title: Rural Health Transformation Grant Guide — Louisiana version: 1.0 date: 2025-10-14 audience: State health agencies, Medicaid, rural providers, collaboratives

1. Executive Summary

Louisiana's rural health system serves nearly one-third of residents in fully or partially rural parishes (29.1% in 2025), yet faces persistent access, workforce, behavioral health, and maternal health challenges. The CMS Rural Health Transformation (RHT) Program offers a cooperative agreement pathway (FY26–FY30) to modernize care delivery, stabilize rural facilities, and expand digitally enabled services. Key dates include an optional Letter of Intent by September 30, 2025 and application due by November 5, 2025, with anticipated awards December 31, 2025. [1] (files.simpler.grants.gov)

This guide outlines how the Rural Health Transformation (RHT) Collaborative can support Louisiana's application and implementation—subject to State prioritization, procurement, and integration decisions. Core capabilities include (a) statewide tele-emergency/tele-specialty support for rural hospitals; (b) continuous remote monitoring for chronic disease; (c) retail pharmacy-anchored access and care management; (d) data exchange/cybersecurity modernization; and (e) formation of member-owned rural provider High Value Networks (HVNs) to coordinate shared services and value-based models.

Highest-leverage offerings for near-term impact in Louisiana include: 24/7 virtual hospitalist/ICU/ED backstop for Critical Access Hospitals (CAHs) and Rural Health Clinics (RHCs); statewide chronic disease and maternal health monitoring with exception-based alerts; pharmacy-enabled hypertension/diabetes adherence and medication reconciliation; and cloud-based interoperability/cyber-hardening aligned to HHS Cybersecurity Performance Goals. These map directly to allowable uses A (prevention/chronic disease), F (IT/cyber), H (behavioral health), I (innovative care), and K (regional partnerships). [1] (files.simpler.grants.gov)

The RHT Collaborative's role is enabling and conditional. It can support Louisiana in aligning initiatives to the NOFO scoring framework (data-driven factors plus initiative-based and state-policy actions), building a credible measurement strategy, and standing up governance to sustain outcomes beyond FY31—while adhering to caps (e.g., provider payments ≤15% of period funding; capital/infrastructure ≤20%; EMR replacement ≤5% under conditions; admin ≤10%). [1] (files.simpler.grants.gov) (files.simpler.grants.gov)

One-page printable summary (for circulation)

- Program fit: Only States are eligible; single official application; five budget periods (FY26–FY30), funds spendable into the following FY; no cost share. [1] (files.simpler.grants.gov)
- Deadlines: LOI Sep 30, 2025; Application Nov 5, 2025 (11:59 p.m. ET); expected award/start Dec 31, 2025. [1] (files.simpler.grants.gov)
- Scoring: 50% rural facility/population metrics; 50% technical factors (mix of data-driven, initiative-based, and state policy actions). [1] (files.simpler.grants.gov)
- Funding caps: Provider payments ≤15%; Capital/Infrastructure (J) ≤20%; EMR replacement ≤5% (if prior HITECH-certified EMR existed by 9/1/2025); "Rural Tech Catalyst" ≤10% or $20M per period; admin ≤10%. [1] (files.simpler.grants.gov)
- Louisiana context anchors (2025): 27 CAHs; 246 RHCs; 144 FQHC sites in rural areas; 33 rural PPS hospitals; 35 hospitals with Birth Ready/Ready+ maternal designation; Medicaid SUD 1115 waiver (through 12/31/2027). [2][3][4] (ruralhealthinfo.org) (ldh.la.gov) (medicaid.gov)
- Collaborative levers: Tele-ED/ICU coverage (Avel eCare); continuous RPM (BioIntelliSense); retail pharmacy adherence/virtual care (CVS, Walgreens, Walmart); cloud/cyber/AI data layer (Microsoft); rural HVNs (Cibolo).

