Rural Health Transformation Program Application

Opportunity Number: CMS-RHT-26-001

Project Narrative
Submitted by the State of Tennessee
Tennessee Department of Health

November 5, 2025

Table of Contents

Project Narrative

Tennessee's rural communities have long been the heart of the state's economy, culture, and identity. The RHTF plan equips these communities with the modern tools, partnerships, and innovations to thrive – building a locally-led model for how rural America can become healthy, vibrant, and self-sustaining and bring "Better Care, Closer to Home." Tennessee faces some of the nation's most complex rural health challenges, from hospital closures and workforce shortages to high rates of chronic disease. Since his first Executive Order, Governor Bill Lee has made rural health a statewide priority, directing every agency to define its impact on rural Tennessee and strengthen it. With legislative support, he created the Rural Health Care Task Force, catalyzing major investments in rural access, workforce, and prevention. Tennessee has opened new rural hospitals and strengthened existing ones through sustained investment under the TennCare Shared Savings Program, including the competitive Rural Health Resiliency Program (HRP)—a proven model for driving hundreds of millions of dollars to underserved communities. In every rural county, these efforts are anchored by County Health Councils, which lead Community Health Assessments and Implementation Plans that align local leaders around shared priorities and accountability. Years of prioritizing rural needs have laid the foundation for the RHTF's success.

To match this historic opportunity Tennessee will now invest $125 million of our own TennCare Shared Savings to strengthen rural health through targeted capital projects in hospitals and primary care—and to extend the most effective models emerging from this RHTF. Separately, TennCare will launch a first-of-its-kind Pathway to Independence pilot using additional shared-savings funds to help parents transition to private coverage and stable employment, reducing Medicaid dependence and creating long-term taxpayer value.

Rural Health Needs and Target Population

Across the hills and hollers of Appalachia in the east to the farmlands of west, one in three Tennessee residents lives in a rural community where isolation, poverty, and declining infrastructure can create barriers to health and prosperity. Communities that have defined Tennessee and much of America's identity are at the center of this great opportunity. Rural Tennesseans are older, poorer, and sicker than urban counterparts, and gaps continue to widen. With 93 of 95 counties designated as Health Professional Shortage Areas (HPSAs), the need for system-wide response is urgent.

Tennesseans contribute enormously to the national healthcare infrastructure, as a regional healthcare capital for the American southeast, with tremendous assets and upsides including the nation's largest for-profit hospital network and nation-leading Medicaid agency in innovation and efficiency. For 20 years, Tennessee has been number one in the southeast for medical equipment and supplies and the third-ranked exporter in the United States for medical equipment.[iv] Investing in rural Tennessee is investing in the health of the nation's economy. Tennessee's years of rural health investments has laid a foundation that RHTP funds can build on to innovate and transform health to Make Rural Tennessee Healthy Again. This Rural Health Transformation Proposal reimagines our rural communities—restoring access, dignity, and sustainability to the places that house Tennessee's heart and our economy.

Rural Needs

- **Rural Healthcare Transformation** (Right-sizing facilities to improve access)
- **Maternal and Child Health (**Investing in the future of Tennessee families)
- **Making Rural TN Healthy Again** (Chronic disease prevention & nutrition security)
- **Technology Infrastructure** (Ensuring capital meets modern care tools)
- **Workforce Development** (Building a comprehensive health workforce pipeline)

Rural Demographics

Over 75% of Tennessee's counties are majority rural[i], and in 2024, 2,333,558 Tennesseans, or 33% of the state's population, were rural residents.[ii] Rural Tennesseans, as a whole, are older, poorer, and have less formal education than urban Tennesseans.[iii] Life expectancy decreases as rurality increases, with residents in 100% rural counties having a life expectancy (71.6 years) over 3 years lower than those in mostly urban counties (74.9 years).[iv]

Tennessee ranks 40th for percentage of households living below the federal poverty level at 14.2%.[v] The average median household income in rural Tennessee is $57,000, 23% lower than in urban areas.[vi] In 2023, 12.2% of Tennesseans aged 18-24 in rural areas did not have a high school diploma.[vii] In counties that are 100% rural, 44.5% of residents have public health insurance, compared to 31.4% of residents in counties that are mostly (>75%) non-rural.[viii]

Health Outcomes

Overall, Tennessee is ranked 44th in health and has ranked among the bottom 10 states for 35 years. Rural Tennessee counties generally rank worse than urban counties on health outcomes (mortality, preventable hospitalizations, life expectancy) and are more likely to experience poor housing, environmental exposures, limited access to preventive services and nutrition insecurity.[ix] In 2023, 37.6% of adults in Tennessee were obese, ranking 40th in the nation, with rural rates being 17% higher than urban rates.[xxi] Tennessee experiences poor maternal and infant health outcomes such as preterm birth and maternal mortality. According to the 2024 Maternal Mortality in Tennessee Report, 76% of pregnancy-related deaths were preventable, signaling a clear opportunity for intervention[xii] across rural Tennessee.

In Tennessee, 16.1% of adults have three or more chronic conditions, the third highest in the country, leading to higher death rates among rural Tennesseans. For all of Tennessee's top 10

leading causes of death, the crude death rate is higher in rural areas than urban. In rural Tennessee, the death rate for heart disease (the leading cause of death), is 51% higher among rural Tennesseans than their urban counterparts. We face the third-highest percentage of cancer deaths attributable to smoking, and fifth-highest lung cancer incidence and mortality.[xiii]

Alzheimer's Disease is the state's 6th leading cause of death (4th for women), and is also higher among rural Tennesseans.[xiv] Tennessee will need a 232.4% increase in the number of geriatricians by 2050 to meet the demands of the aging population.[xv] Meanwhile, diseases of despair (alcohol, prescription- and illegal-drug overdose; suicide; and cirrhosis of the liver) are of particular concern in Tennessee, and especially rural Appalachia where diseases of despair are 30% higher compared to non-Appalachia.[xvi] In 2023, over 3600 Tennesseans died of a drug overdose, which has the 2nd highest drug death rate in the nation.[xvii]As these health and healthcare challenges compound over time, they result in an overall lower life expectancy in rural Tennessee.

Healthcare Access and Rural Facilities and Financial Health

Tennessee has 15 Critical Access Hospitals, 2 Rural Emergency Hospitals, 326 Rural Health Clinics, 100 rural Federally Qualified Health Centers, and 42 small rural hospitals.[xviii] Since 2010, 16 rural hospitals have closed in Tennessee, the second-most hospital closures of any state and the most per capita. ~ 75% of Tennessee's essential access rural hospitals are at high risk of closure, and 45% of Tennessee hospitals have unsustainable financial metrics.[xix] Workforce shortages are systemic, with 93 of Tennessee's 95 counties designated as Healthcare Provider Shortage Area (HPSAs) for primary care, dental, and/or mental health services. Financial pressures on rural hospitals are acute and increasing. Higher costs, increasing prevalence of high-deductible health plans, provider and staff shortages and escalating costs all pose significant

and serious challenges to a significant and growing portion of rural hospitals. TDH works to address shortages by embedding primary and dental care within local health departments in every rural county. Five counties in Tennessee have no dental provider and statewide there are only 50.4 dentists for every 100,000 residents, ~25% lower than the national average, ranking Tennessee 45th in the nation.[xx] Nearly a third of Tennessee is a maternity care desert, with 18 Tennessee rational service areas having no obstetric providers. In Tennessee, women travel 15.9 miles and 22.4 minutes, on average, to their nearest birthing hospital.[xxi] In rural Tennessee, however, 55.1% of women live over 30 minutes from a birthing hospital.[xxii]

Target Population

With nearly every county in Tennessee formally recognized as a Health Professional Shortage Area, the case for statewide transformation is undeniable. Tennessee's health outcomes fall behind national benchmarks across nearly every major measure, underscoring that this is not a local issue but a *statewide imperative*: a call to reimagine how care is delivered, sustained, and shared across rural Tennessee. Tennessee's rural health needs and challenges define the foundation of Tennessee's modernization strategy, which is ready to be scaled.

