

Rural Health Transformation Program Statewide Coordinating Council 9/16/26

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Agenda



RHTP Overview

Maine's RHTP Team & Structure

Rural Health Transformation Program Background



Early Success & Challenges



Maine RHTP Initiative Review

Population Health, Workforce, Innovation & Technology, Access & Sustainability

Provider Funding Opportunities



Discussion / Decision Points

Envisioning Regional Rural Health Ecosystem Planning

RHTP Team

RHTP Core Team

Director – [Kristen McAuley](#)

Deputy Director – [Laura Beaumont](#)

AD Budget & Compliance – [Tyler Backus](#)

AD Data & Evaluation – [Debbie Bryant](#)

Initiative Leads:

- Population Health– [Eve Allen](#)
- Technology & Innovation– [Annie Arnzen](#)
- Workforce– [Leigh Arsenault](#)
- Access – [Hailey James](#)
- Sustainability – [Ann Mukherjee](#)

RHTP Extended Team

AOR / DHHS Director of Program

Implementation – [Margaret Reynolds](#)

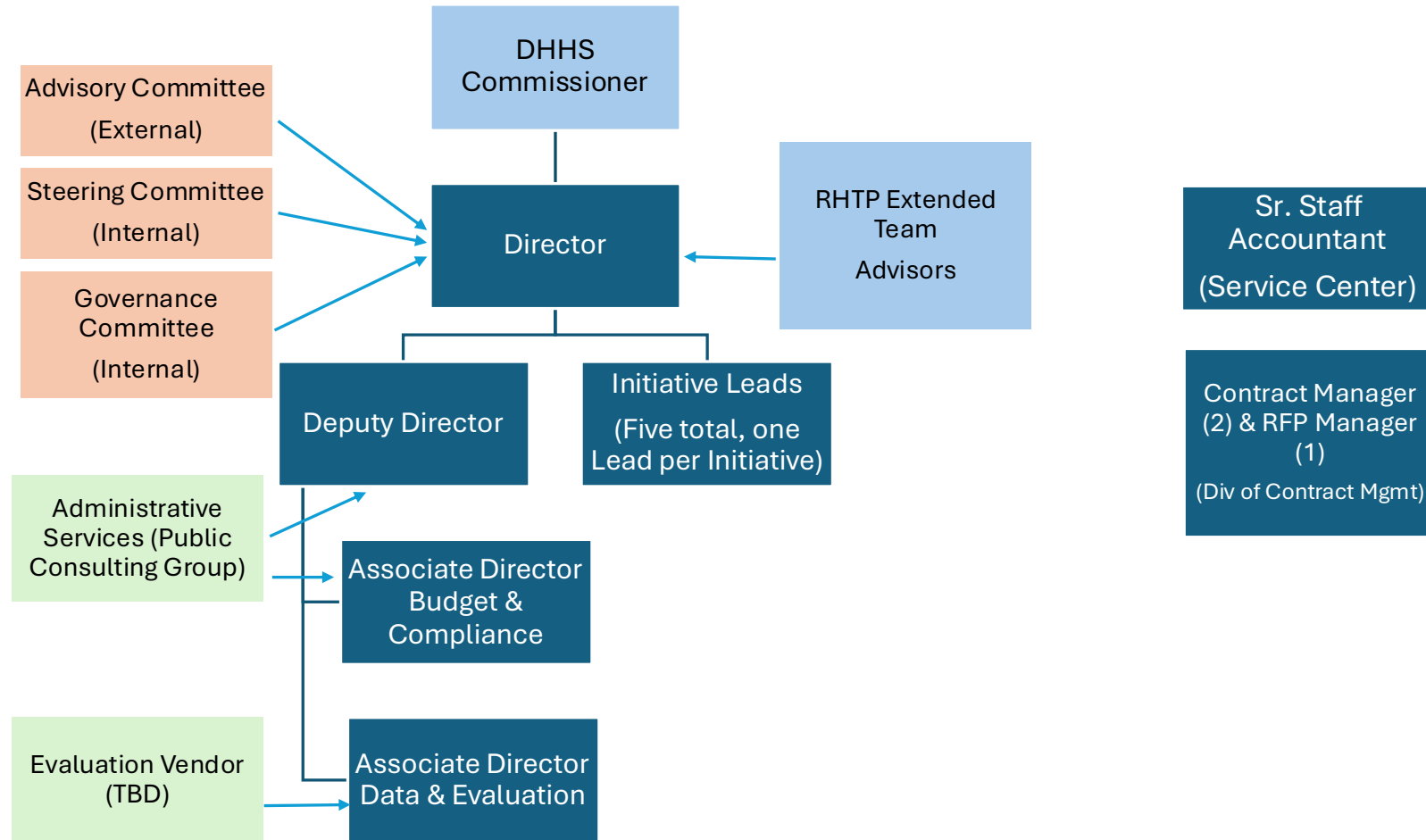
Senior Advisor – [Lisa Letourneau](#)