2. Eligibility and RFP Fit

Summary of NOFO requirements (verbatim policy anchors)

- Eligible applicants: Only the 50 U.S. States; DC/territories ineligible. Governor designates the lead agency; one official application per State; last on-time submission counts. [1] (files.simpler.grants.gov)
- Key dates: Optional LOI Sep 30, 2025; Application Nov 5, 2025; expected award/start Dec 31, 2025. [1] (files.simpler.grants.gov)
- Funds: ~$50B total over five budget periods (FY26–FY30). Each period's funds may be spent through the end of the following FY. [1] (files.simpler.grants.gov)
- Scoring and distribution: 50% baseline (equal among approved States); 50% workload based on points. Table 3 weights define factor contributions; technical factors recalculated each period; rural facility/population set once (Q4 2025). [1] (files.simpler.grants.gov)
- Policy actions: Conditional technical points in Year 1 for proposed State policy changes; must finalize by 12/31/2027 (12/31/2028 for B.2/B.4) or points drop and payments are recovered. [1] (files.simpler.grants.gov)
- Use-of-funds categories A–K; prohibited/limited costs and caps as noted; admin ≤10%; SF-424 Item 19c "No" (EO 12372 does not apply). [1] (files.simpler.grants.gov) (files.simpler.grants.gov)

Requirement-to-capability mapping (examples)

- Requirement: Tele-enabled access, remote care, and data exchange (A, F, I, K). Collaborative capability: 24/7 tele-hospitalist/ICU/ED coverage; remote monitoring; TEFCA-aligned exchange; AI triage; cyber hardening. Evidence: Avel eCare clinical model; BioIntelliSense BioButton; Microsoft cloud/cyber; Viz.ai acute detection. [1][5]
- Requirement: Chronic disease prevention/management (A/C). Capability: Retail pharmacy hypertension/diabetes adherence programs; RPM; multilingual intake/care navigation. Evidence: Walgreens adherence and readmission reduction data; Humetrix triage/PHR analytics. [5]
- Requirement: Workforce and partnerships (C, D, K). Capability: Rural provider HVNs; tele-mentoring; statewide training modules; licensure-compact-aware staffing strategies. Evidence: Cibolo HVN model; SI partners' training frameworks. [5]

3. Louisiana Context Snapshot

- Rural footprint (2025): 44 of 64 parishes designated fully or partially rural; ~29.1% of Louisiana's population lives in rural areas. This suggests scalable opportunity for pharmacy-anchored screenings, RPM, and tele-specialty backstops. [2] (ldh.la.gov)
- Facility mix (2025): 27 Critical Access Hospitals; 246 Rural Health Clinics; 144 FQHC sites in rural areas; 33 rural PPS hospitals. Collaborative offerings can support right-sizing service lines, networked coverage (tele-ED/ICU), and shared data/cyber services. [3] (ruralhealthinfo.org)
- Maternal health (2025): 35 birthing hospitals hold Birth Ready/Birth Ready+ designation—an on-ramp to tele-maternal-fetal medicine and remote vitals monitoring to reduce HALO events and postpartum risk. [4] (ldh.la.gov)
- Medicaid landscape (2025): Approved 1115 SUD demonstration (Healthy Louisiana OUD/SUD) through 12/31/2027; LDH has also advanced a Reentry 1115 application to address pre-release transitions for justice-involved individuals. These can align with RHT behavioral health and care-coordination initiatives. [6][7] (medicaid.gov) (ldh.la.gov)
- Data assets: LA Hospital Inpatient Discharge Database (LAHIDD) provides longitudinal inpatient data for evaluation and targeting; the State's eCR program supports HL7 eICR (R1.1/R3), enabling electronically reported conditions and Promoting Interoperability alignment. [8][9] (ldh.la.gov) (ldh.la.gov)
- Workforce/HPSA indicators (2025): HRSA summaries indicate substantial primary-care and mental-health HPSA designations in Louisiana as of March 31, 2025—supporting emphasis on tele-specialty, CHW programs, and clinician-efficiency tools. [10][11] (commentary.healthguideusa.org) (commentary.healthguideusa.org)

Metrics-to-capabilities table (selected)