Rural Health Transformation Plan – Goals and Strategies

Tennessee knows that the heart of rural America still beats strong. We envision a system of care that honors the independence of our small towns while connecting them to trusted partnerships, modern technology and shared purpose to bring "Better Care, Closer to Home." Tennessee's existing structures for rural health transformation ensure funds will be used effectively to achieve this vision. Notably, Tennessee's competitive Healthcare Resiliency Program (HRP) has invested over $300 million since 2023 to drive targeted investments to underserved and rural communities. By fueling innovation at the local level, prioritizing proven strategies such as the HRP model of funding distribution, and trusting the wisdom of our rural people, we will build

not just programs, but sustaining *systems of strength* — ensuring every citizen, no matter their ZIP code, can find high-quality care close to home, for generations to come.

Improving Access and Outcomes

Goal: Tennessee will strengthen the rural health system so that from older adults to the unborn, every person can find timely, affordable, and high-quality health and healthcare services, closer to home. We aim not only to treat illness but to restore rural well-being as a way of life.

Strategies: (1) The Healthcare Resiliency Program (HRP) will fund competitive community-led redesign of facilities, service expansions, and co-located specialty sites to high needs areas in rural Tennessee. (2) The Last Mile Initiative will expand EMS and mobile Mental Health services, train Community Paramedics in prevention and neonatal care, and integrate maternal coordination through CHANT, (Community Health Access and Navigation in Tennessee), an integrated model of care coordination offered through TDH. (3) Optimizing Rural Healthcare includes expansion of our successful Safety Net, including millions for currently ineligible providers in services deserts, connecting uninsured Tennesseans to volunteer specialists and reduce hospitalizations. Investments will strengthen TDH health clinics in every single rural county – as the nation's highest-serving state-operated network, providing both primary and dental care. (4)A Memory Care Assessment Network, supported by a proven dementia navigation program will provide rural residents access to ADRD screening and treatment faster and at lower acuity. For the (5) Capacity Building of our providers, we will invest in direct technical-assistance funding, executive leadership pipelines, (6) co-location of behavioral health services for existing providers will build local leadership and coordination.

We will make generational investments in (7) Maternal and Child Health through the proven Healthcare Resiliency Program (HRP) model, distributing competitive grants, support regional perinatal centers, and expand our Fetal and Infant Mortality Review work into rural areas,

addressing the root causes of maternal and infant mortality.

Outcomes: By FY 2031, >80% of rural residents within 30 minutes of a primary care or co-location site (currently 68% (HRSA)), >50 additional rural facilities modernized, right-sized, or collocated with behavioral, primary, or specialty care services, 25% reduction in rural maternal mortality (current: 53/100k), 15% reduction in rural infant mortality (current: 7.2/1000), MCAN operating in all, identifying 100 early diagnoses of ADRD annually, >20% increase in patients seen via Safety Net.

Technology Use

Goal: Make care more efficient and effective by fostering use of innovative technologies and health-tech as a force multiplier for rural health success, meeting need with opportunity, expanding interoperability, and spurring innovation to reduce provider burden.

Strategies: Tennessee will engage rural providers onto Tennessee's long-needed Health Information Exchange (HIE) for real-time data sharing and safety alerts. Through an HRP model, Tennessee will use targeted Health-Tech grants to modernize rural clinic management, provider output, and digital workflows. An enhanced closed-loop referral platform builds on existing work to expand additional linkages to community-based social and behavioral-health services, while a statewide eConsult platform will expand prompt access to specialty services.

Outcomes: By FY31, 100% percent of HRP awardees (eligible healthcare providers/systems) will connect or develop a roadmap to connect to the HIE and the CLRS.

Partnerships

Goal: Build durable, community-rooted partnerships that unify Tennessee's rural health ecosystem—linking providers and partners to improve quality, stability, and shared learning.

Strategies: Building on decades of innovative leadership at the local level, cross-sector County Health Councils will align local partners and receive annual progress reports from RHTF

participants and HRP awardees. Regional Healthcare Coalitions will coordinate emergency preparedness and shared planning across EMS regions. The Academic Health Department program will connect with universities and training centers in both rural and urban centers to improve shared learning and rural training opportunities. Regional affiliations between rural and tertiary systems will strengthen finances and preserve access, while TDH, TennCare, and the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) continue to align funding and metrics at the community and regional level.

Outcomes: By FY31, residents in every county health council will be connected with an HRP awardee, ≥30 formal or renewed affiliations with data-sharing, telehealth, or referral agreements.

Workforce

Goal: Strengthen Tennessee's rural health care workforce through comprehensive career pipelines, pre- and post-licensure training, plus continuing education and support for clinicians and health care administrators.

Strategies: Tennessee will expand and up-scale a variety of rural training opportunities for health professions, led by the foundational work of Tennessee Rural Health Care Task Force (2022-2024) and the Tennessee Rural Health Care Center of Excellence established in 2025. State investments in key pilot initiatives will include the (1) Comprehensive Rural Health Pipeline and Pathways Program for K-12 students, the (2) Rural Healthcare Initiatives Program for paid apprenticeships and other work-based learning opportunities, and the (3) Rural Clinical Training Program for rural-based education curricula, constitute a three-prong approach for career pathways, paid apprenticeships, rural residencies/fellowships, and other rural-based learning opportunities for the spectrum of the healthcare workforce. The state will concentrate on shortage areas such as health care 'deserts' in obstetrics, primary care, dental and the behavioral-health workforce.

Outcomes: By FY31, 25 new rural residencies or fellowships will be active, and 150 new healthcare providers placed in rural counties. One thousand students will enter early-exposure tracks, and rural provider retention will rise. 50% of workforce programs will shift to sustained funding.

Financial Solvency and Cause Identification

Goal: Safeguard the financial future of rural hospitals and clinics through value-based payment models, right-sizing services, targeted technical assistance, and pro-active solvency oversight.

Strategies: Tennessee is making significant investments ($100m, scalable) in value-based payment models. Technical assistance will guide facility restructuring into hybrid, Rural Emergency Hospitals, or micro-hospital formats. Rural TDH primary clinics will modernize systems, and a Rural Prosperity Coordinator will engage public-private partnership opportunities to improve community health outcomes in TN.

Outcomes: By FY31, 15 hospitals, EDs, or clinics will complete right-sizing transitions, and 20 new diversified rural outpatient programs will open statewide. Although there will be forces beyond our control impacting potential changes, Tennessee is setting the goal of a net loss of zero critical-access hospital services during the grant period.

Program-Wide Key Performance Objectives (by FY 2031)

By the end of the funding period, Tennessee will demonstrate measurable statewide progress across five strategic focus areas. These key performance objectives represent the overarching goals of the Rural Health Transformation Plan and are derived directly from initiative-level metrics and data sources.

Focus Area	Objective	Baseline (2025)	Target (FY 2031)
1. Rural Healthcare Transformation	Expand integrated primary, behavioral, and specialty care access across rural Tennessee by increasing the number of clinics	Few rural clinics offering co-located behavioral or specialty care; limited referral connectivity.	≥20 rural clinics providing co-located care and a 50% increase in organizations connected through TN Community Compass.

Focus Area	Objective	Baseline (2025)	Target (FY 2031)
	offering co-located services and connected referral systems.		
2. Maternal and Child Health	Expand access to comprehensive maternity care in all Tennessee maternity-care-desert counties and improve perinatal quality outcomes	0 maternity-care-desert counties served; postpartum depression screening 84%; postpartum visit attendance 92.6%;	100% of maternity-care-desert counties served; postpartum depression screening 91%; postpartum visit attendance 93.8%;
3. Make Rural Tennessee Healthy Again	Improve preventive health and chronic disease outcomes in rural Tennessee by expanding access to health-promoting environments and strengthening County Health Councils.	45 counties with funded health-promotion environments; 0% of rural residents within one mile of such environments; 42 tailored resources for Health Councils.	89 counties funded; ≥25% of rural residents within one mile; 73 tailored resources.
4. Technology Infrastructure	Modernize rural health technology systems to strengthen data exchange, interoperability, and care coordination statewide.	Structured data exchange at 60% of encounters; 0 providers enrolled in HIE; ~20,000 annual referrals through TN Community Compass.	Structured data exchange at 85% of encounters; 500 providers enrolled in HIE; 200,000 annual TNCC referrals.
5. Workforce Development	Expand Tennessee's rural health workforce pipeline by increasing residencies, apprenticeships, and internships that establish sustained training and placement capacity statewide.	0 rural residencies; 38 apprenticeships; 0 student internships.	250 rural residencies; 80 apprenticeships; 1,000 student internships.

