



RHTF ROADMAP

Accelerate your RHTF strategy and position your organization for the next wave of rural health investments.

ACCESS THE ROADMAP

Available exclusively to TRP clients, with continuous updates as states finalize budgets, engage CMS on implementation details, and begin issuing funding or procurement tied to RHTF initiatives

For access or to learn more:

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ABOUT THE RHTF ROADMAP

At the end of 2025, CMS announced first-year state funding awards under the \$50 billion, five-year Rural Health Transformation Fund (RHTF). All 50 states submitted Rural Health Transformation Plans, and CMS issued first-year awards based on these plans, averaging \$200 million per state. Thorn Run Partners' RHTF Roadmap transforms these plans into clear, comparable state profiles that make it easy to understand each state's planned initiatives, priority activity areas, and funding levels.

Designed for organizations tracking the evolving RHTF landscape, the Roadmap helps users quickly see how states are structuring their programs and where partnership opportunities and state-specific engagement pathways are most likely to emerge as states move from application to implementation.

WHAT'S INSIDE THE ROADMAP

- Standardized summaries for all 50 state applications
- Consistent Use-of-Funds mapping across states
- Initiative-by-initiative descriptions with purpose, scope, and estimated funding
- FY 2026 award amounts
- Implementation status, with regular updates on key dates and deadlines

TURNING ROADMAP INSIGHTS INTO STRATEGY

- Build a clear picture of each state's RHTF priorities
- Inform internal planning with consistent, comparable state-level intelligence
- Prepare for upcoming RHTF-related partnerships and investments
- Partner with TRP to translate insights into tailored state and federal engagement strategies



SAMPLE

CO

COLORADO

COLORADO RHTF PLAN

Colorado seeks to use RHTF funding to strengthen rural health through expanded prevention programs, improved care coordination, and modernization of EMS, hospital operations, and telehealth infrastructure. The state outlines ten integrated initiatives that advance chronic disease management, workforce development, regional network building, and technology-enabled care across all rural counties. Click [here](#) to view Colorado's summary.

FY 2026 AWARD AMOUNT

\$200,105,604

FUNDING REQUESTED

\$200,000,000 per FY

CLICK HERE TO VIEW CMS SPOTLIGHT

CLICK HERE TO VIEW RHTF HOMEPAGE

IMPLEMENTATION UPDATES

Colorado indicates that it will revise the budget to account for the difference in application request (\$200 million) and awarded amount. The state must submit its budget revision due to CMS by 1/30. CMS will review within 30 days. Once CMS's review is complete, Colorado will review the Cooperative Agreement with CMS and work to issue grants to stakeholders. The state indicates that it will work to develop grantee Intent to Apply and Request for Applications (RFA) materials as well as continue to assemble the RHTP Advisory Committee to make recommendations for implementation of the approved grant activities from CMS. **Colorado will hold a [webinar](#) on February 11, 2026, from 7:30-10:00am MST to discuss the program.**

KEY INITIATIVES

Transforming Rural Care: Hospitals and Chronic Disease Prevention

Supports expansion of chronic disease prevention and management programs, including food-as-medicine, diabetes prevention, self-measured blood pressure, and family healthy weight interventions. The state proposes training and technical assistance to help providers integrate prevention, behavioral health, nutrition, and care coordination, and to build referral systems linking clinics to community-based programs such as food as medicine and diabetes prevention efforts. Colorado also plans to support regional collaborations and clinically integrated networks to strengthen shared services and sustainability for prevention programs.

Req. Funding: **\$230M–\$250M / 5 years**

Use-of-Funds: *A — Prevention & Chronic Disease; C — Consumer Tech Solutions; D — Training & Technical Solutions; E — Workforce; F — IT Advances; G — Appropriate Care Availability; H — Behavioral Health; I — Innovative Care; K — Fostering Collaboration*

Build Data and Evaluation Infrastructure for Chronic Disease Programs

Creates integrated data systems and dashboards that link Medicaid, public health, and program data for chronic disease monitoring. Supports technical assistance, data-sharing processes, alignment of referral and community resource inventories, and development of evaluation frameworks to track program reach, outcomes, and return on investment.

Req. Funding: **\$7M–\$15M / 5 years**

Use-of-Funds: *A — Prevention & Chronic Disease; C — Consumer Tech Solutions; D — Training & Technical Solutions; F — IT Advances*

Build and Connect Colorado's Rural Health Networks

Builds regional health networks that connect hospitals, clinics, local public health agencies, and community partners to improve access, coordination, and system resilience. The state plans to fund regional alliances, shared governance structures, and rural or regional health-data dashboards to support service coordination and reduce duplication across rural areas. Colorado also includes support for Tribal participation in developing their own rural health networks.