- Metric (year) and source:
  - 27 CAHs (2025), RHIhub State Guide. Collaborative capability: Tele-ICU/ED coverage; pharmacy-enabled transitions; AI triage; cyber uplift. [3] (ruralhealthinfo.org)
  - 246 RHCs (2025), RHIhub. Capability: RPM kits with navigator training; data integration to State HIE/data lake. [3] (ruralhealthinfo.org)
  - 35 Birth Ready hospitals (2025), LDH/LaPQC. Capability: Tele-MFM consults; remote BP/glucose monitoring; simulation training support. [4] (ldh.la.gov)
  - SUD 1115 (effective through 12/31/2027), CMS. Capability: Networked OUD/SUD services with tele-behavioral access and consumer risk alerts. [6] (medicaid.gov)

4. Strategy Aligned to RFP

Concept: A statewide "Rural Health Network and Digital Access Platform" that:

- Connects rural hospitals/clinics via tele-hospitalist/ED/ICU and specialty consults to reduce avoidable transfers and keep care local.
- Deploys RPM for high-risk chronic and perinatal patients with AI-based exception dashboards and multilingual patient triage/navigation.
- Leverages retail pharmacies as high-touch hubs for screening/adherence, integrated with FQHCs and regional systems.
- Establishes a secure State data/analytics fabric (cloud, TEFCA-aligned exchange, cyber uplift) to drive measures and evaluation.

RFP pillars and factor alignment

- Access/Sustainable access: Tele-ED/ICU, perinatal hub-and-spoke, shared ancillary services through HVNs (C.1/C.2). [1][5] (files.simpler.grants.gov)
- Prevention/Chronic disease (A/C): Pharmacy-anchored screenings; RPM; consumer apps for risk and medication safety. [1][5] (files.simpler.grants.gov)

- Innovative care/payment (I/E.1): Collaborative partners support actuarial modeling for shared savings/global budgets among HVN members. [5]
- Tech innovation (F): Cloud, data interoperability, cyber programs deployed previously in 700+ rural hospitals nationally, adapted to State standards. [5]

Equity strategy

- Prioritize high-need parishes using LAHIDD and HPSA overlays; integrate CHWs and multilingual navigation (Humetrix). [8][5] (ldh.la.gov)

Data use and privacy

- Utilize a State-controlled data environment to ingest claims (Medicaid/MCO), EHR, HIE, EMS, and social data; adopt TEFCA-aware exchange and zero-trust security controls; adhere to 2 CFR and HHS GPS. [1] [5] (files.simpler.grants.gov)

5. Program Design Options (Louisiana-tuned)

Option A: Rural ED/ICU Stability and Transfer Avoidance

- Target: All 27 CAHs and rural PPS hospitals. Problem: Low nighttime coverage, transfer dependency; at-risk service lines. Evidence: LA has 27 CAHs (2025). [3] (ruralhealthinfo.org)
- Services: Avel eCare tele-hospitalist/ICU/ED; Viz.ai acute detection; pharmacy med-rec to cut readmissions; cyber uplift.
- Payment logic: Global budgets/shared savings within HVN; measure avoidable transfers, LOS, and readmits. [1][5] (files.simpler.grants.gov)
- Enablers/Risks: Staffing acceptance; credentialing; broadband; cyber posture. Mitigations: Standardized privileging; backup connectivity kits; cyber program adoption.

Option B: Statewide Chronic Care and Maternal Remote Monitoring

- Target: Medicaid beneficiaries with HTN/DM/HF/COPD; perinatal (especially rural Birth Ready sites). Evidence: 35 Birth Ready hospitals (2025). [4] (ldh.la.gov)
- Services: BioIntelliSense BioButton kits with navigator training; Humetrix multilingual intake and personalized nudges; retail BP checks and pharmacist triage.
- Payment: Care management fees; targeted provider payments within 15% cap; shared savings benchmarks for acute use reductions. [1] (files.simpler.grants.gov)
- Risks: Device logistics; adherence. Mitigations: Pharmacy pickup; CHW follow-up.