CMS Strategic Goal Alignment

This plan advances all five Strategic Goals outlined by CMS in the NOFO:

1. **Sustainable Access** – Right-sized facilities, Safety Net, ADRD, Maternal and Child Health
2. **MRAHA** – Community-based prevention, chronic-disease management, CHWs
3. **Tech Innovation** – HIE expansion, AI-supported analytics, remote monitoring, EMS
4. **Workforce Development** – Expanded physician, behavioral, and administrator pipelines.
5. **Innovative Care** – Payment model reform, revenue diversification, sustainability planning, community engagement through County Health Councils.

Legislative and Regulatory Actions
*Tennessee is immediately pursuing **full policy alignment with the Administration** on legislative and regulatory actions, as outlined in the NOFO.*

A.2 – Certified Community Behavioral Health Clinics (CCBHCs)
None of Tennessee's Community Mental Health Centers are certified CCBHC.

A. 7 -,DSH Payments
There were 60 unique hospitals that received Statutory DSH payments in SFY2025.

B. 2. Health and lifestyle
Tennessee will introduce and pass legislation in 2026 requiring schools to reestablish the Presidential Fitness Test in a way that is aligned with any announced federal guidance associated with Executive Order 14327 to promote high fitness standards and encourage active lifestyles among youth. Implementation will occur prior to December 31, 2028.

B. 3. SNAP waivers
On August 12, 2025, Tennessee requested a demonstration project waiver from U.S. Department of Agriculture Food and Nutrition Service (USDA FNS) to modify the definition of foods allowable for purchase with the Supplemental Nutrition Assistance Program (SNAP) benefits. This demonstration project will restrict the purchase of some food and beverage items with high sugar content using SNAP benefits in support of improved health outcomes among SNAP recipients. The State received technical assistance from USDA FNS following the request and submitted a revised waiver request incorporating USDA FNS feedback on September 29, 2025. However, USDA FNS has since notified Tennessee that the agency is unable to continue processing the State's waiver approval during the federal government shutdown. Tennessee intends to obtain final approval of the State's waiver immediately upon the reopening of the federal government.

B. 4. Nutrition Continuing Medical Education

Tennessee will introduce and pass legislation in 2026 requiring nutrition to be a component of continuing medical education (CME) for physicians to equip them to better prevent and manage a variety of health conditions. Implementation will occur prior to December 31, 2028.

C.3.Certificate of Need (CON)

In 2024, the Tennessee General Assembly passed HB2269/SB2009, Public Chapter No. 985, which significantly reformed the State's certificate of need (CON) program. Among the reforms was allowing providers to initiate imaging services without a CON, specifically PET and MRI services. These changes will take effect on December 1, 2025, and, therefore, are not reflected in the Cicero Institute 2024 report. Tennessee will introduce and pass legislation to eliminate CONs across facility categories in the 2026 legislative session. The elimination of CON will reduce barriers to entry for new providers, which will help facilitate greater access, lower costs, and improve quality of care. Implementation will occur by January 1, 2027.

D. 2. Licensure compacts

The sources accurately reflect that Tennessee has fully enacted the five compacts.

D. 3. Scope of practice

Expanding the scopes of practice for physician assistants, nurse practitioners, pharmacists, and dental hygienists will help alleviate critical workforce shortages and enable more timely, accessible care for rural residents.

Physician Assistants: The source accurately reflects Tennessee's moderate scope of practice environment. Tennessee will introduce and pass legislation in 2026 to enable optimal scope of practice. Implementation will occur by January 1, 2027. Nurse Practitioners: The source accurately reflects Tennessee's restricted scope of practice environment. Tennessee will introduce and pass legislation in 2026 to enable full scope of practice. Implementation will occur by January 1, 2027. Pharmacists: The source accurately classifies Tennessee as having

formulary-based authority. Tennessee will introduce and pass legislation in 2026 to enable full authority. Implementation will occur by January 1, 2027. Dental Hygienists: The source's classification is accurate. Tennessee will introduce and pass legislation in 2026 to enable unrestricted scope of practice. Implementation will occur by January 1, 2027.

E. 3. Short-term, limited-duration insurance (STLDI)

Tennessee has no state-specific restrictions in place that limit short-term, limited-duration insurance (STLDI) beyond the federal guidance. There are no state-imposed policies regarding maximum allowable initial contract term or maximum allowable total coverage period.

F. 1. Remote care services

The Center for Connected Health Policy (CCHP) accurately reports that Tennessee has an in-State licensing requirement, a registration policy for telehealth, and provides reimbursements for live video. Tennessee also provides Medicaid payments for Store and Forward, as required by T.C.A. 56-7-1002(e), and payments for Remote Patient Monitoring (RPM), as evidenced by Tenn. R. & Regs. Rule 1200-13-14-.04. These two state policy action factors are not captured in the CCHP report. If greater policy documentation of RPM coverage would be beneficial for increased awareness of rural health providers, Tennessee commits to adopt such a policy prior to December 31, 2026.

Proposed Initiatives & Use of Funds

Tennessee's Rural Health Transformation Fund (RHTF) initiatives are organized into five interconnected focus areas designed to address the Strategic Goals of RHTF. Together, 17 initiatives strengthen access, workforce, technology, and prevention across all rural counties. Select stakeholders are listed for each initiative, while a more a comprehensive table of existing stakeholders and/or partners is attached to this application.

Focus Area	Select Initiatives
Rural Healthcare Transformation	1. HRP: Service Line Expansion and Co-Location 2. Last Mile Teams 3. Optimizing Rural Health Care 4. Memory Care Assessment Network 5. Rural Capacity Building 6. Dental Pilot
Maternal and Child Health	7. HRP: Maternal and Child Health 8. Value-Based Payment: Maternal, Hospitals, Dental
Make Rural Tennessee Healthy Again	9. HRP: Make Rural Tennessee Healthy Again (MaRTHA) 10. Rural Health Improvement Grants 11. HRP: Rural Non-Emergency Transportation
Technology Infrastructure	12. HRP: Health-Tech 13. Statewide Health Information Exchange (HIE) 14. TN Community Compass 15. Rural Health Innovation Catalyst 16. Statewide eConsult Platform
Workforce Development	17. Comprehensive Health Workforce Pipeline

1. HRP: Service Line Expansion & Co-Location

Initiative: Activating Sustainable Service Lines in Rural Hospital and Healthcare Facilities

Description: Access to comprehensive healthcare services in Tennessee's rural communities remains a critical challenge, often resulting in fragmented care and poor health outcomes. The proven Healthcare Resiliency Program (HRP) model aims to expand and integrate access to primary, specialty, behavioral, and social health services within hospital and healthcare settings.

Through a competitive grant process, this initiative will fund innovative projects designed to increase the capacity of primary care practices to offer comprehensive services and improve collaboration among healthcare providers. This initiative supports rural hospitals, Critical Access Hospitals (CAHs), and co-located clinics in implementing or expanding strategic priority service lines within existing facilities. Focus areas include perinatal care, behavioral health, emergency department services, primary care, pediatrics, chronic care coordination, specialty services, and targeted diagnostic capacity. The initiative emphasizes portfolio-based sustainability by balancing margin-positive services (e.g., infusion therapy, oncology, nephrology, diagnostic imaging, certain surgical procedures) with mission-critical services (e.g., OB delivery, emergency department, primary care, behavioral health) and strategic loss leaders (e.g., pediatric primary care, chronic care coordination).

