retrofitting of buildings
- For clinician salaries subject to non-compete clauses

Limits apply on certain spending:

- Capital expenditures and infrastructure: 20% cap
- Provider payments: 15% cap
- Administrative expenses: 10% cap
- Replacement of existing EMR in place as of September 1, 2025: 5% cap



Funding Amount & Budget Periods

Awarded: Year 1

Time Period: 12/29/25 - 10/30/26

Amount: \$195.7 Million

Budget Periods*

Year 1: December 29, 2025 to October 30, 2026 (10 months)

Year 2: October 31, 2026 to October 30, 2027

Year 3: October 31, 2027 to October 30, 2028

Year 4: October 31, 2028 to October 30, 2029

Year 5: October 31, 2029 to October 30, 2030

**Funding has only been awarded for Year 1. Funding in future years may remain the same, increase, or decrease based on grant compliance and performance.*