Option C: Rural Behavioral Health Access and Transitions

- Target: Rural Medicaid with SUD/OUD; justice-involved reentry populations. Evidence: SUD 1115 approved to 12/31/2027; reentry 1115 application advanced. [6][7] (medicaid.gov) (ldh.la.gov)
- Services: 24/7 tele-behavioral consults; OUD risk alerts in consumer app; 90-day pre-release care planning integration with Medicaid MCOs.
- Payment: Use I (innovative care) and H (behavioral health) funds, plus alignment with SUD 1115 milestones.

Option D: Rural Data and Cyber Modernization

- Target: All participating rural facilities and State program office. Problem: Cross-system data fragmentation; cyber risk. Services: Azure-based data platform; TEFCA-aware exchange; cyber uplift and training.
- Limits: Capital/Infrastructure (J) ≤20%; administrative ≤10%. [1] (files.simpler.grants.gov)

6. Governance and Collaborative Roles

Illustrative structure

- State Lead Agency (Governor-designated) accountable for NOFO deliverables and funds flow; Medicaid for payment policy/SWIM lanes; State HIE/data office for data governance; hospital association/FQHC association for provider engagement; HVN board(s) for shared services and performance; Collaborative partners as implementation support under State direction. [1][5] (files.simpler.grants.gov)

RACI (abbrev.)

- R (Responsible): State PMO (planning/reporting); HVNs (clinical ops); SI partners (program management, integration); Telehealth vendors (clinical service ops).
- A (Accountable): State Lead Agency (award compliance); Medicaid (payment design); HIE/data office

(data use/privacy).
- C (Consulted): Hospital/FQHC associations; MCOs; universities; non-profits (AHA/ASA, NACHC).
- I (Informed): Legislators; local officials; community boards.

7. Payment and Funding

- RHT allowable uses: A–K; provider payment cap ≤15%; category J (capital/infrastructure) ≤20%; EMR replacement ≤5% under stipulated condition; tech-catalyst ≤10% or $20M; admin ≤10%. [1] (files.simpler.grants.gov)
- Medicaid alignment: Use SUD 1115 authority to support IMD stays and OUD continuum; evaluate future SPA/waiver needs for pharmacist services and tele-paramedicine as State policy actions under technical factors. [6][1] (medicaid.gov)

Example cost/deliverables table (illustrative order-of-magnitude; final budgets per SF-424A)

- Tele-ED/ICU network (service + staffing + QI): RHT categories F/I/K; deliverables—SLA metrics, transfer reduction KPIs. [1] (files.simpler.grants.gov)
- Chronic RPM (devices + navigators + analytics): RHT A/C/F; deliverables—enrollment, adherence, ED visit reduction.
- Data/cyber platform (cloud + HIE connectors + training): RHT F/J; deliverables—TEFCA exchange metrics, cyber posture score.

8. Data, Measurement, and Evaluation

- Measures: Access (tele-response times; in-parish service rates), quality (HEDIS-like BP control, A1c, maternal postpartum visit rates), utilization (avoidable ED; transfers; readmissions), financial (total cost of care), technology (uptime, cyber events), implementation (site activation). [1] (files.simpler.grants.gov)
- Data sources: Medicaid claims; MCO encounter; LAHIDD; facility EHRs; EMS feeds; public health registries (eCR); consumer apps. Integrations supported by Collaborative's data stack and TEFCA-aware exchange. [8][9] (ldh.la.gov) (ldh.la.gov)
- Evaluation: Pre/post and contemporaneous comparisons; rural vs statewide benchmarks; CMS cooperation per NOFO. [1] (files.simpler.grants.gov)

9. Implementation Plan

12–24-month Gantt (illustrative; contingent on State procurement)

Workstream	Start	End	Owner	Outputs
Program PMO and governance	Jan 2026	Mar 2026	State PMO	Charter, RACI, reporting calendar
Data platform & cyber uplift	Jan 2026	Dec 2026	State Data/HIE + SI + Microsoft	Data lake, TEFCA connector, cyber playbooks
Tele-ED/ICU stand-up (10 sites/qtr)	Feb 2026	Mar 2027	HVN + Avel eCare	Go-lives, SLAs, transfer metrics
Chronic RPM (maternal, HTN, HF)	Mar 2026	Dec 2026	FQHCs/RHCs + BioIntelliSense	Enrollments, alerting KPIs
Retail pharmacy integration	Apr 2026	Dec 2026	Pharmacies + FQHCs	Adherence dashboards, referrals
Workforce training & tele-mentoring	Feb 2026	Ongoing	SI + Avel + NACHC	Curriculum, session logs