Activities include: co-location of services (i.e.; adding behavioral health services in a primary care setting), minor alterations and renovations (MAR) within existing footprint to retrofit underutilized space; acquisition and installation of clinical equipment; limited staffing supports and retention incentives tied to 5-year rural service commitments; simulation-based training and credentialing for high-acuity, low-occurrence events; development of clinical protocols and workflow redesign; coverage models and on-call strategies; and integration of telemedicine. All projects must demonstrate how service lines fit within a balanced portfolio that achieves financial sustainability at rural volumes through hybrid/digital models and value-based payment pathways.

Main Strategic Goal: Sustainable Access

Use of Funds: B, D, E, F, G, H, I, J, K

Technical Score Factors: B.1, C.1, C.2, D.1, F.1, F.2, F.3

Key Stakeholders: Primary and behavioral health providers, nonprofit and CBOs

Outcome Metric	Baseline/Target
Increase the number of rural primary care clinics adding access to integrated behavioral health.*(* - *indicates availability at community level)*	Baseline: 0 Target: 10 Clinics
Increase the number of rural primary care clinics adding access to specialty care services onsite.	Baseline: 0 Target: 10 Clinics
Increase the number of organizations connected to TN Community Compass.	Baseline: TBD in 2025 Target: 50% increase.
Increase the number of new or upgraded exam/treatment rooms.	Baseline: 0 Target:10

Impacted Counties: County selection will be based on rural designation, demonstrated community health needs, provider capacity, partnership readiness, and feasibility, with each funded model required to identify target counties, show potential for replication, and, when technology-enabled, demonstrate scalable reach across rural Tennessee.

Estimated Required Funding: $95,000,000 (scalable to $250,000,000)

2. Last Mile Teams

Initiative: Unifying multiple high-impact efforts to expand Tennessee's rural emergency care infrastructure and bring integrated health services directly to residents in hard-to-reach areas

Description: The Last Mile Teams initiative unites multiple high-impact efforts to expand Tennessee's rural emergency care infrastructure and bring integrated health services directly to residents in hard-to-reach communities. This comprehensive program will fund not just a new ambulance in every county, but a comprehensive new program to expand EMT training and support, launch and scale Community Paramedicine programs in high-need counties, and embed neonatal resuscitation (NRP) and perinatal readiness into rural EMS operations statewide, while deploying mobile behavioral health units or Mobile Health Clinics (MHCs) through an expansion of Project Rural Recovery. MHCs step in as frontline behavioral providers, often in counties with no hospitals, preventing unnecessary hospital visits and filling care gaps that would otherwise overwhelm rural facilities, saving money across the healthcare system. Of 2,308 Project Rural Recovery clients assessed, they reported 227 times that they would have gone to the emergency department if the mobile clinic had not been available, and 671 times that they

wouldn't have received any care. In one year alone, Project Rural Recovery's mobile units saved an estimated $200,000 by treating these clients on the mobile health clinic rather than in emergency departments. 17% of clients reported that it would have taken over an hour to reach alternate care. MCHs can prevent around 600 emergency room visits per clinic annually, equivalent to an average savings of 20% in healthcare costs (Tulane University, 2021). By driving care directly into high-need areas and preventing avoidable hospital use, mobile health clinics not only improve health outcomes but also serve as a cost-saving, capacity-building asset to rural hospitals across Tennessee.

Another critical component of the Last Mile Team is the Regional Healthcare Coalitions (HCCs) that will build the Tennessee Healthcare Resilience, Integration, and Value Expansion (THRIVE) initiative, representing Tennessee's next-generation model for sustainable healthcare preparedness and rural system transformation. THRIVE will create a platform for innovation to address persistent gaps in healthcare preparedness. Initial efforts will focus on HCC effectiveness, system interoperability, operational readiness, supply chain resilience, continuous QI, and federal alignment. Planned activities include strengthening supply chain resilience through rotational cache management programs and expansion of healthcare buying groups, establishing Medical Operations Coordination Centers (MOCCs) to streamline patient movement and placement, implementing HL7 FHIR/US SAFR standards to enhance data interoperability and create a comprehensive common operating picture during response efforts, and developing deployable medical teams for field, triage, and surge support operations.

Finally, TDH will build upon the core Community Health Access and Navigation in Tennessee (CHANT) program by connecting pregnant and postpartum women to critical resources, comprehensive referrals, and individualized care coordination with increased intensity and

education components, building a robust system of wraparound support aimed at reducing risks and improving perinatal health outcomes at both the individual and community levels. Funding from this grant will allow the enhanced CHANT maternal care coordination to launch in twelve rural counties with high rates of sleep-related infant deaths and limited maternity care access. The expansion will strengthen Tennessee's maternal health infrastructure by bridging resource gaps, enhancing care coordination capacity, and building a scalable, data-driven model that can be replicated statewide. This investment not only supports direct service delivery but also lays the foundation for long-term system transformation—one that promotes maternal wellness, infant safety, and equitable access to care across all 95 counties by 2035.Together, these efforts ensure that Tennesseans—regardless of geography—have timely access to lifesaving care, chronic disease management, and maternal and behavioral health services through coordinated local response systems that link EMS, hospitals, and community providers.

Main Strategic Goal: Sustainable Access

Use of Funds: A, C, D, E, F, G, H, I, K

Technical Score Factors: B.1, B.2, C.1, C.2, F.1, F.2, F.3

Key Stakeholders: County Ambulance Services, TDMHSAS, EMS, hospitals, community-based partners, women in rural communities, health care providers, i.e., obstetricians, gynecologists, family physicians, certified nurse midwives, neonatal care providers, pediatricians, March of Dimes, Rural Health Association of TN (RHAT)

Outcome Metric	**Baseline/Target**
Increase the number of rural ambulances.	Baseline: 0 ambulances Target: 89 ambulances
Increase the number of rural counties with active Community Paramedic Programs.*	Baseline: 0 rural counties Target: 20 rural counties
Increase the number of EMS staff certified in Neonatal Resuscitation Program.	Baseline: 0 EMS staff Target: 8,000 EMS staff
Increase the number of coalition-led training or exercise events annually to support rural healthcare, EMS, and non-healthcare personnel education and coordination.	Baseline: 40 training events Target: 50 training events per year by Q4 FY30 (25% increase)

Establish Medical Operations Coordination Centers (MOCCs) statewide	Baseline: 0 Target: 8
Conduct annual facility readiness assessments	Baseline: 0% of hospitals completing assessments Target: 100%
Establish coalition-led/PPE/MCM rotational programs	Baseline: 0% of coalitions implementing program Target: 100%
Increase the percentage of women who attend a postpartum checkup within 12 weeks after giving birth	Baseline: 92.6% Target: 93.8%
Increase the percentage of women screened for depression and anxiety following a recent live birth	Baseline: 83.7% Target: 89.3%
Reduce the percentage of clients that report ED use related to MH or SUD over the course of treatment.	Baseline: 5% Target: 2%

Impacted Counties: Statewide (prioritizing rural and frontier counties per HRSA definition and maternity care deserts)

Estimated Required Funding: $66,568,795

3. Optimizing Rural Health Care

Initiative: Direct Access to public health, primary care, and dental services for the uninsured

Description: To increase access to primary care and provide a medical home for uninsured adults, Tennessee will expand their Uninsured Adult Healthcare Safety Net Program network. Twenty-one counties have been identified with **no** access to a Safety Net provider for uninsured adults ages 19-64. Additional providers will be added to the program to expand services to counties not currently served. Existing Safety Net providers will also have an opportunity to expand their sites and services to improve access.

Tennessee will leverage its unparalleled network of local health departments (LHDs) in 89 rural counties to align public and private resources, expand high-value direct services, and help patients navigate a complex system. Core activities include: (1) a statewide sustainability plan, which includes an assessment to align TDH clinical capacity with community demand and private-sector partners; (2) targeted direct services for uninsured/underinsured residents—e-consults for specialty care, medication assistance through increasing on-site formularies, transportation/telehealth access, expanded dental capacity/equipment, tobacco/vaping cessation,

and colorectal cancer screening; and (3) Clinical Care Navigation Teams (≈21 staff) embedded in LHDs to connect patients to specialty care, food, housing, and social supports. The aim is to right-size services where needs are greatest, reduce avoidable utilization, and improve outcomes through whole-person, locally delivered care.

