# Rural Health Transformation Program (RHTP) Vendor Fair

March 11, 2026

**MONTANA DPHHS**
DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

# Agenda

**RHTP Program Overview**

RHTP Procurement Plans

RHTP Wave 1 Procurement Detail

Resources and next steps

Vendor Q&A

# Vendor Registration

Instructions for prospective vendors, including registration links for our procurement portal, eMACS, can be found at:

https://dphhs.mt.gov/RuralHealthTransformationProgram/InformationforVendors

We will take questions on procurement processes at the end of this presentation.

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# Vision

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.

# Montana Received The Fourth Highest RHTP Funding Award Among All 50 States

- On December 29, 2025, CMS announced that **Montana will receive ~$233M** for the first year of the five-year Rural Health Transformation Program.

  - **Montana received the fourth-largest award**, behind Texas, Alaska, and California.

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

- On February 19, 2026, CMS announced a **Notice of Award** for RHTP and **released Year One funding.**

Source: Montana CMS RHTP Notice of Award

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# Montana Is Committed To Five RHTP Initiatives

**The $233M CMS award for Year One 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

Source: Montana C M S RHTP Project Narrative

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# RHTP Procurement Process Overview

| Method | Process |
| --- | --- |
| Requests for Proposals (RFPs) | • bids.mt.gov<br>• submit proposals through electronic Montana Acquisition and Contracting System (eMACS) |
| DPHHS administered grants | • Application process will run through Submittable<br>• Opportunities will be posted on the DPHHS RHTP website |

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# RHTP Procurement Process Tips

- Visit the Information for Vendors website and review the FAQ document and Interested Vendor Checklist to be prepared for future procurements.

- Once you are registered in eMACS, select the RHTP-specific commodity code.
  - o 2620 − Health Related − Rural Health Transformation Program
  - o All RHTP-related procurements will utilize this commodity code

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# Disclaimers

All plans presented here are preliminary and subject to change based on CMS guidance and program needs. DPHHS is committed to providing the public, including potential offerors, with fair lead time to prepare procurement responses. The latest information will always be posted on the **RHTP website**, including available procurement opportunities.

Primary contractors may choose to engage **subrecipients.** All recipients of RHTP funding, regardless of contract mechanism, are subject to **federal RHTP financial and program guidelines;** for example, the inclusion of Stevens Amendment language in all communications, and required review by CMS of all public-facing communications at least 48 hours prior to publication. DPHHS will work with partners to ensure understanding and compliance with these requirements.

All goods and services funded by RHTP must benefit **residents of rural communities,** broadly defined as residents of the 51 counties falling within HRSA's definition of rurality.[1] DPHHS will work with implementing partners to define appropriate operational and funding guidelines to ensure resources are channeled towards rural communities.

This presentation **is supported by the Centers for Medicare & Medicaid Services (CMS)** of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $233,509,358.76 for FFY26, with 100% funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CMS/HHS, or the U.S. Government.

Once an RFP is released, all communication on that RFP must be directed through the single point of contact designated for the procurement.

1. Beaverhead, Big Horn, Blaine, Broadwater, Carbon, Carter, Chouteau, Custer, Daniels, Dawson, Deer Lodge, Fallon, Fergus, Flathead, Garfield, Glacier, Golden Valley, Granite, Hill, Jefferson, Judith Basin, Lake, Liberty, Lincoln, Madison, McCone, Meagher, Mineral, Musselshell, Park, Petroleum, Phillips, Pondera, Powder River, Powell, Prairie, Ravalli, Richland, Roosevelt, Rosebud, Sanders, Sheridan, Silver Bow, Stillwater, Sweet Grass, Teton, Toole, Treasure, Valley, Wheatland, Wibaux

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# RHTP funding and procurement overview

- DPHHS plans to release:
  - **~8** competitive procurements, all by September 2026 (*for primary contractors; does not include sub-recipient opportunities*)
  - **~5** grant programs, 4 by September 2026
- DPHHS will directly manage select programs totaling **$27M** (12% of funding total) in RHTP Year One: community paramedicine, pre-hospital blood administration, and electronic health record (EHR) modernization
- Remaining funds cover programs managed by **vendors,** to provide resources/services to end recipients in rural communities

