

Innovative rural health delivery models to improve access, quality, and sustainability - \$50 Billion (FY 2026-2030)

Funds will be divided into two main categories:

- Equally to Approved States: Half of the total funding will be distributed equally among all states that successfully apply and receive approval. (\$100M/yr x 5 yrs)
- Based on State Performance: The remaining \$25 billion will be distributed based on a state's specific rural characteristics and the quality of their proposed plans.

Timeline:

- State applications are due to CMS by November 5, 2025.
- WDH is seeking proposals from state associations due October 10, 2025



Factors for Distribution of Performance-Based Funding

Performance-based half is allocated based on several factors, including:

- State-Proposed Initiatives: A qualitative review of the initiatives a state plans to fund through the program.
- State Progress: A state's progress in implementing its plan in subsequent years.
- Rural Population & Facilities: The number of rural residents and rural health facilities in the state.
- State Policies: Whether a state has adopted or committed to certain policies relevant to rural health.

Proposals must detail how states will invest in at least three priority areas:

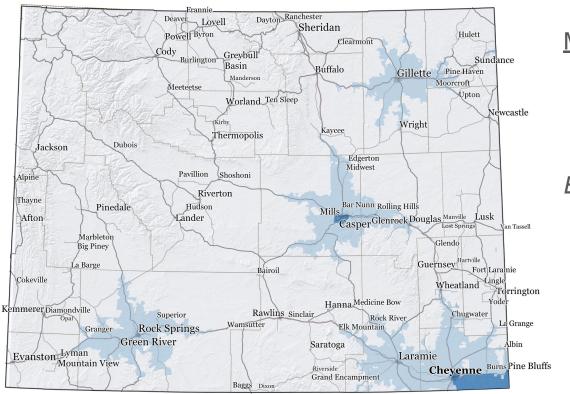
- Prevention and chronic disease initiatives
- Payments to healthcare providers
- Clinical workforce recruitment and retention

Funding Priorities: Proposals must detail how they will:

- Stabilize and strengthen rural hospitals and providers
- Recruit and train healthcare workers
- Invest in new technology and infrastructure
- Improve access to mental health and opioid use disorder treatment
- Promote preventive care and chronic disease management



Rural will be defined using HRSA FOHP definition applied to 2020 Decennial census tracts. Frontier will be defined using FAR2 area codes from USDA based on 2010



Map shows:

- Dark blue = urban
- Light blue = Rural

Everything else = Frontier



Permissible Uses of Funds: part 1

Permissible Use of Funds	Notable Parameters
Prevention and Chronic Disease: Implementing evidence-	
based, measurable interventions to improve prevention	
and chronic disease management.	Chatan many man around many them
Provider Payments: Supporting payments to providers	States may not spend more than
for delivering healthcare services that fill a gap in care coverage (e.g., uncompensated care).	15% of the funding they receive on this initiative category in a given
coverage (e.g., uncompensated care).	budget period.
Consumer Technology Solutions: Expanding consumer-	
facing, technology-driven tools for chronic disease	
prevention and management.	
Training and Technical Assistance: Building capacity for	
adoption of technology-enabled solutions in rural	
hospitals.	
Workforce: Recruiting and retaining clinicians in rural areas, with a minimum five-year service commitment.	
IT Advances: Upgrading information technology at rural	States may not spend more than 5%
health facilities to improve efficiency and health	of awarded funding in a given
outcomes.	budget period on electronic medical
	record (EMR) upgrades if a previous
	Health Information Technology for
	Economic and Clinical Health
	(HITECH) Act certified EMR system
	was in place as of September 1,
	2025. In addition, state spending on
	initiatives similar to the "Rural Tech



Permissible Uses of Funds: part 2

Permissible Use of Funds	Notable Parameters
	Catalyst Fund Initiative" ² cannot exceed the lesser of 10% or \$20 million per budget period.
Right-Sizing Care Availability: Helping rural	The state of the s
communities align healthcare service lines (preventive,	
ambulatory, emergency, inpatient, post-acute) with community needs.	
Behavioral Health: Expanding access to opioid-use	
disorder treatment, other substance-use disorder	
services, and mental healthcare.	
Innovative Care Models: Supporting value-based care,	
alternative payment models, and other innovative	
delivery arrangements.	
Capital Expenditures and Infrastructure: Investing in	States may not spend more than
facility upgrades, minor renovations, and equipment to	20% of the funding they receive on
ensure sustainable operations.	this initiative category in a given budget period.
Community Collaboration: Fostering partnerships	Initiatives should fund both rural
between rural facilities and other providers to	providers and other participating
strengthen quality, financial stability, and access. ³	providers (e.g. academic medical
	centers or other tertiary providers);
	programs should also avoid models
	aimed solely at increasing referrals
	to tertiary providers



WMS: Stakeholder proposal

In 5 pages or less: How will your organizations solution strengthen and sustain Wyoming's rural health care infrastructure?

- 1.) WHAT is the problem you want to solve?
- 2.) HOW do you know it is a problem?
- 3.) HOW does your proposal address the problem?
- 4.) Summary of costs
- 5.) Proposed timeline for incurring those costs



WMS: Stakeholder proposal

Categorize each solution into the following categories:

- Emergencies what challenges are at crisis level?
- Needs which are important/immediate?
- Innovations creative solutions
- Wants meaningful opportunities

*Initiatives that require significant development time or ongoing financial support are not likely to be funded in this application

*The final application will be approved by the Governor and appropriated by the WY legislature



Priority Categories for WMS and our Members

Final proposal from WMS will categorize funding ideas within large focus areas:

- Maternal Health
- Behavioral Health
- Healthcare Professional pipeline
- Primary care infrastructure and support

Examples of proposals received thus far:

- Expanded RTT seat, potentially Buffalo
- Endowment of funds to sustain healthcare into the future
- Pharmacy direct dispensing infrastructure establishment for independent clinics
- Graduate Medical Education Council



Links to more information

Grants.gov site

CMS Priorities

Wyoming's Rural facilities

WDH RHT Website