Main Strategic Goal: Sustainable Access

Use of Funds: A, B, C, D, E, F, G, I, J

Technical Score Factors: B.1, B.2, C.1, D.1, F.1, F.2

Key Stakeholders: Rural Providers; faith-based and community organizations; Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs); Tennessee Charitable Care Network (TCCN); Tennessee Primary Care Association (TPCA); Safety Net Providers

Outcome Metric	**Baseline/Target**
Increase provider placements in counties not currently served. **Available at Community Level*	Baseline: 0 Placements Target: 21 Placements
Increase the number of sites offering primary care.	Baseline: 300 sites Target: 325 sites
Increase the total number of participants who are enrolled in the program.	Baseline: 2,668 Target: 2,935 (10%)
Increase the percentage of participants who self-report quitting tobacco and nicotine-based products.	Baseline: 8.8% (National) Target: 13%
Increase the percentage of new primary care patients who are referred for SDOH services.	Baseline: 0 Target: Equivalent of 10% increase annually

Impacted Counties: All rural counties and communities

Estimated Required Funding: $96,000,000

4. Memory Care Assessment Network

Initiative: Expanded rural access to ADRD Care through a hub-and-spoke model

Description: A game-changing evidence-based program for rural adults, this comprehensive Dementia Network for rural seniors builds a statewide resource to improve access to diagnosis and treatment for those experiencing ADRD. With rural populations disproportionately represented by older adults—over 20% of rural residents are aged 65 and older—there is a pressing need for dedicated resources to address their specific health challenges. Modeled after

successful systems in Georgia and Florida, MACN+DN will create a hub-and-spoke network connecting specialized Memory Assessment Clinics with existing urban Neuropsychiatry resources, leveraging a dramatically expanded Dementia Navigator network. By utilizing telehealth and trained non-clinical staff, the program will effectively address geographic and workforce barriers to enhance access and care for individuals with ADRD and their caregivers.

Main Strategic Goal: Sustainable Access

Use of Funds: A, C, D, E, F, G, I, K

Technical score factors: B.1, B.2, C.1, D.1

Key Stakeholders: Area Agencies on Aging and Disability, primary care providers, caregivers

Outcome Metric	Baseline/Target
Increase # of rural residents with suspected dementia receiving a specialized, confirmed diagnosis (via MACN+DN /telehealth).	Baseline: TBD Target: TBD
Increase # of newly diagnosed patients (& caregivers) who receive in-person, post-diagnostic consultation/resource-linking.	Baseline: TBD Target: TBD
Increase the number of unique rural residents utilizing the telehealth platform for MACN+DN diagnostic appointments.	Baseline: 0 Target: 100 served / MACN by Q4 FY28
Establish and formalize Dementia Navigators in rural health departments.*	Baseline: 0 Target: 30 dementia navigators by Q4 FY28
Establish shared IT infrastructure to facilitate program evaluation, patient-level data capture, ROI, and data sharing	Baseline: N/A Target: IT implemented by Q4 FY28

Impacted Counties: All counties with HRSA rural status

Estimated Required Funding: $32,000,000

5. Rural Capacity Building

Initiative: Targeting Efficiency to Improve Access to Leadership Skills and Specialty Services

Description: Establish a multi-modal, robust and resilient rural health system that aggressively removes burdens on rural providers, supports integrating high-value healthcare models in under-served rural areas by (1) developing executive leadership pathways to place trained rural health leaders in within priority communities. Tennessee will enhance rural capacity through targeted partnerships with existing academic centers that can provide technology and workflow integration support for rural providers. (2) An expanded a Behavioral Health Workforce will

utilize co-location at high demand locations such as Local Health Departments (LHDs) and Emergency Departments (Eds) to reduce bottlenecks in emergency care, facilitate quicker access to appropriate services, and ensure individuals have easy access to crisis intervention, intake/assessments, peer support, and ongoing MH and SUD treatment. Finally, (3)Tennessee will accelerate the successful, evidence-based Community Health Worker (CHW) program to rural communities to improve health outcomes for rural Tennesseans. Tennessee has already laid the groundwork by investing in CHWs through TennCare and the TN CHW Association (TNCHWA), becoming the first state with a CHW organizational accreditation pathway that ensures evidence-based practices are consistently implemented. Accreditation at the organization level helps ensure better outcomes and maximizes ROI; TennCare, TNCHWA, and NCQA partnered to establish TNCHWA as the state accrediting agency. RHT funds will support rural providers to launch evidence-based CHW programs, obtain accreditation, and receive short-term bridge support while TennCare explores sustainable reimbursement pathways for CHW services. Collectively, these investments strengthen execution capacity, stabilize operations, and ensure clinical and community teams can deliver integrated, value-focused care close to home.

Main Strategic Goal: Sustainable Access

Use of Funds: A, D, E, F, G, H, I, K

Technical Score Factors: B.1, B.2, C.1, D.1, E.1, F.1, F.3

Key Stakeholders: Primary and behavioral care providers, CHWs, payors

Outcome Metric	**Baseline/Target**
Increase the number of MH providers co-located in rural primary care clinics, specialty clinics, and Eds.	Baseline: 11.4 FTEs Target: 63.4 FTEs
Increase the number of executive certifications provided.	Baseline: 0 certificates Target: 30 certificates
Reduce the median boarding hours.	Baseline: 0 Target: 40% reduction in median boarding hours

Increase the number of provider organizations with community health worker accreditation. **Available at Community Level*	Baseline: 0 organizations Target: 20 organizations

Impacted Counties: Statewide rural, prioritizing At-Risk/Distressed counties

Estimated Required Funding: $39,000,000

6. Dental Pilot

Initiative: Enhancing investments in the rural dental workforce to improve oral health access

Description: Tennessee will extend its successful Rural Dental Pilot Program to address persistent shortages of dental professionals in rural and distressed communities. Building on the early success supported by Governor Lee and the Legislature, this extended pilot (FY2028–FY2030) will expand dental provider recruitment, establish new rural dental access points, and integrate preventive oral health services into Dental HPSAs (which include 83% of Tennessee counties), with many lacking even one full-time dentist. In FY2024, TDH's public health dental clinics provided 97,086 dental services to more than 11,000 Tennesseans, while the School-Based Dental Prevention Project reached 44,000 children and placed nearly 200,000 sealants statewide. Demand continues to exceed capacity, underscoring the need to extend the model through RHT funding to achieve scale and sustainability.

Main Strategic Goal: Sustainable Access

Use of Funds: A, D, F, G, H, K

Technical Score Factors: B.1, B.2, D.1, E.1, F.1, F.3

Key Stakeholders: TDH Office of Oral Health, TennCare; Academic training center participants

Outcome Metric	**Baseline/Target**
Increase the # of dental clinicians placed in rural/distressed counties*	Baseline: 0 clinicians Target: 25 clinicians
Increase the # of new or renovated dental suites established.	Baseline: 0 dental suites Target:15 dental suites
Increase the # of Tennesseans receiving preventive/restorative dental services through projects funded through this opportunity.	Baseline: 0 Tennesseans Target: 100,000 Tennesseans
Reduce the % of Emergency Department visits for dental conditions among uninsured populations.	Baseline: TBD Target:10%

Establish full HRTS integration of dental metrics.	Baseline: 0 Target:100%

Total Requested: $20,000,000 (scalable to $75,000,000)

7. HRP: Maternal and Child Health

Initiative: Building a safer start for every mother and child in rural Tennessee.

Description: Tennessee continues to experience unacceptably high rates of preventable fetal, infant, child, and maternal mortality, ranking 43rd nationally in women's and children's health. As defined by TDH, 38 of the state's 56 birthing hospitals are considered rural, with 22 of these rural birthing hospitals having greater than 70% of their births covered by Medicaid. TennCare currently contracts annually with Tennessee's five regional perinatal centers, which provide direct services to high-acuity patients and administer critical supports to rural health providers and rural birthing centers to support early diagnosis and treatment of high-acuity, life-threatening conditions of pregnant women and newborn infants. Guided by the *Tennessee Maternal Health Strategic Plan (2025–2030)* and *Infant Health Strategic Plan (2024–2028)*, this initiative will strengthen rural systems of care through aligned investments across facilities, workforce, and digital infrastructure.

