

# New York State Department of Health Funding Guidance

Rural Community Health Integration Opportunity

*Rural Health Transformation Program*

*Budget Period 1*

*New York State Department of Health*

# Agenda



Introductions



Rural Health Transformation Program Background



Rural Community Health Integration (RCHI) Overview



Deadline and Next Steps



Questions



Contact Us

# Introductions-NYSAC



# Introductions-Public Consulting Group

Public Consulting Group was founded in 1986 and headquartered in Boston, Massachusetts, PCG helps primarily public sector health, education, and human services organizations make measurable improvements to their performance and processes.

Our public sector focus means we have a deep understanding of the challenges our clients face—from economic constraints to demographic shifts to regulatory changes—and what it takes to surmount them. For 40 years, we have helped our clients:

- Maximize resources
- Contain or cut costs
- Make better management decisions
- Streamline their business processes
- Implement and improve their technology solutions
- Improve federal and state compliance
- Optimize client outcomes

We have been working in NY state for decades with experience and projects in multiple state agencies and the NY Delivery System Reform Incentive Program (DSRIP).



# Program Background and Intent

- CMS awarded New York State funding through the five-year Rural Health Transformation Program (RHTP).
- For Budget Period 1, NY was awarded a total amount of \$212,058,207.80.
- The purpose of the RHTP is to provide support to rural communities to improve health care access, quality, and outcomes by transforming the health care delivery system. Funding is allocated across four initiatives to build a rural health system where every resident has timely access to high-quality, coordinated care.
- **Priorities include:**
  - Innovation
  - Strategic partnerships
  - Infrastructure development
  - Workforce investment



# Rural Community Health Integration (RCHI) Program Overview

## Key Dates:

- Release date: **June 11, 2026**
- Questions due: **June 18, 2026**
- Q&A and updates posted: **On or about June 25, 2026**
- Applications due: **July 14, 2026, by 4:00 PM EST**

## Funding Amount and Contract Period:

- Budget Period 1 allocation: **\$76,190,022**
- Total CMS/HHS award for Budget Period 1: **\$212,058,207.80**
- Contract start: **September 1, 2026**
- Contract end: **June 30, 2027**



# Purpose of Rural Community Health Integration

01

Establish coordinated rural health partnerships.

02

Improve comprehensive care coordination.

03

Enhance access across the care continuum.

04

Address health and social needs.

05

Improve financial sustainability through collaboration.



# Key Expected Results\*

## 1. Increased access to the right care at the right time.

- Reduced potentially preventable emergency visits.

## 2. Decreased readmissions through discharge planning and post-acute supports.

- Hospital-wide all-cause unplanned readmission

## 3. Increased preventive care across primary and specialty care.

- Colorectal screening.

*\*Applicants must address at least one of these key areas in their application*



# Applicant Structure and Eligibility

Applications should demonstrate a community-focused collaborative approach to rural health integration.

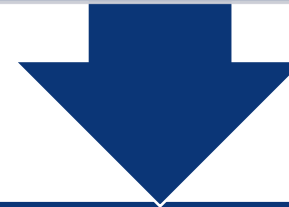
Lead Applicants should be those institutions that possess strong institutional capacity, deep community ties, and a record of demonstrable commitment to serving their constituents.

## Each application must include:

A Lead Applicant

Partner Organization(s)

At least one General Hospital or Rural Emergency Hospital



The hospital may serve as either the Lead Applicant or a Partner Organization.



# Lead Applicant Eligibility

Must be a registered not-for-profit 501(c)(3) organization or municipal hospital.

Must have at least three years of regulatory compliance history.

Must be located in an eligible rural county.

Must include at least one hospital in an eligible county.

Funded projects must be completed by **June 30, 2027**.



# Eligibility and Requirements Continued

## Eligible Lead Applicants and Partners

- Hospitals and rural emergency hospitals
- Federally Qualified Health Centers
- Behavioral health clinics
- Rural health networks
- Primary care and specialty practices
- EMS providers
- Long-term care, hospice, and palliative care providers

## Geographic Requirements

- Minimum geographic unit is the county.
- County-level geography is required.
- Multi-county applications are permitted and encouraged.
- Funding levels will reflect the geographic scope proposed.



# Eligible Counties

Allegany	Broome	Cattaraugus	Cayuga	Chautauqua	Chemung
Chenango	Clinton	Columbia	Cortland	Delaware	Dutchess
Essex	Franklin	Fulton	Genesee	Greene	Hamilton
Herkimer	Jefferson	Lewis	Livingston	Madison	Montgomery
Oneida	Ontario	Orange	Orleans	Oswego	Otsego
Putnam	Rensselaer	Schenectady	Schoharie	Schuyler	Seneca
St. Lawrence	Steuben	Sullivan	Tioga	Tompkins	Ulster
Warren	Washington	Wayne	Wyoming	Yates	



# Planning Scope and Activities

Each county may receive up to **\$500,000** for planning.

