



Rural Health Transformation Plan Overview

- Started in 2023, ending of PARHM required shift in planning and approach.
- Held first formal rural health convening with stakeholders in January 2024, with several others through that year.
 - Facilitating interagency coordination, dialogue with hospital regulatory staff, and agency work in response to rural health conversations.
- Built on this through regional rural health summits held so far in Indiana, Huntingdon, Harrisburg, Bradford, and Danville; Williamsport scheduled for 11/12
- Dedicated rural health funding in HR1 gives opportunity to expand targeted investments

- Pennsylvania's hospital regulations last comprehensive update was 1980
 - Work to update is underway goal is to provide greater flexibility for hospitals as we all strive towards superior quality of care and patient safety
- Department of Health leading extensive stakeholder outreach, including hospitals, health systems, patient advocacy, and professional associations
 - Want regulations to reflect on-the-ground realities collected from diverse perspectives important that rural perspectives heard here
 - Gov's Office of OGC has led conversations with health system regulatory staff resulting in two recent announcements from DOH on flexibilities that can be offered to rural hospitals. DOH hopes to continue to expand this work.
- Hearing significant feed back on hospital closures strengthening regulatory standards to ensure processes are as orderly as possible and state is receiving timely and comprehensive information about ownership changes

When DHS & PA Insurance Department started conversations with payors and providers about streamlining credentialing processes, it quickly became clear there are significant issues with data sets used between parties that, if addressed, could bring even more improvements to our markets.

- PID has been leading constructive conversations among payors, providers, hospitals, and HAP toward achieving that universal data set.
- The group has formulated a data set with 76 distinct data elements and agreed-to definitions.
- We have focused exclusively on identifying common data elements utilized by payors in their directories to reduce redundancies and streamline data collection for providers.

We are working toward a shared goal of greater efficiencies in the credentialling process.

In 2024, Department of Drug and Alcohol Programs (DDAP) surveyed rural hospitals on their knowledge & involvement with local Single County Authorities' (SCA) Warm Hand-Off (WHO) work. The results showed a need for:

- Increased training on what the WHO initiative is and how to effectively implement them.
- Staffing, including a need for positions that cover WHO referrals on a 24/7 basis.
- Stronger policies around WHO initiatives.

DDAP has started working with select SCAs on strengthening their WHO policies, which will also help with consistency and communication between the SCAs and their hospitals & complement existing work.

Behavioral health loan repayment through DDAP also supporting rural communities



PA has a statewide network of 52 Area Agencies on Aging (AAA), which deliver a variety of services and supports to help older adult thrive and continue to live independently in their home settings of choice.

 Many of these local agencies serve predominantly rural populations and are known, trusted resources in their communities.

AAAs are continuing to build relationships with their local hospital and health systems to facilitate coordination of care in such areas as discharge planning, to strengthen the continuum of care focused on the older adult's needs throughout recovery, rehabilitation, and supports needed in the home.

Aging Our Way plan emphasizes need for coordination – working to implement and strengthen partnerships



Shapiro Administration Investments in Rural Health

- \$36.7M in state/federal funds invested in rural hospitals in 2024-25
 - Continuing with \$10M in 2025-26 Budget to leverage additional federal dollars for a total of \$35.1M for rural hospitals
- Also requested in 2025-26 Budget:
 - \$10M to expand behavioral health loan repayment
 - **\$5M** to expand primary care loan repayment
 - \$5M for nurse recruitment, education, and retention

RHTP Application Timeline

States may apply for \$200M/year for 5 years – Single application

	S	eptemb	er		October				November				December					Q1 2026 and Beyond
9/1	9/8	9/15	9/22	9/29	10/6	10/13	10/20	10/27	11/3	11/10	11/17	11/24	12/1	12/8	12/15	12/22	12/29	1/1

CMS
Released
NOFO 9/15

States Develop Applications
(e.g., holding design working sessions, engaging community partners)

Proposal
Due
11/5

CMS
monitoring and support begins

CMS held webinars about the NOFO in late September, created an RHTF webpage with frequently asked questions, and open communication channels with states during this period to answer questions.

12/31: CMS makes awardee decisions

RHTP Strategic Goals

- Make rural America healthy again: Support rural health innovations and new access points to promote preventative health and address root causes of chronic disease management, behavioral health, and prenatal care.
- **Sustainable access:** Improve efficiency and sustainability. Share or coordinate operations, technology, primary and specialty care, and emergency services.
- Workforce development: Attract and retain healthcare providers by strengthening recruitment and retention in rural communities. Help rural providers practice at the top of their license and develop a broader set of providers to serve a rural community's needs.
- **Innovative care:** Spark the growth of innovative care models to improve health outcomes, coordinate care, and promote flexible care and payment arrangements. Incentivize providers to reduce health care costs, improve quality of care, and shift care to lower cost settings.
- **Tech innovation:** Foster use of innovative technologies by rural facilities, providers, and patients. Support access to remote care, improve data sharing, strengthen cybersecurity, and invest in emerging technologies.