Senior Advisor – [Abby Stivers](#)

Senior Advisor – [Andrew Eppich](#)

Senior Advisor – [Ben Mann](#)

Maine RHTP Administrative Infrastructure



Rural Health Transformation Program

Creation

- Federal H.R. 1 enacted in July 2025; will result in many high-impact changes to health care coverage
- RHTP included in H.R. 1 as federal initiative to bolster rural health

RHTP Funding

- Total of \$50B over 5 years (2026-2030)
- Program managed by US Centers for Medicare & Medicaid Services (CMS)
- Two-part funding allocation
 - Part 1: \$25B allocated evenly across all states (\$100M min per state each year)
 - Part 2: \$25B allocated differentially to states based on rurality and CMS' scoring of proposals
- RHTP funds must be used quickly, with states expected to demonstrate results
 - States must use funds by end of 2nd fiscal year after funds distributed (i.e. Yr 1 funds by Sept 30, 2027)
 - Unused funds within stated time limits will be redistributed to other states

Performance Goals

- **Living Healthier Lives:**

- *ME RHTP Metric:* Improve rates of well-controlled blood pressure (BP) among individuals in rural areas with high BP

- **Improve Quality of Healthcare Delivered:**

- *ME RHTP Metric:* Reduce 30-day all-cause readmission rate

- **Getting Care When Mainers Need It:**

- *ME RHTP Metric:* Decrease non-financial barriers to care

- **Increase Durability of Rural Care Options:**

- *ME RHTP Metric:* Improve financial health of rural hospitals

Early Successes & Challenges

Successes

- As part of the YR1 report that will accompany the YR2 application, “launch” and “early implementation” will be documented across all Initiatives. These checkpoints are an integral part of rescoring, which will influence YR2 award.
- “Consolidated Partner” contracts have allowed for a strategic approach in areas that benefitted from additional planning time and decreased contracting burden.
- Three “Provider Funding Opportunities” – totaling nearly \$90M – were successfully released to eligible providers.

Challenges

- Hiring has been prolonged, and as result, team has required continued assistance from ad hoc advisors within Commissioner’s Office.
- Contracting, which includes MOUs with other Departments, has been a considerable lift. The number of contracts and the associated time exceed what was initially projected based on the nuances of larger projects.
- These challenges are not unique to RHTP or to Maine but have taken significant time to navigate.

Initiative 1: Population Health

Adopt and expand proven population health solutions that promote timely access to high-quality preventive, primary, chronic, and specialty care across the lifespan

Activities:

- Expand Alternative Sites of Care:
 - Maine Mobile Health - \$625K
 - School Based Health Centers - \$1.7M (multiple providers)
 - Certified Community Behavioral Health Centers (CCBHCs)- \$3.6M (multiple providers)
- Deploy Evidence Based Practices: University of New England (Consolidated Partner Contract) - \$7.4M
 - YR1 Projects: Hospital to Home in partnership with Area Agencies on Aging; Maine Prevention Network Community Hubs
- Strengthen Rural Maine's Nutrition Education Infrastructure: University of New England - \$5M
- Expand Community Paramedicine Programs: Dept Public Safety / Emergency Management Services - \$5.5M
- Expand Community Health Worker & Peer Support Programs
 - CHW: University of New England (Consolidated Partner Contract) - \$4.5M & Medical Care Development - \$470K
 - Peer Support Programs: Sweetser - \$950K & Healthy Acadia - \$930K
- Support Access to Mental Health & SUD Support: Wabanaki Public Health & Wellness - \$1.4M

Initiative 2: Workforce

Grow Maine's rural health care workforce across continuum of care

Activities:

- Train, recruit, and retain health care clinicians and allied health professionals
 - FAME - \$17.7M
 - Maine Community College System - \$6M
 - Department of Labor - \$1.8M
 - Consortium for Health Education & Training (CHET/MaineHealth) - \$5.5M
- Strengthen local talent pipelines: Department of Education: \$500K
- Develop and deploy a Healthcare Workforce Data Dashboard: \$1M
- Invest in mobile training labs and simulation centers: Comm College System: \$1.5M
- Pilot new models in rural workforce transportation: Department of Transportation: \$1M

Initiative 3: Innovation & Technology

Use innovation and technology to connect every community to advanced care

Activities:

- Enhance Electronic Medical Records systems for Eligible Providers: \$30M
- Expand telehealth services, supports and infrastructure
 - Medical Care Development: \$12.2M (total)
 - Tribal Health Centers: \$790K
 - StationMD: \$500K
 - School Nurse Expansion: \$440K
 - DHHS IT Improvements: \$1M
- Expand use of consumer-facing health technology tools: MCD (included in \$12.2M total)
- Create Rural AI Hub & contract for Rural AI Institute to support providers in adopting AI technologies: MCD (included in \$12.2M total)
- Support data integration and the reliable exchange of data: HealthInfoNet - \$3.5M

Initiatives 4 & 5: Access & Sustainability

Ensure care will be available & affordable: Ensure a sustainable rural health care ecosystem by addressing persistent financial instability facing rural healthcare systems.

Activities:

- Support for Older Adult Volunteer Transportation Infrastructure: University of Maine - \$440K
- Rural Hospital Efficiency Fund: Consolidated Contract- \$35.5M (total with payments to 11 hospitals)
- Regional Health Ecosystem Planning & Implementation: (Included in Consolidated Contract)
- Alternative Payment Model Transitions: \$28.5M direct payments to providers
- Interfacility Non-Emergency Transportation System: Department of Public Safety - \$250K

“Universal Eligibility” for Identifying Providers/Orgs Eligible to Receive ME RHTP Funding

Given need for consistent guidance on eligibility for RHTP funding for all Maine RHTP projects, & recognizing that (1) multiple State Departments and DHHS Offices are managing wide range of RHTP projects & (2) CMS expects RHTP funds to be used to serve rural communities, RHTP Team developed following approach:

- 1. General eligibility:** All relevant Maine providers and organizations are potentially eligible to receive RHTP funds if they meet the following criteria:
 - Be physically located in Maine (EXCEPT for telehealth-only providers)
 - Be in good standing with the Department
 - Serve rural populations (see next slide)

Additionally, for Year 1 Provider Funding Opportunities, providers must also...

- Hold a valid Maine provider license
- Be currently enrolled as a provider in Maine’s Medicaid (MaineCare) program

“Universal Eligibility” for Identifying Providers/Orgs Eligible to Receive ME RHTP Funding

2. Each Maine RHTP project/activity and funding opportunity will be responsible for **defining Eligible Provider Types** for that project/activity/ or funding opportunity
3. Providers serving rural populations must also meet one of following:
 - a. Provider located in one of 12 fully rural counties
 - b. Providers located in partially rural counties that are located in rural census tract as defined by HRSA or USDA
 - c. If neither of above, be identified by State program staff *a priori* as serving meaningful number of rural patients OR otherwise demonstrated to be supporting the health of one or more rural communities

Three Provider Funding Opportunities (YR1)

Initiative 3 **Technology Innovation:** Funds to hospitals, provider organizations for EMR replacements, upgrades, enhancements (\$30M)

