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Rural Health Transformation Program (RHTP): Model Language for Integrating Proven Community Health Worker Programs into RHTP Applications

Executive Summary

Community health workers, promotores, and community health representatives (CHW/P/CHRs) are a proven, cost-effective workforce that can be rapidly scaled to help states meet their rural health goals. This document provides model language to help states include evidence-based CHW/P/CHR programs in their Rural Health Transformation Program (RHTP) applications.

Background

The Rural Health Transformation Program (RHTP) was created under House Resolution 1 (also known as the One Big Beautiful Bill Act). The program includes $50 billion to be distributed across 50 states to improve access to health care and outcomes for rural residents.

To access funds, states must submit a RHTP application to the Center for Medicare and Medicaid Services (CMS) for review and approval by December 31, 2025. This application must outline how a state will meet specific requirements related to improving health care delivery and outcomes and detail how the state will use RHTP funds for permitted health-related activities. See appendix for details on RHTP requirements and activities that funds may be used towards. The notice of funding opportunity (NOFO) is available here.

Best practice CHW/P/CHR programs are a proven way to improve prevention and chronic disease management and increase access to health care in rural areas. CHW/P/CHRs are trustworthy individuals who come from within the communities they serve. They can provide social support, care coordination, navigation, and advocacy at a fraction of clinical labor costs. They are well-poised to scale rapidly to address rural workforce shortages and improve access to and quality of care.

To support states that want to build, strengthen, or scale their CHW/P/CHR workforces as part of their RHTPs, IMPaCT has created model language for states to include in their RHTP application. IMPaCT will update model language as more information from CMS is released.

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Model Language for State Rural Health Transformation Program Applications

Below are five of the allowable health-related activities that states can use their RHTP funds to support (see appendix for full list of activities). The table includes the activity, rationale for why CHW/P/CHRs should be incorporated into a state's activity, and model language for inclusion in a state's RHTP application.

Activity	Rationale for Incorporation of CHWs	Model Language
Promoting evidence-based, measurable interventions to improve prevention and chronic disease management.	Rural residents have higher rates of chronic conditions and face barriers to primary and behavioral health care. This results in fewer opportunities for prevention and chronic disease management. Innovative, evidence-based strategies that integrate more members of the care team and engage hard to reach individuals can help address these challenges. CHW/P/CHRs can be effective in closing care gaps in rural areas. CHW/P/CHRs working within evidence-based models have demonstrated the ability to increase engagement in primary care and improve chronic disease management (e.g., A1c control, hypertension control).	[STATE] will allocate [$X] Rural Health Transformation Program funds to develop or enhance the network of organizations providing community health worker, promotor/promotora, and community health representative (CHW/P/CHR) services consistent with a best practice, person-centered model in which CHW/P/CHRs elicit patients' goals for their health and well-being and support goal attainment. Funds will be used to expand capacity to deliver proven, CHW/P/CHR services that support prevention and chronic disease management. Funds can support CHW/P/CHR program design and strategic planning, workforce development (e.g., hiring, training), and proven, tech-enabled workflows and tools to support delivery of high-quality, person-centered services and measurement of program impact. Each organization that receives funding for its CHW/P/CHR program shall submit a semi-annual report to the state measuring the impact of its program. The report shall include all data elements described by [State Medicaid Agency], including: • Program Reach [EXAMPLES INCLUDE: number of clients receiving services from CHW/P/CHRs; person-centered goal

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		attainment; % of upstream drivers addressed] • Health Outcomes [EXAMPLES INCLUDE: blood pressure; weight; A1c; medication adherence]. OPTIONAL LANGUAGE: [STATE] shall ensure that all organizations providing CHW/P/CHR services have received organizational accreditation. Such accreditation ensures that [STATE]'s RHTP funds support programs that have been deemed high quality by a national (e.g., URAC) or state-based accrediting body.
Recruiting and retaining clinical workforce talent to rural areas, with commitments to serve rural communities for a minimum of 5 years.	CHW/P/CHRs are workforce extenders who can help close care gaps in rural areas. Integrating CHW/P/CHRs into care teams can expand their reach to individuals who do not have a usual source of care or into communities that face access barriers. Including CHW/P/CHRs in care teams can enable other members of the care team to practice at the top of their license, extending capacity in areas with workforce shortages. Best practice CHW/P/CHR programs include recruitment, hiring, training, supervision, and workforce development standards that support sustainability of the CHW/P/CHR workforce and delivery of high-quality services.	[STATE] will allocate [$X] Rural Health Transformation Program funds to recruiting and retaining the health care workforce, including community health workers, promotores, and community health representatives (CHW/P/CHRs). Funds can support CHW/P/CHR program design and strategic planning, workforce development – which includes hiring, training, and ongoing professional development for CHW/P/CHRs and CHW/P/CHR supervisors – and proven, tech-enabled workflows and tools to support delivery of high-quality, person-centered services and measurement of program impact. Each organization that receives funding for its CHW/P/CHR program shall submit a semi-annual report to the state measuring CHW/P/CHR recruitment and retention and CHW/P/CHR program impact. The report shall include all data elements described by [State Medicaid Agency], including: • Hiring and Employment [EXAMPLES INCLUDE: number of CHW/P/CHRs hired; number of CHW/P/CHR supervisors hired; number of CHW/P/CHRs employed; number of