Maximum of \$200M/year for five years available; approved applications will get a minimum of \$100M each year



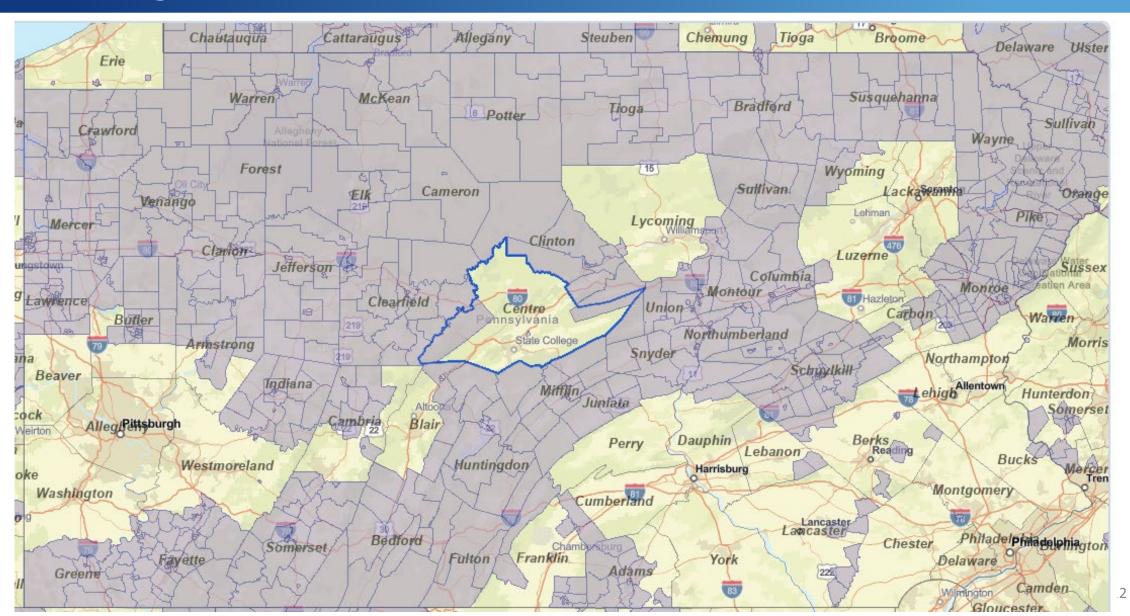
Funds may not be used for:

- Supplementing or replacing payment for clinical services that can be reimbursed by insurance;
- Supplanting existing funding sources public or private;
- Building purchase, construction, or expansion in limited situations, renovations may be permissible;
- Matching requirements for other federal funding; or,
- Full investment in EHR/EMR RHTP can be used to support this work, but there are caps on how much can go towards EHR/EMR.

Our Process: RHTP Concept Solicitation, Review, Planning and Writing

- Worked across Health HUB Agencies: ID programs & initiatives that:
 - Align with NOFO goals
 - Build on PA's strategic plans and extensive stakeholder input
 - Address urgent health issues: Regional Rural Health Summits
 - Public call for concepts: >300 ideas submitted by stakeholders
 - Subject matter expert writing teams:
 - DHS, DOH, Aging, DDAP, DCED, Insurance, PennDOT, Behavioral Health Council
 - Designed a suite of interventions all with a rural focus

HRSA Eligible Rural Census Tracks



Rural Care Collaboratives (RCCs)

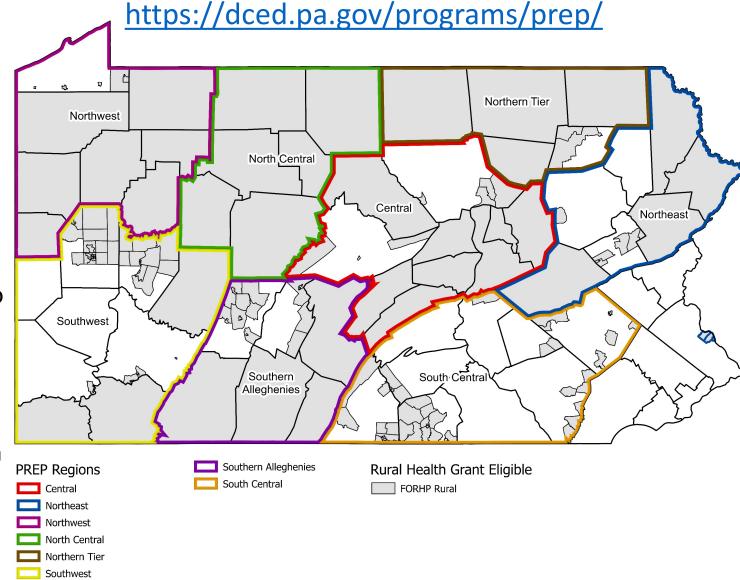
PREP regions will stand up transformational regional multi-stakeholder RCCs:

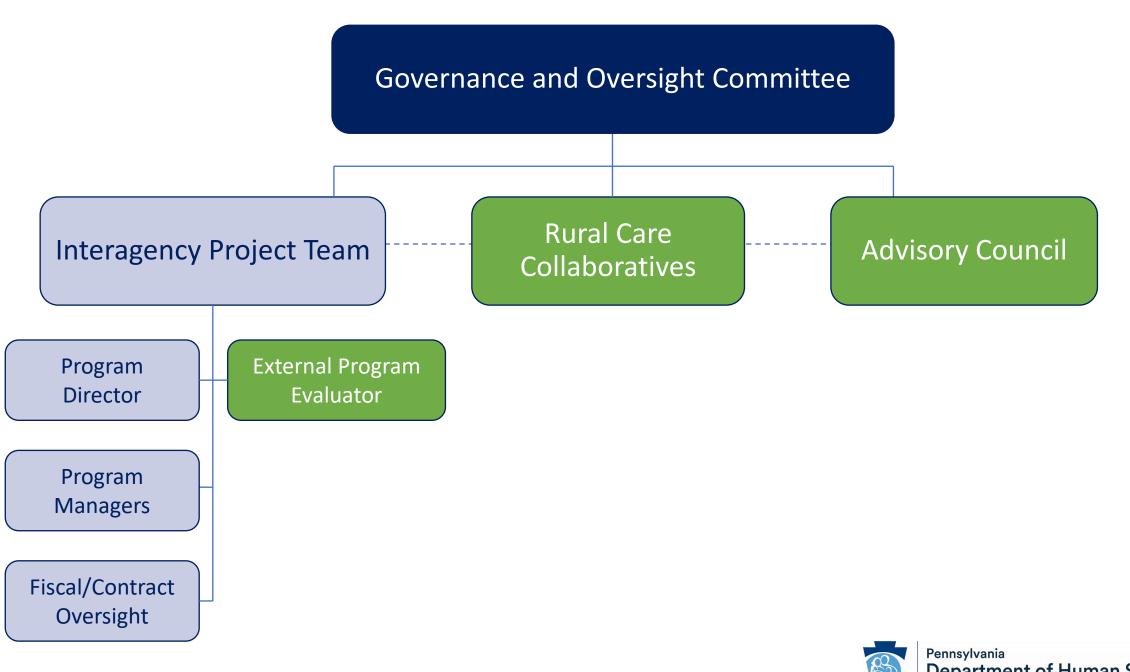
- Health care providers;
- Business & economic development;
- Hospitals, FQHCs, public health officials;
- Educational institutions;
- Community-based organizations and nonprofits; and,
- State and local elected officials

RCCs will prioritize CMS-approved initiatives to meet regional needs across the continuum of care

Each RCC will convene community & health system partners to prioritize local needs, strengthen shared services, support telehealth and clinical integration, and help residents have consistent access to high-quality primary and specialty care.

Partnerships for Regional Economic Performance (PREP)







RTHP in Pennsylvania: State Support For Regional Rural Initiatives

STATE

- Establish clear RHTP goals and accountability for initiatives
- Establish statewide governance,
 Advisory Council and leadership
- Early short-term rapid response funding focused on urgent needs and stabilization for providers

REGIONAL

- Partnerships for local governance and prioritization
- Strengthen regional collaboration
- Tailor local investments and technical assistance
- Most funding managed regionally

RCCs: Composition and Role

8 RCCs will work regionally to:

- Develop leadership, funding infrastructure, and boards comprised of key stakeholders
- Build on existing board resources
- Balance local input to facilitate decision-making and promote long-term sustainability
- Review and prioritize CMS-approved initiatives
 - Invest in initiatives based on regional needs, available funds
 - Monitor initiatives, collect data, report to project team and hold public meetings
- Participate in RCC steering committee for cross region communication/ share resources

Years 1 and 2: Rapid Response

Recognizing the urgency of challenges rural communities face today, Pennsylvania plans to launch a short-term Rapid Response Access Stabilization Program in Years 1 and 2

- Targets key near-term investments, including:
 - Preserving essential hospital and EMS capacity;
 - Investing in technology and workforce; and,
 - Supporting existing projects that align with RHTP and CMS-approved framework.

