Montana Rural Health Transformation Program

Stakeholder Advisory Committee

January 22, 2025

DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Greg Gianforte, Governor | Charlie Brereton, Director

Today's agenda

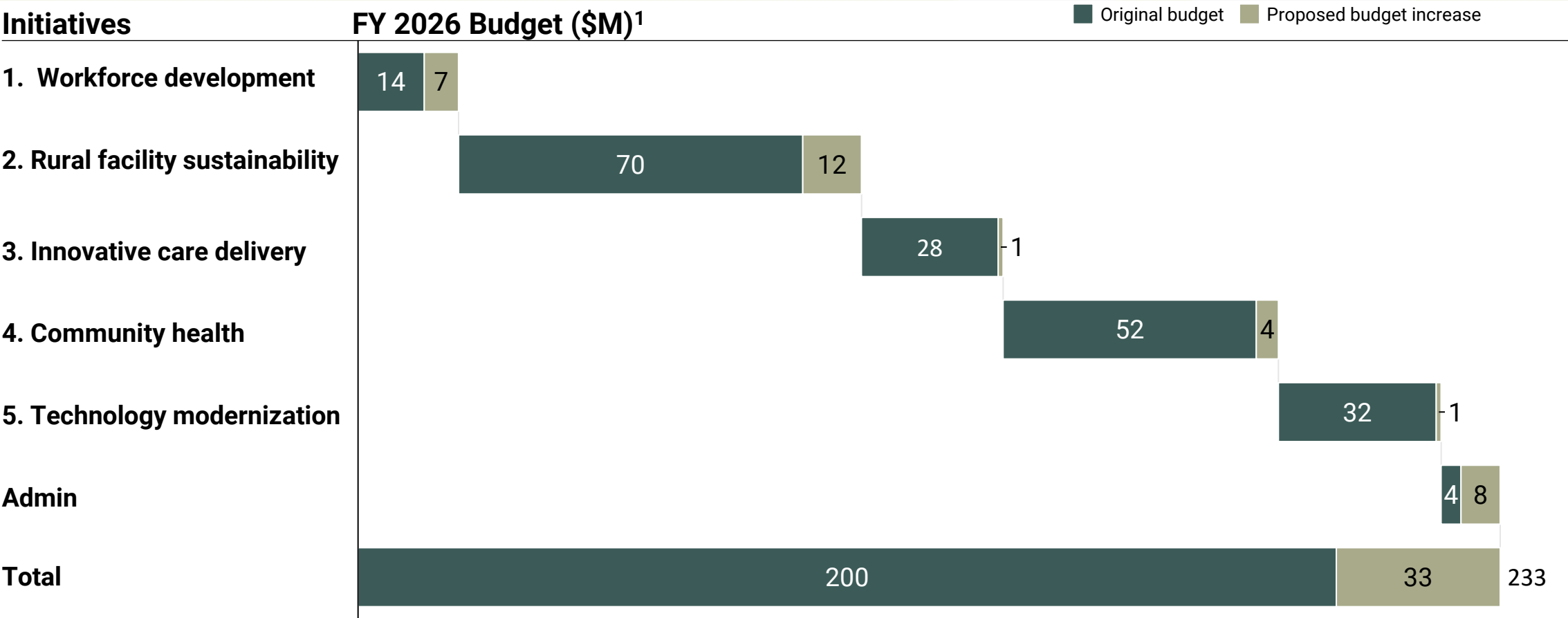| Topic	Time
Introductions and objectives	10:00 – 10:30 a.m.
Rural Health Transformation Program (RHTP) overall updates and governance	10:30 – 10:45 a.m.
Committee Charter	10:45 – 10:55 a.m.
Initiative-level workplans	10:55 – 11:50 p.m.
Lunch	11:50 – 12:50 p.m.
Initiative breakout groups (*formal Stakeholder Committee members only*)	12:50 – 2:10 p.m.
Plenary session read-out	2:10 – 2:30 p.m.
Public comment period	2:30 – 3:20 p.m.
Closing	3:20 – 3:30 p.m.