# Planned Procurements By Sub-Initiative[1]

Planned March 2026 release; detail follows  ·  Planned release by September 2026  ·  Planned procurement, future years

| Sub-initiative | Planned RFPs | Planned grant programs |
|---|---|---|
| 1.1 Recruitment | D Talent attraction | |
| 1.2 Clinical training capacity | | |
| 1.3 Workforce retention & upskilling | | |
| 2.1 Rural Health CoE | A CoE implementation · B CoE strategy & analytics | |
| 2.2 Clinical partnerships | Interfacility transport, telemedicine* | |
| 2.3 Shared services | Shared services | |
| 3.1 Innovative payment models | Duals care (RFI) | |
| 3.2 EMS modernization | EMD system[3] · EMS infrastructure | Community paramedicine · Blood storage |
| 3.3 Care access through pharmacists | | Point of care testing grants |
| 3.4 Ambulatory svc. optimization | Outpatient expansion | |
| 4.1 Community-based care | Mobile care vans · C School-based care · Tribal awards | |
| 4.2 Health infra. updates | Facility repairs, crisis safe spaces | |
| 4.3 Healthy lifestyles | | Community nutrition grants |
| 5.1 Data usability | PHM interventions[2] | |
| 5.2 EHR modernization | | EHR modernization grants |

1. Represents open procurements only; excludes intergovernmental agreements, sole source procurements, and existing contract amendments; excludes sub-recipient opportunities that may be offered by primary recipients sourced from procurements listed here | 2. Population Health Management | 3. Emergency Medical Dispatch

# Planned Procurements By Sub-Initiative: Additional Descriptions[1]

■ Planned March 2026 release  ■ Planned release by September 2026  ■ Planned procurement, future years

| Type | | Opportunity | Purpose of funding |
|------|------|------------|-------------------|
| **RFP** | 1.1 | Talent attraction | Develop a statewide health care **workforce talent attraction campaign** to recruit new providers to rural Montana |
| | 2.1 | CoE implementation | Centrally coordinate **provider-facing RHTP programs** and provide high-touch technical support to rural facilities |
| | 2.1 | CoE strategy & analytics | Create facility and county-level **recommendations for restructuring service lines** to match projected CoE demand |
| | 4.1 | School-based care | Assess provider capacity, select sites, and facilitate **site buildouts** including renovations, training, billing setup |
| | 3.2 | EMD system | Develop and integrate new statewide **emergency medical dispatch system** across public safety answering points |
| | 3.2 | EMS infrastructure | Coordinate **acquisition and retrofitting of ambulances** and other critical EMS infrastructure across rural agencies |
| | 4.1 | Tribal awards | Conduct needs assessments; support planning and disburse funding for **tribal CHAP and other training** programs |
| **RFI** | 3.1 | Duals care | Propose **integrated care models** for individuals dually eligible for Medicare and Medicaid |
| **Grant programs** | 3.2 | Community paramedicine | Fund sites to **train community paramedics** to provide in-home clinical evaluations, chronic disease management, and behavioral health interventions |
| | 3.2 | Blood storage | Fund EMS agencies' startup costs for **blood storage equipment** and placement into ambulances serving rural communities |
| | 3.3 | Point of care testing grants | Fund pharmacies' **startup costs for point-of-care testing**, incl. for medical equipment and rapid diagnostic tests |
| | 4.3 | Community nutrition grants | Fund community-submitted projects to **create community spaces** promoting nutrition and healthy lifestyles |
| | 5.1 | EHR modernization grants | Three pools of funding available:<br>• To establish **regional hubs** with larger health systems extending EHR access to rural providers (e.g., via community connect), including onboarding, training, and ongoing technical assistance for rural providers<br>• For rural providers opting out of hub model to upgrade to **HITECH-certified EHR platforms,** with funds subsidizing new platform purchases and implementation costs<br>• To activate **consumer-facing EHR modules** for nutrition, disease prevention, and chronic disease management |