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		CHW/P/CHRs supervisors employed]. • Training, Learning, and Development [EXAMPLES INCLUDE: number of CHW/P/CHRs that completed initial training; number of CHW/P/CHR supervisors that completed initial training; number of CHW/P/CHRs that participated in ongoing training/professional development; number of CHW/P/CHRs supervisors that participated in ongoing training/professional development]. • Program Reach [EXAMPLES INCLUDE: number of clients receiving services from CHW/P/CHRs; person-centered goal attainment; % of upstream drivers addressed] • Health Outcomes [EXAMPLES INCLUDE: blood pressure; weight; A1c; medication adherence]. OPTIONAL LANGUAGE: [STATE] shall ensure that all organizations providing CHW/P/CHR services have received organizational accreditation. Accreditation includes standards related to recruitment and hiring, workforce development, CHW/P/CHR scope of practice, support for the CHW/P/CHR, CHW/P/CHR supervision, and CHW/P/CHR learning and development. Such accreditation ensures that [STATE]'s RHTP funds support programs that have been deemed high quality by a national (e.g., URAC) or state-based accrediting body.
Assisting rural communities to right size their health care delivery systems by identifying needed preventative, ambulatory,	Rural residents face challenges accessing health care providers and services due to workforce shortages, and a higher prevalence of chronic conditions and upstream drivers of health, among other factors. To address these challenges, rural communities need to ensure they	[STATE] will allocate [$X] Rural Health Transformation Program funds to develop, implement, and provide ongoing infrastructure for best practice, measurable community health worker, promotor/promotora, and community health representative (CHW/P/CHR) programs and services. Funds will be used for development, implementation, and

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pre-hospital, emergency, acute inpatient care, outpatient care, and post-acute care service lines.	have the right workforce to meet the unique health and upstream drivers of health related needs of their populations. CHW/P/CHRs are workforce multipliers that extend the reach of providers beyond the walls of their clinics and hospitals, building trust within communities that have faced barriers to access or who may not have a usual source of care. Analysis shows that the CHW/P/CHRs workforce is well positioned to improve access to health care in rural areas. CHW/P/CHRs are also able to deliver critical services at a fraction of clinical labor costs, which is essential as states and providers face funding cuts.	infrastructure for proven, measurable CHW/P/CHR programs that support: [INSERT PRIORITY POPULATION AND GOAL. EXAMPLES INCLUDE: • Improve primary care engagement • Reduce readmissions • Reduce avoidable emergency department use • Reduce hospital days • Support care transitions]. Funds can support CHW/P/CHR program design and strategic planning, workforce development (e.g., hiring, training), and proven, tech-enabled workflows and tools to support delivery of high-quality, person-centered services and measurement of program impact. Each organization that receives funding for its CHW/P/CHR program shall submit a semi-annual report to the state measuring the impact of its program. The report shall include all data elements described by [State Medicaid Agency], including: • Program Reach [EXAMPLES INCLUDE: number of clients receiving services from CHW/P/CHRs; person-centered goal attainment; % of upstream drivers addressed] • Health Outcomes [EXAMPLES INCLUDE: blood pressure; weight; A1c; medication adherence]. • Utilization [EXAMPLES INCLUDE: primary care visits at 6 months, post discharge primary care visits]. OPTIONAL LANGUAGE: [STATE] shall ensure that all organizations providing CHW/P/CHR services have received organizational accreditation. Such accreditation ensures that [STATE]'s RHTP funds support programs

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		that have been deemed high quality by a national (e.g., URAC) or state-based accrediting body.
Supporting access to opioid use disorder treatment services (as defined in section 1861(jjj)(1)), other substance use disorder treatment services, and mental health services.	Rural areas face a significant shortage of mental health professionals. For underserved populations, behavioral health conditions like opioid use disorder, are compounded by unmet social needs, lack of trust in clinicians, and a complex safety net system. CHW/P/CHRs are trustworthy individuals who share life experience with the people they serve. They can play a critical role in screening for substance use disorder, anxiety, and depression, connecting their patients with providers and programs, and helping address unmet needs. Research shows that CHW/P/CHRs delivering evidence-based practices can help address behavioral health disparities. Patients who worked with CHW/P/CHRs in best practice models showed statistically significant improvement in self-reported mental health, compared to a control group.	[STATE] will allocate [$X] Rural Health Transformation Program funds to develop or enhance the network of organizations providing community health worker, promotor/promotora, and community health representative (CHW/P/CHR) services consistent with a best practice, person-centered model in which CHW/P/CHRs elicit patients' goals for their health and well-being and support goal attainment. Funds can be used for development, implementation, and infrastructure for proven, CHW/P/CHR services that support access to treatment services for opioid use disorder, other substance use disorders, and mental health conditions. Funds can support CHW/P/CHR program design and strategic planning, workforce development (e.g., hiring, training), and proven, tech-enabled workflows and tools to support delivery of high-quality, person-centered services and measurement of program impact. Each organization that receives funding for its CHW/P/CHR program shall submit a semi-annual report to the state measuring the impact of its program. The report shall include all data elements described by [State Medicaid Agency], including: • Program Reach [EXAMPLES INCLUDE: number of clients receiving services from CHW/P/CHRs; person-centered goal attainment; % of upstream drivers addressed] • Health Outcomes [EXAMPLES INCLUDE: blood pressure; weight; A1c; medication adherence].