The *Healthcare Resiliency Program (HRP)* will fund projects that expand rural maternity care capacity, improve perinatal education and emergency response, and enhance data systems that connect families to services. Investments include grants to upgrade rural birthing facilities, with an emphasis on those serving high proportions of TennCare births and persons. The program will also expand the capacity of the state's existing perinatal centers, strengthen community partnerships, and implement new training and tech-enabled consultation supports. Transformative technology infrastructure investments will be made in behavioral health

teleconsultation for maternal and pediatric providers, modernization of TDH's Call Center and referral interoperability, and the launch of a mobile pregnancy app to deliver evidence-based education and resource linkage.

Main Strategic Goal: Innovative Care

Use of Funds: A, C, D, E, F, G, H, J, K

Technical Score Factors: B.1, B.2, C.1, C.2, F.1, F.3

Key Stakeholders: Title V Maternal & Child Health Partners, Maternal Health Task Force, Infant Health Advisory Committee, and the Rural Health Association of Tennessee.

Outcome Metric	Baseline/Target
Increase access to care in maternity care deserts. *	Baseline: 0 counties Target: Serve 100% of maternity care desert counties through MCH HRP grants
Increase the percentage of birthing hospitals serving rural patients that are actively participating in Tennessee Initiative for Perinatal Quality Care (TIPQC) quality improvement projects from a baseline.	Baseline: 61% Target: 73%
Decrease the fatal overdose rate among women aged 15–44 years.	Baseline: 47 per 100,000 Target: 42 per 100,000
Increase the percentage of women screened for depression postpartum by a healthcare provider.	Baseline: 84% Target: 91%

Impacted Counties: Rural counties and communities across Tennessee

Estimated Required Funding: $144,000,000

8. Value-Based Payment: Maternal, Hospitals, Dental

Initiative: Catalyzing Rural Health Value Based Payment Models

Description: Traditional fee-for-service models reward volume over value, exacerbating the challenges faced by rural providers. TennCare has demonstrated success in implementing value-based payment (VBP) programs that improve outcomes and reduce costs across multiple care settings. This initiative aims to expand that success to rural hospitals, obstetric providers, and dental clinics to strengthen infrastructure, workforce readiness, and quality improvement systems that support sustained participation in VBP models. Investments focus on three coordinated models: the Patient-Centered Obstetric Medical Home, incentivizing coordinated maternal care & postpartum follow-up; the Rural Hospital VBP Capacity Program, providing infrastructure

funding for rural hospitals to meet quality benchmarks and be successful under the TennCare Hospital Investment Program (HIP-QC); and the Patient-Centered Dental Home, engaging rural dental providers to expand preventive care, reduce emergency visits, and promote integrated oral and physical health. Together, these models catalyze a sustainable shift toward value-based, high-quality delivery for providers serving rural communities.

Main Strategic Goal: Innovative Care

Use of Funds: B, D, I, K

Technical Score Factors: B.1, E.1, F.2

Key Stakeholders: TennCare Health Plans, hospitals,

Outcome Metric	**Baseline/Target**
Improve average Admission, Discharge, and Transfer (ADT) quality measure performance in HIP-QC.	Baseline: 41% Target: 70%
Increase number of obstetric practices in maternal VBP program.*	Baseline: 0 Target: 10
Decrease Plan All-Cause Readmissions (PCR).	Baseline: 1.1445 Target: <1.0
Decrease Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults (EDV-AD).	Baseline: 180.75 Target: 170

Impacted Counties: Statewide/All TN Counties
Estimated Required Funding: $100,000,000 (scalable to $125,000,000)

9. HRP: Make Rural TN Healthy Again (MaRTHA)

Initiative: Expansion of Competitive "Rural Health Resiliency Program" Grants for Community Driven Prevention Efforts

Description: Through this competitive opportunity, allocated funds will help Tennessee providers and community-based organizations deliver integrated, high-quality, comprehensive prevention and health services that address the root causes of poor health outcomes. This initiative aims to strengthen the healthcare landscape in rural Tennessee by addressing the unique challenges these communities face, such as limited access to services, health disparities, and lack of coordinated care. By fostering collaboration among local healthcare providers, the program seeks to create a robust network that promotes holistic health and well-being for residents in

underserved areas. These investments may include innovative projects that expand access to health and healthcare services in rural areas and support transitions to alternative care models that meet community needs. For example, establishing community health centers with extended hours and same-day appointments can greatly improve primary care access. Funding can also expand telehealth through provider training and technology investment, reducing the need for long-distance travel. Another priority is building mobile and in-home clinical capacity—licensed teams delivering diagnostics and preventive services through a scalable, tech-enabled infrastructure that enhances reach, continuity, and reduces emergency use. To improve services for younger populations, initiatives could hire more school health nurses to ensure timely screenings and care for students with chronic conditions. Together, these projects address the unique challenges of rural Tennessee communities and advance overall health outcomes.

Main Strategic Goal: Make Rural America Healthy Again

Use of Funds: A, B, C, D, E, F, G, H, I, J, K

Technical Score Factors: B.1, B.2, C.1, E.1, F.1, F.3

Key Stakeholders: Rural hospitals, FQHCs, EMS, behavioral health providers,

Outcome Metric*	**Baseline/Target**
Increase the percentage of rural residents with an identified primary care provider, *	Baseline: TBD Target: 10% increase
Increase the # of mobile strategies in all three grand divisions of Tennessee, while connecting patients to a dedicated medical home.	Baseline: 0 Target: 5
Increase the percentage of rural resident encounters using telehealth for primary or specialty visits with participating organizations	Baseline: TBD Target: 10% increase
Increase the % of TN public schools employing a full-time nurse. *	Baseline: 83% in the 2023-24 school year Target: Based on each individual grantee

Impacted Counties: County selection will be based on rural designation, demonstrated community health needs, provider capacity, partnership readiness, and feasibility, with each funded model required to identify target counties, show potential for replication, and, when technology-enabled, demonstrate scalable reach across rural Tennessee.

Estimated Required Funding: $56,000,000 (scalable to $150,000,000)

10. Rural Health Improvement Grants

Initiative: Competitive grants for locally led-upstream prevention, nutrition, and active living.

Description: An ounce of prevention is worth a pound of cure, and Tennessee stands ready to accelerate our community-driven investments in prevention of chronic diseases by accelerating and braiding multi-modal layers of community driven support by establishing County Health Council Collaborative Action for Rural Engagement (CARE) Grants, enhanced Healthy Built Environments (HBE) Grants, and Integrated Policy, Systems, and Environmental (PSE) Grants to address severe nutrition security issues across rural Tennessee. County Health Councils, active in all of Tennessee's 95 counties for over 30 years, will deploy transformative CARE Grants to move from planning to action by funding locally prioritized health improvement projects and building community capacity for long-term sustainability.

The HBE and PSE programs will expand rural access to health-promoting environments, nutrition security infrastructure, and evidence-based prevention initiatives. HBE grants, administered by TDH's Office of Primary Prevention will fund enhancements, programming, and planning for existing spaces, including parks, trails, farmers markets, and other health promoting-environment and community assets that support active outdoor living for children and adults. These spaces provide opportunities for partnerships with school-based physical activity and healthy eating programs, as well as community events and programming to activate spaces for strengthened social connection. PSE investments will leverage partnerships utilizing the End Zone playbook, a Blue Zones inspired PSE model, to implement proven strategies addressing nutrition security and social connection. By leveraging local expertise and establishing innovative partnerships Tennessee will efficiently deliver prevention funding that is designed by the rural communities we serve – maximizing buy-in, increasing access to physical activity and nutrition security, and building a culture of health in every community in Tennessee.