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RHTP Updates

Montana received the fourth highest RHTP funding award among all 50 states

- On December 29th, CMS announced that **Montana will receive ~$233M** for the first-year of the five-year Rural Health Transformation Program

  - **Montana ranked fourth nationally**, behind Texas, Alaska, and California

  - Montana's neighboring states – Wyoming (~$205M), North Dakota (~$199M), South Dakota (~$189M), & Idaho (~$185M) – all received less funding

  - The **award is allocated for the five initiatives submitted** as part of Montana's plan, with no ability to add or remove initiatives
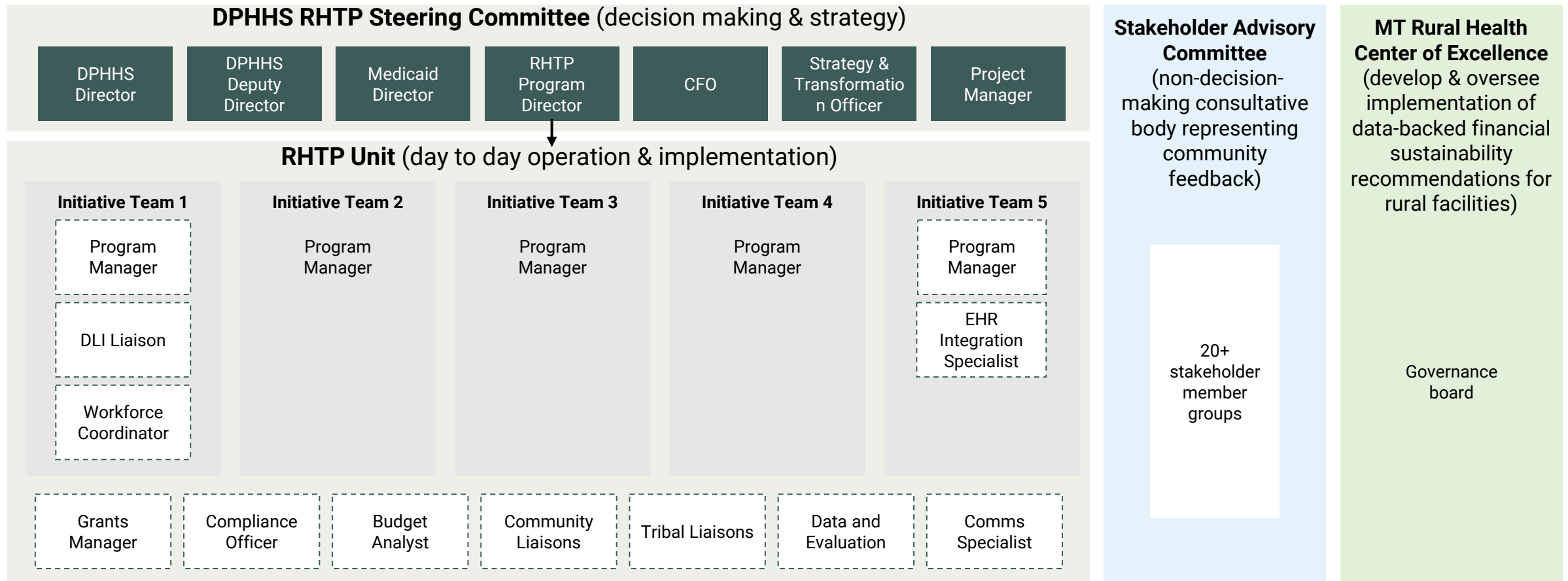
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DPHHS RHTP governance overview

DPHHS RHTP Steering Committee (decision making & strategy)

DPHHS Director	DPHHS Deputy Director	Medicaid Director	RHTP Program Director	CFO	Strategy & Transformation Officer	Project Manager

RHTP Unit (day to day operation & implementation)

Initiative Team 1	Initiative Team 2	Initiative Team 3	Initiative Team 4	Initiative Team 5
Program Manager	Program Manager	Program Manager	Program Manager	Program Manager
DLI Liaison				EHR Integration Specialist
Workforce Coordinator				

Grants Manager	Compliance Officer	Budget Analyst	Community Liaisons	Tribal Liaisons	Data and Evaluation	Comms Specialist

Stakeholder Advisory Committee (non-decision-making consultative body representing community feedback)

20+ stakeholder member groups

MT Rural Health Center of Excellence (develop & oversee implementation of data-backed financial sustainability recommendations for rural facilities)