## Planning activities may include:

- Community engagement
- Community needs assessments
- Feasibility studies
- Governance structure development
- Partnership building
- Implementation-ready planning

## Planning may also include:

- Clinical workflow design
- Financial modeling
- Technology integration planning
- Care coordination planning
- Population health improvement planning
- Workforce development planning



# Implementation Scope

- Applicants may submit up to **three implementation projects** for Budget Period 1.
- Total implementation budget may not exceed **\$3,000,000**.
- Projects must be completed by **June 30, 2027**.
- Projects must be fully vouchered by **July 31, 2027**.

## Applicants should explain:

- How funding advances RHTP goals.
- How the project engages the community.
- Achievable outcomes for each activity.
- How activities will be sustained after implementation.

## Applications addressing the following will receive priority:

- Maternity services and maternal-child health
- Behavioral health integration
- Substance use disorder prevention



# Examples of Implementation Activities

Activities may include:

- 1 Assessing current need and relevant data
- 2 Assessing community capacity
- 3 Identifying service delivery gaps
- 4 Developing programs to meet community need
- 5 Identifying network partners and providers
- 6 Identifying resources to implement programs



# Allowable Costs

**RHTP funds may support new or expanded activities only.  
Examples include:**

**1** Collaboration and integration

**2** Appropriate care availability

**3** Behavioral health access

**4** Minor renovations with prior approval

**5** Consumer technology solutions

**6** EMS collaboration

**7** Information technology advances

**8** Maternal health and maternity services

**9** Prevention and chronic disease management

**10** Training and technical assistance



# Ineligible Expenses

## Funds may not be used for:

1 Administrative costs above the 5% limit

2 Pre-award costs

3 Supplanting existing funding

4 Construction or major building expansion

5 Direct health care service payments

6 Certain clinician salaries tied to noncompete agreements

7 Meals, except allowable travel-related meals

8 Lobbying or political contributions

9 Ongoing operating expenses without sustainability



# Outcomes and Metrics

## Integration

- Collaborative plans to develop and strengthen partnerships between providers to enable delivery of expanded services in rural areas through shared learning, collaborative approaches, and advanced technology interventions

## Access

- Reduced travel times, increased primary care visits, creating new access points for community-based screenings, preventive care, and chronic disease management

## Quality

- Lower readmission rates, improved maternal-child health indicators

## Financial

- Improved operating margins and reduced uncompensated care and increasing viability through strategic investments in technology, data infrastructure, and collaboration

## Workforce

- Increased clinician-to-resident ratios, reduced vacancy rates

## Technology

- Expanded telehealth utilization, improved electronic health record interoperability

## Admissions and Readmission

- Quarterly tracking of inpatient admission and readmission rates, benchmarked against county-level baseline data



# Grantee Expectations and Reporting Requirements

## Expectations:

- Participate in statewide learning collaboratives.
- Share insights, best practices, and implementation challenges.
- Engage in strategic planning and evaluation activities.
- Work with Department staff to finalize contracts.

## Reporting Requirements:

- Reporting guidelines and metrics will be distributed during contract development.
- Metrics may evolve during the program.
- Evaluation will reflect grantee work and CMS requirements.
- Budget Period 1 recipients must show demonstrable progress by **June 30, 2027**.



# Application and Submission Process

## Selection is based on:

- Eligibility
  - Project merit
  - Alignment with RHTP goals
- Applications must be jointly submitted by the Lead Applicant and Partner Organization(s).
  - A hospital must be included as lead or partner.
  
  - Questions needed to be submitted by email by **June 18, 2026**
  - Completed applications due by **July 14, 2026, at 4:00 PM EST** to [rchi@health.ny.gov](mailto:rchi@health.ny.gov)
  - Application materials are submitted by email.
  - Updates and application materials are posted on the Department website.

[https://www.health.ny.gov/facilities/transforming\\_rural\\_healthcare/](https://www.health.ny.gov/facilities/transforming_rural_healthcare/)



# Application Checklist

Before submission, confirm:

- ✓ Lead Applicant eligibility
- ✓ Partner Organization participation
- ✓ Hospital participation
- ✓ Eligible county coverage
- ✓ Planning and/or implementation budget
- ✓ Outcomes and metrics
- ✓ Sustainability plan
- ✓ Required attachments
- ✓ Attestation completed



# Key Takeaways

- Funding supports rural health integration and transformation.
- Collaboration is required.
- Planning funds are available up to **\$500,000** per county.
- Implementation requests may total up to **\$3 million**.
- Projects must be completed within Budget Period 1.
- Applications are due **July 14, 2026**.

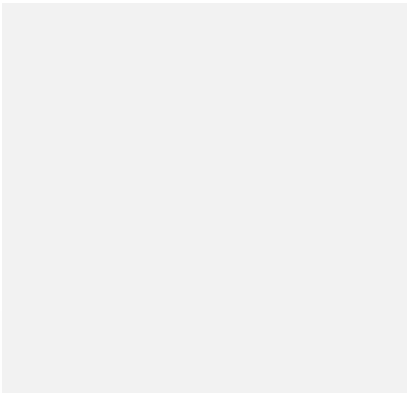


**Questions?**



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**Solutions that Matter**