Main Strategic Goal: Make Rural America Healthy Again

Use of Funds: A, D, G, I ,K

Technical Score Factors: B.1, B.2, C.1 F.1, F.2

Key Stakeholders: County Health Councils, rural and non-profit health systems, community-based organizations, and faith-based organizations.

Outcome Metric	**Baseline/Target**
Increase the number of rural counties funded for new health-promoting environments that increase access to healthy foods and opportunities for physical activity	Baseline: 45 Target: 89
Increase the percentage of rural Tennesseans living within 1 mile of health-promoting environments	Baseline: 0 Target: 25%
Increase the number of partnerships, including county health councils, school systems, local governments, NGOs, CBOs, or nonprofits, that implement End-Zone inspired PSE strategies.	Baseline: 0 Target: 3 per grantee
Increase the number of tailored resources and trainings administered to County Health Councils.*	Baseline: 42 Target:73

Impacted Counties: All rural Tennessee counties.

Estimated Required Funding: $51,000,000

11. HRP: Rural Non-Emergency Transportation

Initiative: Develop and scale solutions to reduce transportation barriers in rural Tennessee.

Description: The Tennessee Rural Non-Emergency Transportation (RNET) Initiative will bridge the distance between health and home by transforming how rural Tennesseans are able to access primary, preventive, and specialty care. Transportation remains one of the most persistent, preventable, and solvable barriers to health—responsible for thousands of (expensive) missed appointments, delayed treatments, and preventable hospitalizations each year. Through RNET, Tennessee will develop an integrated, technology-enabled transportation coordination system that aligns hospitals, clinics, and community networks under a single framework for equitable, efficient, and sustainable access.

There is no reason to invent the wheel, but instead we intend to share the wisdom of what works. Rural hospitals and clinics across Tennessee are already demonstrating how transportation access

improves outcomes. Hospital-led shuttle programs in Upper Cumberland counties reduced appointment no-shows by more than 25%, saving nearly $600,000 in uncompensated care within 18 months. Community-based ride partnerships in West Tennessee cut travel time to behavioral health services by 30% while improving treatment adherence and patient retention.

These outcomes mirror national evidence: systematic reviews confirm that reliable non-emergency medical transportation (NEMT) access reduces missed appointments, emergency visits, and overall healthcare costs (BMC Public Health, 2022; Milliman Insight, 2023). RNET is designed to scale these proven successes into a statewide network that standardizes data reporting, expands coverage to all HRSA-defined rural counties, and integrates transportation coordination into the fabric of rural healthcare delivery. RNET will launch as a **competitive grant program** under the Healthcare Resiliency Program (HRP) model, allowing hospitals, critical-access facilities, or other third-parties to apply for funding to implement or expand transportation programs. Key features may include a Statewide Coordination Platform, shared data-driven decision support, local innovation and flexibility, and cross system integration with electronic health records (EHRs), the Tennessee Community Compass (closed-loop referral system), and regional EMS coordination hubs.

Main Strategic Goal: Sustainable Access

Use of Funds: A, D, F, H, K

Technical Score Factors: B.1, B.2, C.1, E.1, F.3

Key Stakeholders: regional health networks, local transit agencies, TennCare, Federally Qualified Health Centers (FQHCs), and community-based organizations

Outcome Metric	**Baseline/Target**
Reduce missed medical appointments due to transportation barriers.	Baseline: TBD Target: 25% reduction
Expand coordinated medical transport options in rural counties.*	Baseline: TBD Target: 65% of rural counties

Improve chronic disease management (A1C and BP control) among transported patients.	Baseline: TBD Target: 15% improvement
Achieve high satisfaction and scheduling reliability among program users.	Baseline: TBD Target: ≥ 90 percent satisfaction

Impacted Counties: Specific county impact will be determined through a competitive application process that prioritizes rural status, community-identified needs, provider capacity, partnership commitments, and implementation feasibility, requiring each funded model to target specific counties, demonstrate replicability to at least one additional rural county, and—where technology platforms allow—enable scalable, multi-county reach.

Estimated Required Funding: $9,000,000

12. HRP: Health-Tech
Initiative: Competitive Grants for Rural Health Technology Infrastructure

Description: The Tennessee HRP Health-Tech Initiative will modernize the digital backbone of rural healthcare, empowering providers to deliver faster, safer, and more coordinated care. Rural hospitals, clinics, and health systems will receive competitive grants to implement scalable, interoperable, and secure digital solutions that expand access, strengthen clinical integration, and reduce administrative burden. Building on the proven success of Tennessee's Healthcare Resiliency Program (HRP), expansions in eICU and mobile telemetry, and demonstrated provider appetite - this initiative will deploy a coordinated statewide digital modernization strategy—one that ensures rural providers are not left behind in the nation's health-technology transformation. RHTF investments will target high-impact areas of need, such as virtual care expansion, interoperability and data integration, advanced analytics and AI-enabled tools, wearable tech, cyber-security modernization, and workflow automation to improve provider efficiency. Evidence demonstrates that investment in digital infrastructure improves access, outcomes, and cost-efficiency. Studies from AHRQ and Health Affairs find that robust EHR and telehealth adoption yields 10–15 percent reductions in hospital readmissions and substantial improvements in preventive-service rates.

Tennessee will administer HRP: Health-Tech as a competitive, milestone-based grant program. Rural hospitals, clinics, and networks will submit proposals demonstrating measurable impact, sustainability, and alignment with federal and state priorities. TDH's Office of Strategic Initiatives will provide technical assistance, shared procurement support, and cybersecurity readiness assessments.

Funding will prioritize technology implementations that demonstrate measurable clinical impact, integration into care workflows, and long-term sustainability beyond the grant period. Partnerships between rural providers and technology companies are encouraged to ensure scalable, vendor-agnostic solutions that comply with federal interoperability and privacy standards (FHIR, TEFCA, HIPAA). Ultimately, this initiative seeks to enhance technological infrastructure in rural healthcare settings and address systemic disparities that have historically hindered these communities from accessing high-quality, efficient care.

Main Strategic Goal: Tech Innovation

Use of Funds: C. D. F. J. K

Technical Score Factors: F.1, F.2, F.3

Key Stakeholders: Providers, Patients, Associations, vendors & infrastructure builders

Outcome Metric	**Baseline/Target**
Award at least 10 competitive subgrants to rural providers for technology infrastructure and innovation projects. **Available at the community level*	Baseline: 0 Target: 10
Ensure that 80% of funded sites will have implemented at least one interoperable health technology solution (e.g., telehealth, EHR integration, AI workflow tool).	Baseline: 0 Target: 80%
Participating health systems will report a 25% reduction in administrative burden related to documentation or reporting, as measured by pre/post surveys in RedCAP.	Baseline: 0% Target: 25% reduction
Confirm, achieve and/or sustain role-based cybersecurity training completion among participating health systems.	Baseline: 0 Target: 100%

Impacted Counties: County selection will be based on HRSA-defined rurality, local health needs, provider capacity, and partnership readiness. Each funded model must target specific

counties and demonstrate replicability in at least one additional rural county, with technology-enabled models eligible for broader statewide reach.

Estimated Required Funding: $76,000,000

13. Statewide Health Information Exchange (HIE)

Initiative: Developing a statewide Health Information Exchange

Description: Tennessee will transform its healthcare landscape by designing and implementing a statewide Health Information Exchange (HIE) that will connect rural providers, hospitals, and payers through a secure, interoperable data infrastructure. Currently, Tennessee lacks a unified HIE, relying on fragmented regional systems that limit coordination and data sharing. The initiative will formalize the existing HIE workgroup to develop a detailed implementation plan, aimed at creating a cohesive statewide network. The development of the HIE by a public-private partnership will leverage existing cloud infrastructure and technologies for its build and launch. The HIE will enable seamless data sharing across providers, strengthen emergency and disaster response, and reduce provider burden, ultimately enhancing population health management and a more integrated healthcare system that meets the diverse needs of rural communities.