Governance board

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Procurement overview

Preliminary

PENDING BUDGET AND CONTRACT APPROVAL BY CMS

Successful implementation of Montana's Rural Health Transformation Program will require strong partnerships

For the latest information on procurements please visit our website: https://ruralhealth.mt.gov/

Initiative[1]	Preliminary list of procurements	Method	Preliminary FY26 budget
#1 Workforce	Develop workforce through recruitment, training and retention	Intergovernmental	$20.6M
#2 Access	Launch Montana Rural Health Center of Excellence	Competitive	$16.8M
	Expand Intellectual and Developmental Disabilities telehealth services statewide and add behavioral health	Existing contract	$1.2M
	Launch pediatric virtual care	Competitive	*N/A – FY27 start*
	Outpatient and community care expansion (e.g., rural telemedicine)	Competitive	$37.2M
#3 Innovative care	Innovative payment models (e.g., Medicaid VBC TA, duals, acuity-based models)	Competitive	$1.3M
	Acquisition and retrofitting of ambulances to modernize EMS infrastructure	Intergovernmental	$4M
	Community paramedicine training	Intergovernmental	$1.5M
	Pilot pre-hospital blood administration program	Grant application	$0.5M
	Implement new statewide emergency medical dispatch system	Intergovernmental	$0.8M
	Enable point of care testing and prescribing for rural pharmacists	Grant application	$1.0M
#4 Community health	School-based care site delivery	Competitive	$5.0M
	Establish crisis stabilization centers	Competitive	$0.3M
	Fund community-led nutrition and wellness programs	Grant application	*N/A – FY28 start*
	Tribal program development	Competitive	$34.6M
#5 Tech modernization	Data usability and population health	Mixed	$2.0M

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Procurement – what to expect

- RHTP procurements will follow standard Montana state procurement requirements and CMS guidelines

- Detailed procurement information will be regularly updated on our website ruralhealth.mt.gov

- Procurement opportunities will be posted beginning FFY Q2 2026 (~ March 2026) on Montana state procurement site and RHTP website

- Stakeholders are encouraged to monitor these channels and join the RHTP interested parties email list for regular updates

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RHTP website: ruralhealth.mt.gov

Check the website for program updates, including on procurements and job postings

Rural Health Transformation Program / **RHTP**

Rural Health Transformation Program

Governor Greg Gianforte and Department of Public Health and Human Services (DPHHS) Director Charlie Brereton announced in December 2025 a historic $233 million investment from the Trump administration to stabilize and modernize rural health care delivery throughout Montana. Awarded by the Centers for Medicare & Medicaid Services' (CMS) Rural Health Transformation Program (RHTP), these funds will support Montana's rural health care providers in delivering sustainable, high-quality affordable care.

This investment reflects the first-year award of a five-year federal grant program, with Montana currently set to receive up to $1.2 billion over the life of the program.

The announcement follows the underlined successful approval of Montana's application to CMS, which was submitted by DPHHS in November 2025. The state received the fourth-highest funding award among all 50 states, signaling the quality and strength of Montana's application.

First RHTP Stakeholder Advisory Committee meeting

The RHTP Stakeholder Advisory Committee was established to provide guidance to DPHHS to support effective implementation of the RHTP initiatives. The committee's first meeting is Thursday, Jan. 22, from 10 am to 4 pm at Montana State University (MSU) in Bozeman.

This session will focus on project goals and gathering public feedback. However, no funding decisions will be made. While open to the public, some portions of the meeting will be closed.

Collapse Menu

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*Email Address [_____]