Req. Funding: **\$25M–\$30M / 5 years**

Use-of-Funds: *F — IT Advances; K — Fostering Collaboration*

Strengthen Rural Care Delivery Systems

Enhances EMS coverage, rural emergency transport, and coordinated care models across hospitals, clinics, and behavioral health providers. The state proposes models to sustain and expand EMS transport capacity, support shared dispatch and regional coordination systems, and build collaborative care networks with shared electronic medical records and joint protocols for acute-care transitions. Colorado positions this work as reducing travel burdens and improving timely access to appropriate care.

Req. Funding: **\$45M–\$55M / 5 years**

Use-of-Funds: *B — Provider Payments; D — Training & Technical Solutions; E — Workforce; F — IT Advances; G — Appropriate Care Availability; H — Behavioral Health; K — Fostering Collaboration*

Sustain Rural Hospital Operations and Regulatory Readiness

Provides operational support, technical assistance, and small-scale infrastructure upgrades to help rural hospitals sustain essential services and meet regulatory requirements. The state proposes direct financial support for compliance activities, modernization of administrative and technology systems (including investment in small-scale infrastructure improvements and technology updates), and strategic planning to reinforce stability and readiness for value-based care. Colorado emphasizes that funds will not duplicate reimbursable clinical services.

Req. Funding: **\$20M–\$25M / 5 years**

Use-of-Funds: *B — Provider Payments; D — Training & Technical Solutions; E — Workforce; F — IT Advances; G — Appropriate Care Availability; H — Behavioral Health*

Strengthen and Expand the Rural Health Workforce

Expands access to credentialing, certifications, cross-training, and continuing education for rural health workers, pharmacists, clinicians, and other providers. Funds training, assessments, application fees, and technology tools that expand local workforce capacity in prevention, behavioral health, and chronic disease management.

Req. Funding: **\$145M–\$150M / 5 years**

Use-of-Funds: *A — Prevention & Chronic Disease; D — Training & Technical Solutions; E — Workforce; G — Appropriate Care Availability; H — Behavioral Health; I — Innovative Care; K — Fostering Collaboration*

Expanding Clinical Capacity to Perform Preventive Care

Expands rural clinicians' capacity to perform preventive procedures and chronic disease interventions through specialized training. The state proposes curriculum development with academic and professional partners and continuing education scholarships for rural providers to participate in accredited wellness and prevention training. Colorado positions this initiative as improving local ability to meet preventive care needs without requiring travel.

Req. Funding: **\$2.5M–\$3M / 5 years**

Use-of-Funds: *A — Prevention & Chronic Disease; E — Workforce; G — Appropriate Care Availability; K — Fostering Collaboration*

Strengthening State and Local Health Coordination

Strengthens coordination among state departments, public health agencies, community organizations, and rural health partners. The state proposes investing in leadership staffing, technical assistance, and training to formalize governance and collaboration practices among state departments, regional partners, and rural providers, with routine reporting of network-level outcomes. Colorado frames this work as ensuring aligned delivery and sustained rural infrastructure.

Req. Funding: **\$4.5M–\$5M / 5 years**

Use-of-Funds: *A — Prevention & Chronic Disease; D — Training & Technical Solutions; E — Workforce; K — Fostering Collaboration*

Design and Pilot Rural Value-Based Care Model(s)

Designs and pilots rural value-based care models, including shared savings and bundled payment approaches. Supports model design, pilot participation, workflow redesign, transformation planning, and integration with behavioral health and emergency management within an ACO-like framework.

Req. Funding: **\$200M–\$250M / 5 years**

Use-of-Funds: *A — Prevention & Chronic Disease; D — Training & Technical Solutions; F — IT Advances; H — Behavioral Health; I — Innovative Care; K — Fostering Collaboration*

Expand Rural Telehealth and Technology Integration

Expands telehealth, eConsults, remote patient monitoring, and other technology-enabled care to reduce travel burdens and strengthen rural participation in integrated care models. The state proposes a statewide technology readiness assessment, telehealth equipment

grants, mobile health program expansion, cybersecurity and interoperability training, and development of Community Analytics Platform (CAP) dashboards integrated with the Health Information Exchange (HIE). Colorado frames these investments as enabling data-driven rural care delivery and sustained virtual access.

Req. Funding: **\$250M–\$275M / 5 years**

Use-of-Funds: *B — Provider Payments; C — Consumer Tech Solutions; D — Training & Technical Solutions; F — IT Advances*

[Return to Cross-State Comparison Chart](#)

SAMPLE

TX

TEXAS

TEXAS RHTF PLAN

Texas seeks to use RHTF funding to strengthen rural health by improving chronic disease outcomes, expanding access to digital tools, supporting advanced telehealth and artificial intelligence (AI), building the rural workforce, enhancing care infrastructure, and stabilizing rural hospitals. The state frames these initiatives as a coordinated set of strategies to ensure rural communities can access preventative care, technology-enabled services, and sustainable health care capacity. Texas emphasizes that these initiatives are aligned with longstanding state priorities for access, financial solvency, and community-driven solutions. Click [here](#) to view Texas' application.