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		OPTIONAL LANGUAGE: [STATE] shall ensure that all organizations providing CHW/P/CHR services have received organizational accreditation. Such accreditation ensures that [STATE]'s RHTP funds support programs that have been deemed high quality by a national (e.g., URAC) or state-based accrediting body.
Developing projects that support innovative models of care that include value-based care arrangements and alternative payment models, as appropriate.	Best practice CHW/P/CHR models have demonstrated the ability to improve health outcomes, reduce costs, and deliver a return on investment - goals of value-based care models. One study of an evidence-based CHW/P/CHR program found it delivered a return of $2.47 for every Medicaid dollar invested. Value-based models in rural areas that improve health outcomes and reduce costs will be critical as states work to combat rising rural health care needs with limited funds. Rural providers and hospitals participating in value-based models can include CHW/P/CHRs in care delivery to improve outcomes and reduce costs.	[STATE] will allocate [$X] Rural Health Transformation Program funds to support value-based care arrangements and alternative payment models that: • improve access to care, infrastructure, and workforce capacity, • enhance quality, and • support delivery of whole-person care. [STATE] will allocate funds towards [OPTIONS]: • Development of new value-based care arrangements and alternative payment models that incorporate best practice, person-centered, community health worker, promotor/promotora, and community health representative (CHW/P/CHR) models in which CHW/P/CHRs elicit a patients' goals for their health and well-being and support goal attainment. • Incorporating into existing value-based care arrangements and alternative payment best practice, person-centered, community health worker, promotor/promotora, and community health representative (CHW/P/CHR) models in which CHW/P/CHRs elicit a patients' goals for their health and well-being and support goal attainment. [STATE] will require providers, practices, or hospitals participating in

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		value-based care arrangement or alternative payment to incorporate CHW/P/CHR operating within a best-practice, person-centered model into care delivery teams. To support integration of CHW/P/CHRs into care delivery teams, funds can support CHW/P/CHR program design and strategic planning, workforce development (e.g., hiring, training), and proven, tech-enabled workflows and tools to support delivery of high-quality, person-centered services and measurement of program impact.

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Appendix - Rural Health Transformation Program (RHTP) Overview

Timeline: State RHTP applications must be submitted to and approved by the Center for Medicare and Medicaid Services (CMS) by December 31, 2025. The RHTP runs from Fiscal Year (FY) 2026 - FY 2030.

Funding: $50 billion over 5 years, distributed to states with approved plans.

Rural Health Transformation Program Plan Requirements: States must submit a detailed RHTP application describing how funds will be used:

- "to improve access to hospitals, other health care providers, and health care items and services furnished to rural residents of the State
- to improve health care outcomes of rural residents of the State
- to prioritize the use of new and emerging technologies that emphasize prevention and chronic disease management
- to initiate, foster, and strengthen local and regional strategic partnerships between rural hospitals and other health care providers in order to promote measurable quality improvement, increase financial stability, maximize economies of scale, and share best practices in care delivery
- to enhance economic opportunity for, and the supply of, health care clinicians through enhanced recruitment and training
- to prioritize data and technology driven solutions that help rural hospitals and other rural health care providers furnish high-quality health care services as close to a patient's home as is possible
- that outlines strategies to manage long-term financial solvency and operating models of rural hospitals in the State
- that identifies specific causes driving the accelerating rate of stand-alone rural hospitals becoming at risk of closure, conversion, or service reduction."

Allowable RHTP Activities: States are able to use funds for <u>three or more</u> of the following health-related activities:

- "Promoting evidence-based, measurable interventions to improve prevention and chronic disease management.
- Providing payments to health care providers for the provision of health care items or services, as specified by the Administrator.
- Promoting consumer-facing, technology-driven solutions for the prevention and management of chronic diseases.

- Providing training and technical assistance for the development and adoption of technology-enabled solutions that improve care delivery in rural hospitals, including remote monitoring, robotics, artificial intelligence, and other advanced technologies.
- Recruiting and retaining clinical workforce talent to rural areas, with commitments to serve rural communities for a minimum of 5 years.
- Providing technical assistance, software, and hardware for significant information technology advances designed to improve efficiency, enhance cybersecurity capability development, and improve patient health outcomes.
- Assisting rural communities to right size their health care delivery systems by identifying needed preventative, ambulatory, pre-hospital, emergency, acute inpatient care, outpatient care, and post-acute care service lines.
- Supporting access to opioid use disorder treatment services (as defined in section 1861(jjj)(1)), other substance use disorder treatment services, and mental health services.
- Developing projects that support innovative models of care that include value-based care arrangements and alternative payment models, as appropriate.
- Additional uses designed to promote sustainable access to high quality rural health care services, as determined by the Administrator."