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Montana's Application

- RHTP Plan
- RHTP Project Summary

Resources

- RHTP Five Core Initiatives
- Rural Health Transformation Program legislative presentation, Jan. 13, 2026
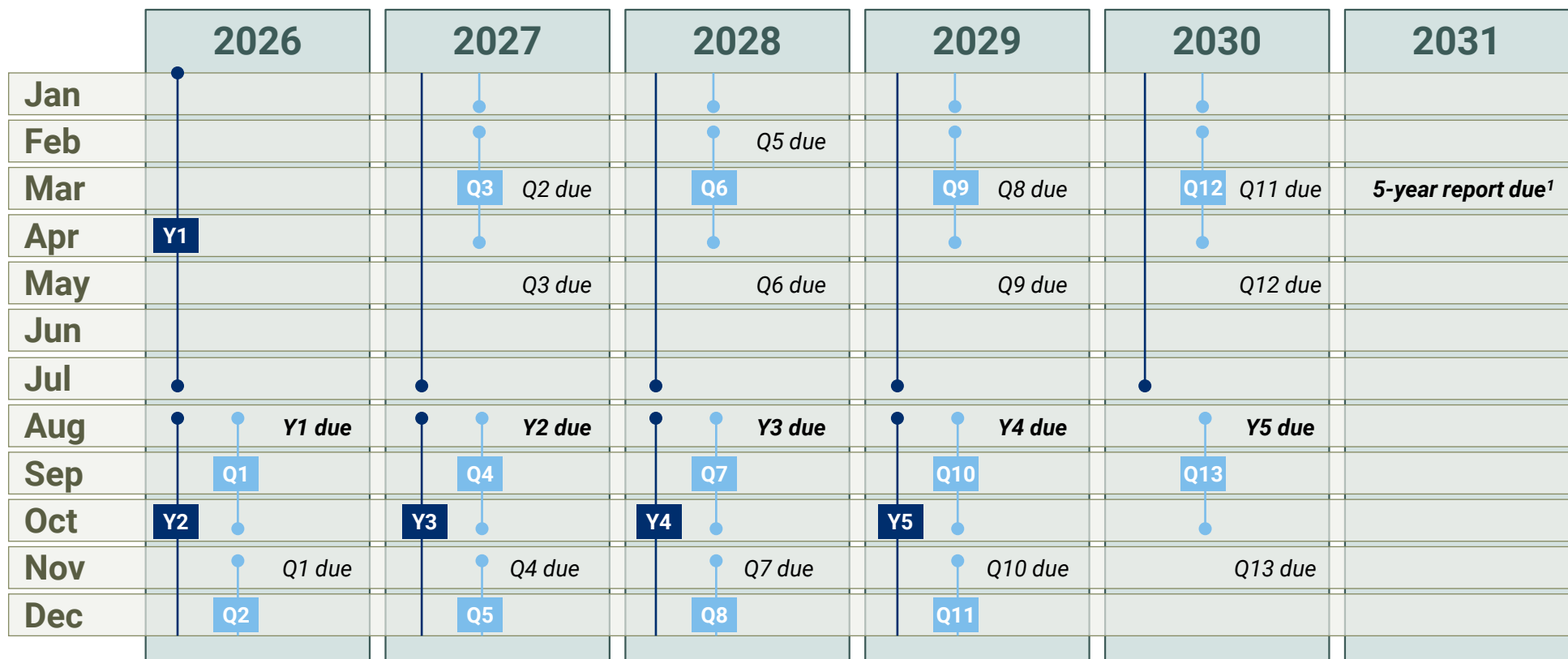
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Required annual and quarterly reporting to CMS

Requirements include an **annual report** due July and **quarterly reports** (May-Jul performance captured in annual reports)

Montana's future funding will depend on **quality and speed of year one implementation**

Illustrative reporting requirements calendar

Y# Annual reporting period **Q#** Quarterly reporting period

	2026	2027	2028	2029	2030	2031
Jan						
Feb			Q5 due			
Mar		Q3 Q2 due	Q6	Q9 Q8 due	Q12 Q11 due	*5-year report due[1]*
Apr	Y1					
May		Q3 due	Q6 due	Q9 due	Q12 due	
Jun						
Jul						
Aug	*Y1 due*	*Y2 due*	*Y3 due*	*Y4 due*	*Y5 due*	
Sep	Q1	Q4	Q7	Q10	Q13	
Oct	Y2	Y3	Y4	Y5		
Nov	Q1 due	Q4 due	Q7 due	Q10 due	Q13 due	
Dec	Q2	Q5	Q8	Q11		

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Committee Charter

Stakeholder Advisory Committee Charter

Our charter covers the **essential mechanics and purpose** of the Stakeholder Advisory Committee:

- **Establishes** the Stakeholder Advisory Committee as a **non-voting advisory body** to RHTP leadership

- Confirms the Committee will provide **cross-initiative guidance** spanning workforce, access, community health, and technology

- Designates the MORH as **convener**, with DPHHS responsible for incorporating feedback

- Commits to **biannual meetings** and ongoing **two-way communication** with stakeholder networks

The full charter will be accessible on the ruralhealth.mt.gov after this meeting.