FY 2026 AWARD AMOUNT

\$281,319,361

FUNDING REQUESTED

\$193,600,000 per FY

[CLICK HERE TO VIEW CMS SPOTLIGHT](#)
[CLICK HERE TO VIEW RHTF HOMEPAGE](#)
IMPLEMENTATION UPDATES

No updates as of 1/23/2026.

KEY INITIATIVES*Make Rural Texans Healthy Again*

Seeks to issue grants to participating rural hospital districts to expand or create community-based prevention, wellness, and nutrition programs aimed at diabetes, cardiovascular disease, chronic respiratory disease, obesity, and other chronic conditions. Texas indicates districts may implement: (1) locally selected solutions such as community wellness centers offering screenings and fitness or nutrition

classes; (2) partnerships with grocery stores, farmers markets, or food pantries to run pop-up produce markets and healthy cooking programs; (3) after-hours primary care clinics to reduce avoidable emergency department use; (4) low- or no-cost chronic disease screenings and primary care visits; (5) non-emergent transportation support for pharmacy and care access; (6) remote monitoring systems for high-acuity patients; and (7) technology purchases like computers or tablets to support community program delivery. Texas further notes grant structures may allow districts to retain incentive funds tied to achieving quality outcomes.

Req. Funding: **\$ 218M / 5 years**

Use-of-Funds: *A — Prevention & Chronic Disease; B — Provider Payments*

Rural Texas Patients in the Driver's Seat

Aims to invest in consumer-facing health portals that integrate with provider electronic medical records and regional or statewide health information exchange (HIE) to give rural residents access to and control over their personal health information. Texas states these portals would support direct messaging with care teams, access to visit documentation, virtual visits, and “anytime” access to records; and would serve as a foundation for connecting additional tools such as medication adherence applications, connected devices (such as watches or monitors), continuous glucose monitors, sleep apnea devices, portable dialysis equipment, and other remote patient monitoring technologies. Texas also highlights that for providers and payers, integrated portals and HIE can unify disconnected rural encounters, reduce duplicative services, and automate administrative functions to improve care coordination

Req. Funding: **\$ 150M / 5 years**

Use-of-Funds: *F — IT Advances*

Lone Star Advanced AI and Telehealth

proposes a statewide effort to deploy advanced AI tools and expand telehealth to address rural barriers including staffing shortages, long travel distances, limited specialty access, and inefficient administrative processes. Texas indicates AI would be used to enhance analytics, predict risks earlier, support clinical decision-making, and reduce back-office burdens such as manual fax processing and other administrative tasks that raise costs for patients and small providers.

Req. Funding: **\$ 150M / 5 years**

Use-of-Funds: *C — Consumer Tech Solutions; D — Training & Technical Solutions; F — IT Advances*

The Next Generation of the Small Town Doctor and Team

Seeks to fund locally driven recruitment and retention strategies to expand the rural clinical workforce, including physicians and a broader set of practitioners such as mental health providers, community health workers (CHWs), licensed paramedics, and other allied health professionals. State grantees will choose at least one approach: (1) career pathway programs for local high school students, scholarships for graduates, relocation or (2) signing bonuses for clinicians at multiple career stages, or creation of residency/fellowship training programs in partnership with academic institutions or teaching hospitals.

Req. Funding: **\$ 200M / 5years**

Use-of-Funds: *B — Provider Payments*

Unified Care Infrastructure and Rural Cyber Protection

Seeks to build a Unified Care Infrastructure (UCI) that connects rural provider data systems and strengthens interoperability while pairing these upgrades with statewide cybersecurity protections. The initiative supports shared, cloud-based health information exchange components and coordinated procurement to reduce administrative burden and enable data sharing across rural hospitals and clinics. Texas also indicates that rural providers will receive readiness assessments, cybersecurity training, and phased deployment of endpoint detection and security operations services.

Req. Funding: **\$ 100M / 5 years**

Use-of-Funds: *E — Workforce; F — IT Advances*

Infrastructure and Capital Improvement for Rural Texas

Proposes to allow rural hospitals, clinics, behavioral health providers, emergency medical services (EMS), pharmacies, and public health offices to replace and upgrade allowable equipment and make minor renovations to existing facilities. The initiative focuses on reinvestment as a strategy to improve long-term financial stability and maintain rural access points for care. Texas indicates funds may be used for a wide range of clinical and emergency equipment as well as limited building improvements.

Req. Funding: **\$ 150M / 5 years**

Use-of-Funds: *J — Capital Expenditures & Infrastructure*

[Return to Cross-State Comparison Chart](#)

**We look forward to
partnering with you.**

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