1. Represents open procurements only; excludes intergovernmental agreements, sole source, and existing contract amendments; excludes sub-recipient opportunities that may be offered by primary recipients

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# Planned RHTP Funding Opportunities By End Recipient[1]

PRELIMINARY; SUBJECT TO CHANGE BASED ON CMS APPROVAL AND PROGRAM NEEDS    ☐ Funding starts in 2026    ☐ Funding starts in future years    ■ Program to be managed by DPHHS (vs. vendor / subrecipient)

| | Provider organizations | Healthcare trainees / professionals | Community groups / other orgs. |
|---|---|---|---|
| 1.1 Recruitment | | Professional training support | |
| 1.2 Clinical training capacity | Preceptor incentives and support | Supportive services for workforce | |
| 1.3 Workforce retention & upskilling | | RHCN participation support[2] | RHCN participation support[2] |
| 2.1 Rural Health CoE | CoE payments[3] | | |
| 2.2 Clinical partnerships | Telehealth capability development | | |
| 2.3 Shared services | | | |
| 3.1 Innovative payment models | | | |
| 3.2 EMS modernization | | | EMS infra   ■ Community paramedicine, blood storage |
| 3.3 Care access through pharmacists | ■ Point-of-care-testing startup | | |
| 3.4 Ambulatory svc. optimization | Outpatient expansion renovations | | |
| 4.1 Community-based care | Mobile care vans | Tribal training support – CHAP, Caring For Our Own[4] | Tribal CHAP startup[4] |
| 4.2 Health infra. updates | Critical repairs, crisis safe space buildouts | | |
| 4.3 Healthy lifestyles | | | ■ Community nutrition grants |
| 5.1 Data usability | PHM intervention pilots[5] | | |
| 5.2 EHR modernization | ■ EHR modernization | | |

1. Immediate cash recipients from the State, not to be conflated with end beneficiaries; excludes intermediaries/service providers (including vendors procured through RFPs listed on prior page) | 2. Rural Health Care Network | 3. Year One payments to fund costs of Rural Health Center of Excellence program entry (e.g., data preparation) and targeted services to improve rural health outcomes/access; payments in future years to be tied to implementation of CoE recommendations for financial sustainability | 4. Community Health Aide Program | 5. Population Health Management

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# Planned RHTP Funding Opportunities By End Recipient: Additional Descriptions[1]

PRELIMINARY; SUBJECT TO CHANGE BASED ON CMS APPROVAL AND PROGRAM NEEDS   ▢ Funding starts in 2026   ▢ Funding starts in future years

| Recipient | | Opportunity | Purpose of funding |
|---|---|---|---|
| **Provider organizations** | 1.2 | Preceptor incentives and support | Offer financial incentives and training to attract and increase the capacity of qualified preceptors and mentors |
| | 2.1 | CoE payments | Fund costs of CoE program entry (e.g., data preparation) and targeted svcs. to improve outcomes / access |
| | 2.2 | Telehealth capability development | Fund teleservice equipment, provider onboarding, training, and upfront technology costs (where needed) |
| | 3.3 | Point-of-care-testing startup | Cover startup costs for pharmacist point-of-care testing, incl. for medical equipment and rapid diagnostic tests |
| | 3.4 | Outpatient expansion renovations | Renovate existing infrastructure and invest in outpatient equipment to restructure outpatient capacity[3] |
| | 4.1 | Mobile care vans | Purchase and equip mobile care vans to deliver preventive services, screenings, and immunizations |
| | 4.2 | Critical repairs, crisis safe space buildouts | Invest in critical repairs and tech to improve rural facility efficiency; set up crisis safe spaces at targeted facilities |
| | 5.1 | PHM intervention pilots[5] | Pilot population health management interventions as identified through HIE-facilitated population health analysis |
| | 5.2 | EHR modernization | Extend EHR access through community connect hubs or standalone subsidies; fund activation of consumer-facing nutrition and chronic disease management EHR modules |
| **Healthcare trainees / professionals** | 1.1 | Professional training support | Fund technical instruction for HCPs, including MDs, NPs, PAs, RNs, dental hygienists, midwives, EMTs |
| | 1.2 | Supportive services for workforce | Provide time-bound relocation assistance and wellness & resilience programs for HCPs in rural communities |
| | 1.3 | RHCN participation support[2] | Offer stipends for Rural Health Care leadership to attend national conferences |
| | 4.1 | Tribal CHAP training support[4] | Offset training costs for CHAP participants |
| | 4.1 | Tribal "Caring For Our Own" Program | Offset training costs for American Indian nursing students |
| **Community groups / other orgs.** | 1.3 | RHCN participation support[2] | Expand RHCN programming, including educational webinars, hosting conferences, and provide cohort trainings |
| | 3.2 | EMS infra., community paramedicine, blood storage | Fund EMS infrastructure upgrades, ambulance blood storage equipment, and community paramedic training for in-home care services |
| | 4.1 | Tribal CHAP startup[4] | Cover initial training and development costs for CHAP |
| | 4.3 | Community nutrition grants | Create high-impact community spaces promoting nutrition and healthy lifestyles |