Montana's RHTP Initiatives

Montana is committed to five RHTP initiatives

The $233M CMS award must be used to support the five initiatives outlined in Montana's original application:

1. Develop **workforce** through recruitment, training, and retention

2. Ensure **rural facility sustainability** and access through partnerships and restructuring

3. Launch **innovative care** delivery and payment models

4. Invest in **community health and preventive** infrastructure

5. Deploy modern health care **technologies** to guide rural health interventions

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Initiative 1: Develop workforce through recruitment, training, and retention

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

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Initiative 1 Deep Dive: Activities for Annual Report #1

PENDING BUDGET AND CONTRACT APPROVAL BY CMS

Sub-initiative	Example activities in first 6 months after RHTP funding is received
Increasing recruitment of rural health care workers	• Conduct **stakeholder engagement** sessions • Identify **10 initial schools** for expansion of Career and Technical Student Associations • Stand up pilot for **registered pre-apprenticeship programs** in select rural communities • Begin design phase and content creation for **workforce attraction campaign** • Develop structure, award, and logistics for **scholarship program** • Roll out **HELP-Link expansion** to train first set of 700 participants
Expanding rural clinical training capacity and opportunities	• Engage academic institutions, hospitals, WAMMI program and AHEC to identify feasible **expansion sites for trainings**, and initiate design work • Initiate agreements with in-state programs to **add new residency slots** for FY 2027 intake • Identify and onboard first wave of **preceptors**, delivering initial training sessions and incentive payments
Retaining and upskilling rural health care workforce	• Conduct **stakeholder engagement** sessions • Launch **rural provider support program** and announce **relocation assistance funds** • Identify 3-5 'welcome communities' to pilot **personalized relocation support** • Begin design of provider **wellness toolkit**, **behavioral health curriculum** for rural providers, **peer support** pilot, and **wellness & resilience network** • Begin initial phase of expanding **Rural Health Clinic Network** • Roll out first virtual training modules (e.g., for team-based care, chronic disease management, and telehealth integration)

Initiative 1 Deep Dive: Metrics to Track Progress

Metric	Baseline	Target
Ratio of NPs per 100,000 people in rural counties	76.6 per 100k	5% increase annually From FY 2027-FY2031
Ratio of physicians per 100,000 people in rural counties	89.2 per 100k	
Ratio of RNs per 100,000 people in rural counties	860.9 per 100k	
Ratio of dental hygienists per 100,000 people in rural counties	90.7 per 100k	
Ratio of EMTs per 100,000 people in rural counties	115 per 100k	
Ratio of PAs per 100,000 people in rural counties	70.6 per 100k	
Rate of position turnover in healthcare, statewide	TBD	TBD
Metric of provider mental health, details to be determined	TBD	TBD

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406 JOBS
Modernizing Montana's Workforce

Year One Priority Initiatives

- Increase Registered Apprenticeship Pathways
- Prepare Workforce for Artificial Intelligence and Automation Opportunities
- Establish Local Sector Partnerships in High Demand Sectors
- Address Child Care Shortage to Enable Labor Force Growth
- Reduce Barriers to Employment Through Disability Empowerment

- Highlight Military Service and Support Veteran Transitions
- Establish Office of Reentry Programs
- Launch Statewide Credential Registry
- Modernize Career Exploration Tools
- Expand Jobs for Montana Graduates & Empowered Sites
- Tell the Story of Workforce in Montana
- Improve System Leadership, Coordination, & Communication

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Initiative 2: Ensure rural facility financial sustainability and access through partnerships and restructuring

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

- **Advising 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 statewide, including virtual care for stroke and mental health, 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

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Initiative 2 Deep Dive: Activities for Annual Report #1