Dual structure of statewide vision with regional implementation ensures Pennsylvania can move quickly to stabilize access in the near term, while building local, collaborative, sustainable systems in rural regions to accomplish key goals



Pennsylvania Rural Health Transformation Plan

Vision

Pennsylvania's RHTP envisions strong, resilient rural communities where people of all ages can access timely, high-quality care close to home, accomplished by leveraging and strengthening local infrastructure through technology, innovation, and collaboration.



Improve Access to Care and Outcomes

Use Technology to Drive Innovation

Expand Partnerships for Change

Create a Robust Workforce to Address Regional Need

Use Data-Driven Solutions

Implement Financial Sustainability Strategies



Technology & Infrastructure

Workforce

Maternal Health

Behavioral Health

Aging and Access

EMS and Transportation

Technology & Infrastructure

- Growing reach and use of consumer-facing applications that support access to primary and specialty care;
- Supporting availability of telehealth;
- Catalyzing AI investments for rural providers;
- Expanding clinical integration of electronic health records



Workforce



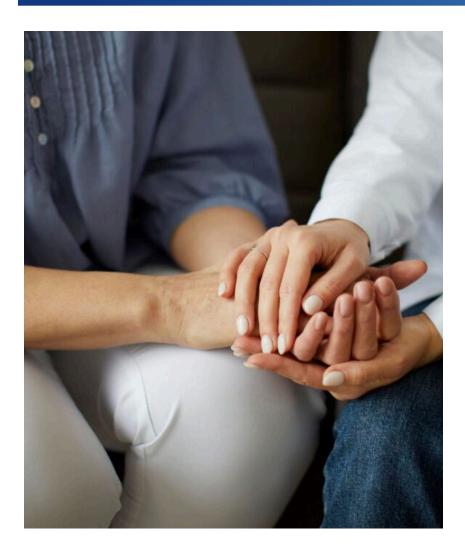
- Train local, stay local: investing in comprehensive rural health care workforce development with support for allied health, EMS, nurses, nurse practitioners, physician assistants, dentists, pharmacists, and physicians
- Supporting incentives like upfront scholarships, mentoring, shortterm housing, stipends based on a five-year commitment to service in rural communities

Maternal Health

- Creating comprehensive maternal health hubs to:
 - Provide comprehensive care management and navigation
 - Integrate behavioral health
 - Lead regional quality improvement and maternal health innovation
 - Develop strategies to build maternal health workforce
 - Incorporate technological advances in care



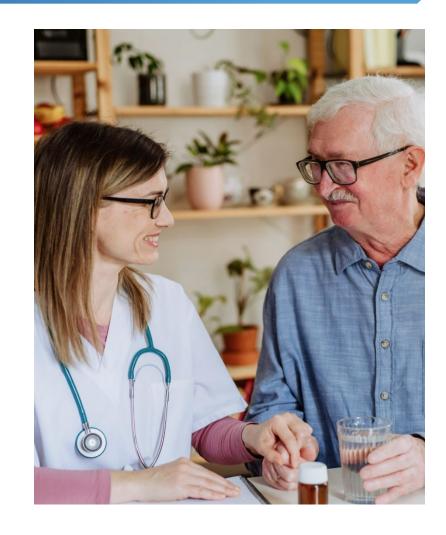
Behavioral Health



- Expanding 988 services & continuing public education on crisis response services
- Growing remote behavioral health consultation services that connect providers to specialists able to assist in real-time
- Funding scholarships for peer support and recovery specialists to expand behavioral health workforce in rural communities

Aging and Access

- Facilitating safe transition from hospitalization to care at home
- Supporting quality of care in rural longterm care facilities through the Long-Term Care Quality Investment Program
- Launching nurse aide training hub to build a sustainable pipeline for direct care workers, improve training and supports, and advance career pathways
- Expanding Pennsylvania's LIFE program for dually eligible older adults to rural counties currently without LIFE coverage



EMS and Transportation



- Modernizing rural EMS infrastructure to improve efficiency and sustainability
- Supporting the EMS workforce and growing this essential field
- Expanding MATP/non-emergency transportation to support access to preventive and routine care

Upcoming Rural Health Summits



12

Northern Tier Regional Rural Health Summit

COUNTIES: Bradford, Clinton, Lycoming, Sullivan, Susquehanna, Tioga, and Wyoming Penn College of Technology in Williamsport



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Rural Health Day

Pennsylvania Mountains Rural Health Conference Indiana University of Pennsylvania (IUP)

Kovalchick Center & Athletic Complex | Indiana, PA

Thank you!



We will continue to share updates as application process progresses www.dhs.pa.gov/ruralhealth