1. Immediate cash recipients from the State, not to be conflated with end beneficiaries; excludes intermediaries/service providers (including vendors procured through RFPs listed on prior page) | 2. Rural Health Care Network | 3. In line with CoE recommendations to improve rural facility financial sustainability and community health access | 4. Community Health Aide Program | 5. Population Health Management

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# Overview of Priority Requests For Proposals

| Program | FY26 Budget | RFP launch timeline |
| --- | --- | --- |
| **A** **CoE Analytics** | $11.6M | March 2026 |
| **B** **CoE implementation*** | $105.5M | March 2026 |
| **C** **School based care*** | $5M | March-June 2026 |
| **D** **Talent attraction** | $1.5M | March 2026 |

* Potential for subawards and/or grants

# Center of Excellence: Strategy and Analytics

**A**

**Method of Procurement:** Request for Proposal (eMACS)

**Anticipated RFP Launch:** March 2026

**Contract Performance Timeline:**

- FFY 26 – FFY 28: Begin analysis, develop and finalize facility-level restructuring recommendations

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*Scope of work:*

- **Establish and lead the Montana Rural Health Center of Excellence (CoE) to** analyze rural health care supply and demand and develop strategies for sustainable care delivery and financial stability
- **Support CoE governance** by ensuring stakeholder representation, including independent rural hospitals and Tribal communities, and incorporating cultural considerations into transformation strategies
- **Design rural and frontier health care models** that address challenges such as distance, limited infrastructure, workforce shortages, transportation barriers, and broadband constraints
- **Conduct comprehensive financial and operational diagnostics** to identify drivers of instability and propose efficiency levers, including value-based care models
- **Develop facility- and county-level recommendations** for restructuring inpatient and outpatient services to align with projected demand and achieve persistent positive operating margins beyond the RHTP period
- **Collect, analyze, and report health care, demographic, and financial data**, including creating dashboards for internal and public-facing reporting to stakeholders and the Legislature
- **Facilitate partnerships and engagement** among rural hospitals, rural providers, larger health systems, and community-based organizations, and collaborate closely with the implementation vendor
- **Develop a sustainability plan for data and analytics capacity**, including training, documentation, and handoff to the State upon CoE sunset

# Center of Excellence: Implementation

**Method of Procurement:** Request for Proposal (eMACS)

**Anticipated RFP Launch:** March 2026

**Contract Performance Timeline:**

- FFY 26 – FFY 30

*Possible subawards*

- Telehealth
- Interfacility Transport
- Shared services/GPO Facilitation
- Mobile care vans
- Population health interventions
- Safe spaces