PENDING BUDGET AND CONTRACT APPROVAL BY CMS

Sub-initiative	Example activities in first 6 months after RHTP funding is received
Launch Montana Rural Health Center of Excellence	• **Initiate procurement** for sub-recipients and other related contractors • Finalize **operating and governance model** for CoE board and contractors and care delivery transformation effort • Begin **data analysis** for rural health profile
Protect and increase access through clinical partnerships	• **Initiate procurement** and finalize oversight model for contractors to support telehealth deployment for rural providers and interfacility transport system • Sign contract amendments with vendor to **expand specialized virtual care** to Montana's rural intellectual and developmental disability population • Identify additional **specialties of focus** for hub-and-spoke telehealth and finalize specific equipment, training or other considerations required • Expand **IDD telehealth service**
Facilitate vendors and shared services for rural facility cost efficiency	• **Initiate procurement** and finalize oversight model for subrecipients to administer vendor facilitation efforts

Initiative 2 Deep Dive: Metrics to Track Progress

Metric	Baseline	Target
Average ED length-of-stay prior to admission or discharge in hours for Montana Trauma Registry records	*3.9 hours*	*5% FFY 2030 10% FFY 2031*
Rural facility operating margin	*-14.48% net margin*	*0%*
Total facility inpatient days divided by staffed beds	39.48%	54% FFY 2030 69% FFY 2031
Percentage of total Medicaid visits conducted via telehealth (at county level)	*2.12%; expansion 2.33%*	*12% FFY 2030 17% FFY 2031*
Percentage of Medicaid spend on outpatient care divided by total Medicaid spend across critical access hospitals	*72.8% of Medicaid spend*	*80%*

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Initiative 3: Launch innovative care delivery and payment models

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 for:

- **Incentivizing value-based care,** transitioning more rural health care providers to value-based care models, which focus on reimbursing for the quality of services rendered

- **Authorizing "Treat in Place,"** empowering EMS to deliver on-site care when feasible to reduce emergency room admissions, along with upgrading ambulances and EMS equipment

- **Expanding rural pharmacy services,** permitting and equipping pharmacists to prescribe medications and offer basic primary care, as well as manage chronic diseases

Initiative 3 Deep Dive: Activities for Annual Report #1

PENDING BUDGET AND CONTRACT APPROVAL BY CMS

Sub-initiative	Example activities in first 6 months after RHTP funding is received
Implement innovative payment models	• **Initiate procurement** and finalize oversight model for contractors offering technical support to primary care clinics and assessing of interventions focused on Dual-eligible members
Modernize Emergency Medical Service (EMS) care model	• **Initiate procurement** and finalize oversight model for contractors to support with emergency medical system efforts (e.g., community paramedicine expansion, emergency dispatch system replacement, ambulance acquisition, and retrofitting) • Begin process to update Administrative Rules of Montana to allow for **reimbursement of Treat no Transport CPT codes** with behavioral health modifiers
Expand access to lower cost care through pharmacists	• Finalize **contract oversight model** for implementing pharmacists point of care testing sites • Draft plan amendment for **pharmacist service coverage adoption**
Expand outpatient services	• **Initiate procurement** and finalize contract oversight model for outpatient service optimization (to provide minor infrastructure renovations for hospitals participating in care delivery restructuring)

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Initiative 3 Deep Dive: Metrics to Track Progress

Metric	Baseline	Target
Average dollar amount spent from Medicaid on Duals (PMPM), all rural counties	*$305 average PMPM*	*Return to baseline*
Yearly average number of individuals with 2 transports to ED (high utilizers) within 60 days divided by total ED encounters	*21.03%; 19.86% Medicaid*	*-5% FFY 2030* *-10% FFY 2031*
Yearly number of uses of Treat no Transport CPT code as percentage of ED encounters, all rural counties	*0%*	*10%*
Percentage of total pharmacists prescribing for Medicaid members, all rural counties	*0%*	*10% FFY 2028* *30% FFY 2030* *50% FFY 2031*
% of Medicaid spend on outpatient care over total Medicaid spend across critical access hospitals, all rural counties	*72.8%*	*80% (7pp increase)*

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Initiative 4: Invest in community health and preventative infrastructure

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

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Initiative 4 Deep Dive: Activities for Annual Report #1