Milestones/gating

- Data use agreements executed; security assessment accepted; clinical privileging protocols in place; equipment procurement in compliance with 2 CFR and NOFO caps. [1] (files.simpler.grants.gov)

10. Risk Register (selected)

- Broadband/cyber gaps delay go-lives. Mitigation: Redundant connectivity kits; staged rollouts; cyber uplift first. Owner: State PMO + SI.
- Clinical adoption resistance. Mitigation: Tele-mentoring; ambient documentation tools to reduce burden. Owner: HVN CMO.
- Exceeding caps (provider payments/capital). Mitigation: Line-item guardrails and quarterly financial checks. Owner: State Finance. [1] (files.simpler.grants.gov)
- Policy actions not finalized by deadlines (2027/2028). Mitigation: Legislative planning calendar, cross-agency leads. Owner: State Policy. [1] (files.simpler.grants.gov)
- Vendor integration delays. Mitigation: Master integration plan, common data contracts. Owner: SI.

11. Draft RFP Response Language (Louisiana-tailored; paste-ready excerpts)

Program purpose and goals "Louisiana proposes a statewide Rural Health Network and Digital Access Platform to expand timely access to high-quality care in rural parishes, reduce avoidable transfers, and improve outcomes for chronic disease, maternal health, and behavioral health. The approach combines tele-emergency/ICU services, continuous remote patient monitoring with exception management,

pharmacy-enabled chronic care, and a secure data/analytics fabric aligned to TEFCA and HHS Cybersecurity Performance Goals. This plan addresses RHT allowable uses A, F, H, I, and K and aligns with technical scoring factors for strategic partnerships, remote care services, data infrastructure, and consumer-facing technology." [1] (files.simpler.grants.gov)

Use of funds and caps "Funds will be applied across at least three use-of-funds categories, with internal guardrails to maintain provider payments ≤15% of annual award; category J capital/infrastructure ≤20%; EMR replacement ≤5% (if applicable per NOFO conditions); and administrative costs ≤10%. The State will check 'No' on SF-424 Box 19c, as EO 12372 does not apply." [1] (files.simpler.grants.gov) (files.simpler.grants.gov)

Measurement and evaluation "Louisiana will report on access, quality, utilization, financial, workforce, and technology measures at quarterly intervals, leveraging LAHIDD, Medicaid claims/encounters, eCR, EHR feeds, and EMS data. Data governance will follow 2 CFR and HHS GPS, with privacy protections and cyber controls." [1][8][9] (ldh.la.gov) (ldh.la.gov)

State policy actions (technical factors) "Louisiana will evaluate licensure compact participation, pharmacist scope of practice, EMS integration, and payment incentives for rural providers and will identify any proposed policy changes with milestone dates to meet NOFO timelines (by 12/31/2027; by 12/31/2028 for B.2 and B.4)." [1] (files.simpler.grants.gov)