Initiative 5 **Sustainable Health Ecosystems:**

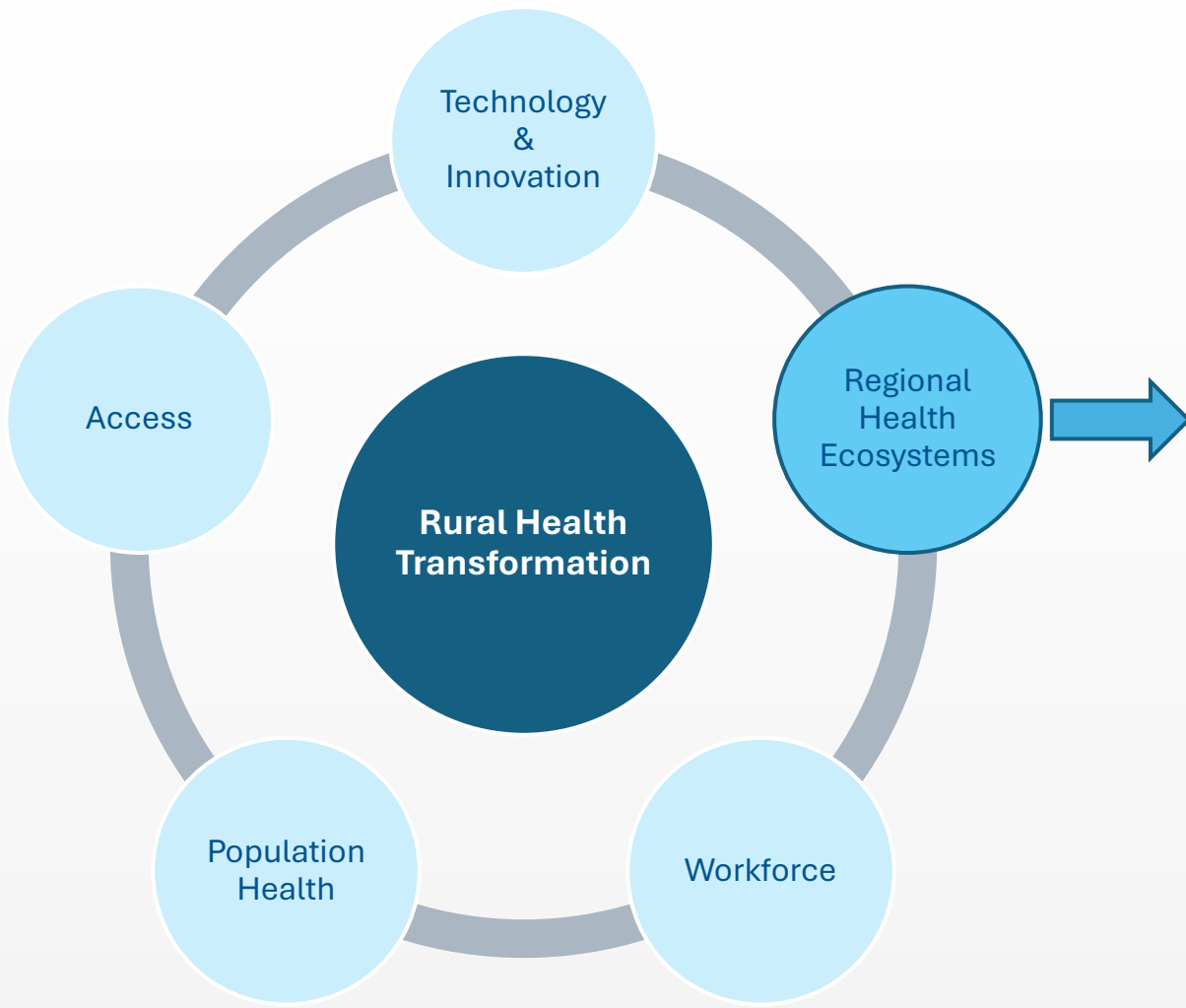
- Funds for 11 hospitals to receive tailored hospital financial management, planning assistance, and targeted investments (\$30M)
- Funds to support provider organizations transitioning to Alternative Payment Models (APMs) (\$28.5M)

YR1 Provider Funding Opportunities

Provider Type	EMR Funds \$30M	APM Transition Funds \$28.5M	Hospital Efficiency Funds \$30M
CAHs & General Hospitals with dedicated ED	X (Including hospital-owned primary care practices)	X (Including hospital-owned primary care practices)	11 hospitals identified by consistently applied financial metrics
FQHCs	X	X	n/a
RHCs	X		n/a
Independent Primary Care Practices Located in Rural Areas	X		n/a
CCBHCs	X	X	n/a
OTPs	X		n/a

Maine's Five RHTP Initiatives

Maine's Rural Health Transformation Program consists of 5 interconnected initiatives. The combined activities under these initiatives will lead to transformation in how care is delivered, accessed and paid for across rural communities in the state.



Regional Health Ecosystems
The Regional Health Ecosystems Initiative aims to strengthen the long-term sustainability and resilience of Maine's rural health system. It is built off the learnings and successes of all the other RHTP initiatives.

Why regional health ecosystems?

Big challenges in our rural health care system require broad collaboration to address. This work will require:

- New relationships and partnerships between different health care facilities and providers
- Support and collaboration from community organizations and community members
- Aligning efforts across state government, healthcare, statewide and local non-profit organizations, and the private sector

How will we get there?

The regional health ecosystems planning process will provide a structure and funding to bring people together to reassess how care is delivered and paid for in rural areas, and plan projects to develop more efficient and effective systems of care.

Regional Health Ecosystem Planning

To successfully design a regional approach to rural care, the planning phase will encompass strategic planning efforts and information gathering to make key decisions on how this work will launch.

Information will be gathered from...



PEOPLE

The RHTP team will be engaging in internal and external conversations with key partners and leaders in the health care and community services fields. The conversations will help formalize the vision of regional health ecosystems planning, create buy-in for the planning process, and inform the launch phase of the project.



DATA

Both past data and reports as well as new data pulls and analyses will help create an assessment of existing delivery systems in rural areas and inform future expectations of shifting landscapes impacting Maine's health system, like demographic changes, payer mix and expected service utilization.



PAST WORK

The regional health ecosystems work will be built upon past initiatives in Maine and learnings from other states. There's a robust history of delivery system reform that will be critical to informing regional network design and ensuring challenges and successes from the past are considered for future efforts.