PENDING BUDGET AND CONTRACT APPROVAL BY CMS

Sub-initiative	Example activities in first 6 months after RHTP funding is received
Implement community-based care	• **Initiate subrecipient granting** and finalize grant / contract oversight models for implementing community-based care projects (e.g., school-based care, mobile deployment vans, tribal programs) • Contract with AHEC to **expand "Care for Your Own"** training program • Evaluate **sustainability of pediatric programs** to determine implementation plan and programs to move forward
Update rural health care infrastructure	• **Initiate procurement** to identify contractors for implementing health care infrastructure updates for critical repairs in rural and tribal communities (e.g., crisis safe space build outs, minor repairs)
Invest in healthy lifestyles	• Begin initial planning for **stakeholder convenings** to design grant guidelines and criteria

Initiative 4 Deep Dive: Metrics to Track Progress

Metric	Baseline	Target
Number of crisis safe spaces, according to SAMHSA definition	*1*	*2 FY 2028* *11 FY 2031*
Percentage of children who receive a well-child visit in the first 30 months of life (W30-CH), all rural counties	*TBD*	*TBD*
% of those with A1c less than 8% out of all non-excluded individuals between 18 and 75 with type 1 or 2 diabetes	*37.8%;* *27.31% Medicaid*	*+5% FY 2030* *+10% FY 2031*
% of those with BP less than 140/90 mmHg out of all non-excluded individuals between 18 and 85 with hypertension	*36.75%;* *29.74% Medicaid*	*+5% FY 2030* *+10% FY 2031*
% of adult population with BMI>30, all rural counties and county specific	*TBD*	*TBD*
Behavioral health ED admissions per 1,000 in counties with implemented crisis safe spaces, all rural counties	*50.61 per 100K*	*-3% FY 2028* *-6% FY 2031*
Deaths by suicide per 100,000 total population, all rural counties	*26.2 per 100K*	*-10% FY 2031*
Prevalence of students reporting mental health and related risk behaviors	*43%*	*10% reduction*
Number of Community Health / Aide Practitioners, all rural counties	*0*	*200*

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Initiative 5: Upgrade health care technology to coordinate and improve care

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

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Initiative 5 Deep Dive: Activities for Annual Report #1

PENDING BUDGET AND CONTRACT APPROVAL BY CMS

Sub-initiative	Example activities in first 6 months after RHTP funding is received
Improve data usability and population health interventions	• *Cross-cutting:* **Convene representatives** from hospitals (including CAHs), FQHCs, behavioral health providers, EMS organizations, DPHHS (DMO, ORDA), and BSCC to formalize program model; map current **provider workflows and data pain points**; evaluate **data quality** components • *HIE:* Identify and prioritize **use cases and tools of interest**; begin to define **technical and functional requirements & user journeys** for 2-3 tools (e.g., bed registry, ED dashboard) • *PHM:* Define programs to evaluate and population health **analytics outputs of interest**
Modernize EHRs for rural providers	• Convene representatives from larger health systems, tribal organizations, and rural providers to **design community-connect regional hub model** (opt-in structure) • Complete **EHR readiness assessment** of rural, tribal, and frontier facilities; identify non-HITECH systems • Begin designing **grant management approach** including eligibility criteria (e.g., HIE data-sharing) for provider incentives

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Initiative 5 Deep Dive: Metrics to Track Progress

Metric	Baseline	Target
Average wait time for behavioral health bed placements across non-State facilities	*TBD*	*TBD*
Percentage of rural facilities and clinics participating in HIE	*73% hospitals* *43% other providers*	*95% hospitals* *75% other providers*
Percentage of rural sites connected with HITECH-certified EHRs	*88%*	*95%*
Rural facility operating margin	*-14.48%*	*0%*

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Questions?

Lunch

Welcome Back

Initiative breakout groups

Please check your nametag to see which 2 breakout rooms you will be joining

Breakout group prompting questions

- What makes you excited about this initiative?
- What is essential for the successful implementation of this initiative and who are critical stakeholders to engage?
- What challenges or concerns do you foresee in implementing this initiative and its related programs?
- How do we ensure this initiative meaningfully benefits the most rural and frontier communities?
- How can we ensure the initiative's impact is sustained beyond the funding period?

Plenary session readout

Public comment period

Conclusion

Thank you for an excellent first Stakeholder Advisory Committee meeting

What we covered

- Purpose and role of the Stakeholder Advisory Committee
- RHTP overview, award announcement, and governance approach
- Review of the Committee Charter
- 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