12. References

1. Rural Health Transformation Program — Notice of Funding Opportunity (CMS-RHT-26-001), Centers for Medicare & Medicaid Services, posted Sep 15, 2025. Accessed Oct 14, 2025. https://files.simpler.grants.gov/.../cms-rht-26-001_final.pdf. (files.simpler.grants.gov)
2. Rural Health Transformation Program (RHTP) — Louisiana Department of Health overview page (Louisiana's Rural Landscape), LDH, updated 2025. Accessed Oct 14, 2025. https://ldh.la.gov/page/rural-health-transformation-program. (ldh.la.gov)
3. Rural health for Louisiana — State Overview, Rural Health Information Hub (RHIhub), last updated Sep 11, 2025. Accessed Oct 14, 2025. https://www.ruralhealthinfo.org/states/louisiana. (ruralhealthinfo.org)
4. LDH recognizes 35 birthing hospitals achieving Louisiana Birth Ready Designation, Louisiana Department of Health, Mar 17, 2025. Accessed Oct 14, 2025. https://ldh.la.gov/news/birth-ready-2025. (ldh.la.gov)
5. Rural Health Transformation Collaborative. R1. 10-11-25 (internal consensus document). Accessed Oct 14, 2025. (Examples: tele-hospitalist/ICU programs, RPM, pharmacy interventions, data/cyber platform, HVN model.)
6. Healthy Louisiana OUD/SUD Demonstration (1115), Medicaid.gov — Approved through 12/31/2027; monitoring documents 2023–2025. Accessed Oct 14, 2025. https://www.medicaid.gov/.../81866. (medicaid.gov)
7. Reentry 1115 Demonstration Waiver (application notice), Louisiana Department of Health, Sep 27, 2024 and 2025 public forum notice. Accessed Oct 14, 2025. https://ldh.la.gov/medicaid/reentry-1115-waiver; https://ldh.la.gov/news/Reentry1115. (ldh.la.gov)
8. Louisiana Hospital Inpatient Discharge Database (LAHIDD), LDH Bureau of Health Informatics. Accessed Oct 14, 2025. https://ldh.la.gov/bureau-of-health-informatics/lahidd. (ldh.la.gov)
9. Electronic Case Reporting (eCR) in Louisiana, LDH. Accessed Oct 14, 2025. https://ldh.la.gov/page/electronic-case-reporting. (ldh.la.gov)
10. HRSA Data Warehouse — Data downloads (Shortage Areas), updated Oct 13, 2025. Accessed Oct 14, 2025. https://data.hrsa.gov/data/download. (Used to contextualize HPSAs; state-level counts summarized below.) (data.hrsa.gov)
11. HealthGuideUSA Commentary (citing HRSA "Designated HPSA Quarterly Summary" as of 3/31/2025): Primary care and mental health HPSA summaries for Louisiana and the Southeast. Accessed Oct 14, 2025. https://commentary.healthguideusa.org/2025/06/; https://commentary.healthguideusa.org/2025/07/. (commentary.healthguideusa.org) (commentary.healthguideusa.org)

Assumptions and Open Questions

- Louisiana's current participation status in specific licensure compacts (e.g., PSYPACT, PA Compact) and Certificate-of-Need/Facility Need Review scope in 2025 require confirmation for the NOFO's state-policy scoring (B.3, C.3, D.2, D.3). We will align to Table 4 source lists and validate with authoritative State/compact websites before submission. [1] (files.simpler.grants.gov)
- Latest official count of Medicaid DSH recipient hospitals for the most recent State Plan Rate Year (SPRY) and the complete CCBHC entity/site list as of Sep 1, 2025 will be provided per NOFO; placeholders herein reflect the reporting requirement rather than final counts. [1] (files.simpler.grants.gov)
- Broadband availability metrics by rural parish and any 2025 PBM/MCO operational changes (e.g., transition from single PBM to plan-specific PBMs) will be synchronized with LDH program notices to ensure initiative feasibility and beneficiary communications. (louisianahealthconnect.com)

Compliance checklists (applicant use)

- Application package (Grants.gov submission):
  - SF-424 (Item 19c = No, EO 12372 not applicable); SF-424A; SF-LLL; Project/Performance Site form. [1] (files.simpler.grants.gov)
  - Narratives within page limits: Project Summary (1p), Project Narrative (≤60p), Budget Narrative (≤20p). [1] (files.simpler.grants.gov)
  - Attachments: Governor's endorsement letter; Indirect cost agreement (if used); Business assessment; Program duplication assessment; Other support docs. [1] (files.simpler.grants.gov)
- Budget guardrails:
  - Admin ≤10% (direct+indirect used for admin); Provider payments ≤15%; Capital (J) ≤20%; EMR replacement ≤5%; "Tech Catalyst" ≤ lesser of 10% or $20M. [1] (files.simpler.grants.gov)
- Reporting/continuations: Progress, FFR, FFATA, cybersecurity plan if accessing HHS systems/PII/PHI; annual non-competing continuation ~60 days before each period end. [1] (files.simpler.grants.gov)

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