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*Scope of work:*

- **Implement CoE Recommendations**: Provide hands-on support to rural and frontier health care facilities and providers in executing restructuring plans developed by the Center of Excellence (CoE) to achieve financial sustainability and improved access to care
- **Facilitate Shared Services**: Evaluate and enable access to shared back-office functions (e.g., revenue cycle management, procurement, credentialing) and clinical efficiency tools to reduce administrative costs for rural providers
- **Expand Telehealth**: Implement hub-and-spoke telehealth models and pediatric virtual care.
- **Mobile care vans:** Purchase and deploy mobile care vans and related supplies to areas of need to increase access to preventative services
- **Population health interventions:** Based on population health analytics and CoE recommendations, deploy monitoring and evaluation for interventions impacting rural communities
- **Manage Subcontractors**: Develop and maintain a comprehensive subcontractor management and monitoring plan, including oversight, performance tracking, and annual reporting to the State
- **Disburse funds"**: Act as a grant management intermediary to distribute State-approved funds to facilities and providers for implementing CoE recommendations and related initiatives, ensuring compliance and accountability (e.g., outpatient expansion grants)
- **Modernization and Outpatient Expansion**: Provide technical assistance for renovations, technology upgrades, and expansion of outpatient services across diverse facility types, including tribally operated clinics and community-based organizations
- **Interfacility Transport*:** Establish sustainable interfacility patient transport coordination systems for emergent and non-emergent transfers

# School-Based Care

**Method of Procurement:** Request for Proposal (eMACS)

**Anticipated RFP Launch:** March-June 2026

**Contract Performance Timeline:**
- FFY 26 – FFY 27: Initial site identification and provider onboarding
- FFY 27 – FFY 29: Expansion of school-based sites and full rollout of services
- FFY 30 – FFY 31: Sustain operations, monitor outcomes, and complete evaluation

*Possible subawards*
- Primary/dental care equipment
- School site renovations
- Curriculum development and provider training
- Billing infrastructure

*Scope of work:*

- **Expand existing school-based health sites** to include primary care and dental services alongside behavioral health, prioritizing rural and tribal communities
- **Establish new school-based care sites** in high-need rural areas, including facility renovations and equipment procurement
- **Coordinate provider recruitment and onboarding** to ensure adequate coverage for expanded services
- **Develop operational workflows and billing processes** for Medicaid reimbursement to sustain services beyond the grant period
- **Integrate telehealth capabilities** for specialty and behavioral health services where in-person coverage is limited
- **Implement preventive care programs** targeting well-child visits, immunizations, and chronic disease screenings
- **Provide training and technical assistance** for school staff and health providers on care coordination and compliance
- **Monitor and report outcomes** related to access, utilization, and health improvements for students and families

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# D Talent Attraction and Recruitment

**Method of Procurement:** Request for Proposal (eMACS)

**Anticipated RFP Launch:** March 2026

**Contract Performance Timeline:**

- FFY 26 – FFY 27: Content/message development; recruitment strategy; initial implementation
- FFY 27 – FFY 29: Ongoing attraction and recruitment
- FFY 30 – FFY 31: Ongoing attraction and recruitment

***Possible subawards***

- Applicants who cannot provide both attraction and direct recruitment are encouraged to apply with a partner/ collaborator; in the event that a vendor only offers one service, a subaward for the other piece may be made.

*Scope of work:*

- Design and execute a statewide talent attraction and brand campaign highlighting rural and frontier Montana health careers and lifestyle advantages.
- Provide direct recruitment and executive search services for physicians, advanced practice providers, and other high-need roles for participating facilities and targeted hiring events.
- Increase the volume and quality of candidate pipelines specifically interested in rural and frontier practice.
- Support long term retention in the State of Montana by aligning recruitment messages with community integration, loan repayment, and other incentive programs already in place or under development as a part of Montana's Rural Health Transformation grant.

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# Resources and next steps

**Resources available**

1. RHTP website & FAQ: ruralhealth.mt.gov
2. Webinar recording and materials (to be posted on our website after this session)
3. Vendor Preparation Checklist

**Next steps**

1. Register as a vendor in eMACS, if not already registered
2. Review selected Commodity Codes to ensure you are notified of relevant opportunities (**RHTP Commodity Code = 2620**)

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# Conclusion