Main Strategic Goal: Tech Innovation

Use of Funds: B, D, F, K

Technical Score Factors: B.1, C.1, C.2, E.1, F.2

Key Stakeholders: Regional HIE, Payers, TN Providers, Dental and Pharmacy, MCOs

Outcome Metric	Baseline/Target
Increase the # of stakeholder engagement sessions.	Baseline: 0 sessions Target:10 sessions
Increase the # of training and educational events for HIE users.	Baseline: 0 events Target: 5 events
Increase the # of providers, hospitals, and payers enrolled in HIE.*	Baseline: 0 enrolled Target: 500 enrolled
Increase EHR data exchange compatibility among health care networks.	Baseline: TBD Target: 90% if legislation effective by FY28; 60% if legislation still pending by FY28.

Impacted Counties: Statewide/All TN Counties

Estimated Required Funding: $31,000,000

14. TN Community Compass (TNCC)

Initiative: Expansion of Tennessee's successful Closed Loop Referral System (CLRS)

Description: Tennessee will dramatically expand rural access to TN Community Compass (TNCC), a statewide closed-loop referral platform that connects individuals to community-based organizations addressing health-related social needs (HRSN) such as food, housing, and transportation. Initially launched by TennCare in 2025, TNCC has been successfully integrated with an initial group of hospital systems, primary care providers, and community partners, improving whole-person care coordination and reducing duplication of services. With RHT support Tennessee can significantly scale integration across key state agencies to build a single, interoperable referral platform. At TDH a Project Supervisor and Project Coordinator will oversee TNCC implementation and coordination. This initiative will enable cross-agency collaboration, improve data sharing, streamline service delivery, and strengthen partnerships between healthcare providers and community organizations.

Main Strategic Goal: Make Rural America Healthy Again

Use of Funds: A, C, F, K

Technical Score Factors: B.1, B.2, C.1, F.3

Key Stakeholders: Multiple state agencies, Rural Health Association of Tennessee, CBOs, county health departments, rural providers

Outcome Metric	Baseline/Target
Increase total number of referrals made at by TDH navigators.	Baseline: TBD after program rollout Target: 50,000 referrals (FindHelp)
Increase the total number of navigators utilizing FindHelp.	Baseline: 16 navigators Target: 650 navigators
Increase total number of referrals made annually through statewide TN Community Compass.*	Baseline: 20,000 Target: 200,000 referrals
Increase number and new state agencies onboarded to TNCC.	Baseline: 1 agency Target:4 agencies

Impacted Counties: All rural Tennessee counties and communities

Estimated Required Funding: $31,000,000

15. Rural Health Innovation Catalyst

Initiative: Connecting Innovation Offices to Rural Providers to Advance Health-Tech

Description: Led by the University of Tennessee Health Science Center, Tennessee's Rural Center of Excellence (CoE) is advancing a coordinated statewide effort to accelerate rural health transformation through health technology innovation and targeted technical assistance with rural providers who lack health-tech tools. The CoE leverages Tennessee's higher education and healthcare delivery networks to identify and close critical gaps in access, coordination, and quality of care across rural communities.

Through structured technical assistance, applied research, and capacity-building support, the initiative empowers rural providers and community partners to adopt, adapt, and scale technology-enabled solutions that improve outcomes and reduce costs. The CoE will convene innovation offices across Tennessee's public universities and healthcare systems, facilitating collaboration between academic institutions, health systems, payors, and technology developers. The initiative deploys planning and implementation grants to advance projects that:

- Support the development and deployment of health-tech innovation planning and purchasing in rural clinics and hospitals
- Strengthen integration between health and social service systems.
- Expand access to primary, specialty, and behavioral health care through telehealth and digital platforms.
- Enhance chronic disease management and population health analytics.
- Build local capacity for technology adoption and data-driven decision-making.

Funds are administered through a transparent, competitive process managed by an entity with demonstrated healthcare innovation expertise, consistent with all applicable federal regulations (including 2 CFR 200.315 and 37 CFR Part 401). All awards are milestone-based and emphasize measurable outcomes, including improved care coordination, increased technology utilization, and sustained provider engagement in rural areas.

By combining targeted investments with hands-on technical assistance and strategic alignment across Tennessee's innovation ecosystem, this initiative creates a replicable model for federal-state partnership in advancing rural health transformation through technology.

Main Strategic Goal: Sustainable Access

Use of Funds: A, D, F, G, H, K

Technical Score Factors: C.1, C.2, D.3, F.1, F.2

Key Stakeholders: Academic partners, healthcare systems, rural providers

Outcome Metric	**Baseline/Target**
Increase the number of counties receiving CoE planning or implementation support. **Available at the community level*	Baseline: 0 (new program). Target:8
Increase the students participating in the planning and implementation processes.	Baseline: 0. Target: 50
Increase the number of rural health organizations receiving intensive technical assistance (TA).	Baseline: 0 Target: 35
Increase the number of innovative pilots that are adopted by at least one other county.	Baseline: 0 Target: 4 (50% of awards).

Impacted Counties: Statewide, with priority to At-Risk and Distressed counties, and the 21 counties currently without Safety Net coverage (Benton, Carroll, Cheatham, Crockett, Decatur, Dyer, Franklin, Giles, Henderson, Henry, Hickman, Houston, Humphreys, Lawrence, Lincoln, Marion, Moore, Sequatchie, Tipton, Trousdale, Weakley)

Estimated Required Funding: $15,000,000

16. Statewide eConsult Platform

Initiative: Establish Statewide eConsult Platform to Improve Specialty Access for Safety Net

Description: The eConsult initiative is designed to revolutionize access to specialty care for uninsured individuals in rural Tennessee. This innovative platform provides a secure digital system that allows primary care providers (PCPs) to consult with specialists electronically, eliminating the need for patients to be physically present. As an asynchronous telehealth solution, eConsult streamlines the consultation process by enabling PCPs to submit cases and receive specialist recommendations at their convenience. This addresses the critical shortage of specialty care specialists in rural areas, facilitating timely consultations for uninsured populations and ensuring they receive necessary care without the logistical and financial burdens associated with traditional referrals. In Safety Net settings, where economic barriers and provider shortages often limit healthcare access, eConsult proves especially invaluable. The platform bridges gaps in healthcare access, allowing PCPs to connect effortlessly with specialists and reduce wait times for key input. This leads to quicker diagnoses and treatment plans, ultimately enhancing patient outcomes. By empowering healthcare providers to navigate the complexities of care for high-need patients, eConsult elevates the standard of healthcare delivery in rural communities. Additionally, Tennessee will strengthen the digital foundation of rural health care through the expansion of the Healthcare Resource Tracking System (HRTS) and Patient Bed Matching (PBM) platforms—transforming them from emergency-use tools into sustainable engines of coordination and care delivery. Contracted specialists will train and support rural hospitals to integrate their electronic medical records directly into HRTS, allowing real-time sharing of capacity, specialty services, and disease data while automatically meeting CMS and NHSN reporting requirements. This modernization will ease administrative burdens, enable faster transfers to higher levels of care, and connect rural facilities to regional networks that improve efficiency and outcomes. By building a unified data infrastructure, Tennessee will create lasting

digital capacity that strengthens rural hospitals, supports clinical collaboration, and embeds sustainable, data-driven care delivery across every region of the state.

Main Strategic Goal: Tech Innovation

Use of Funds: C, D, F

Technical Score Factors: F.3

Key Stakeholders: Safety Net Primary Care Providers, Specialist Provider Networks

Outcome Metrics	Baseline/Target
E-Consults that were *not* converted to face-to-face appointments for the patient.	Baseline: Annual average of 17,600 referrals to Project Access for Specialist Care. Target: 10,000 e-consultations provided without the need for face-to-face appointment.
Reduce wait time for access to specialty care.	Baseline: 6-9 months Target: 3 days average wait time for e-consultation
Increase the number of HRTS system users by facility type: Long Term Care (LTC) Skilled and LTC Assisted Living.	Baseline: LTC Skilled 849 users, LTC Assisted 475 users Target: 15% increase.
Enhance rural collaboration and bridge resource gaps by increasing the number of HRTS training events.*	Baseline: 40 training events per year Target: 50 training events per year by (25% increase)

Impacted Counties: All rural Tennessee counties and communities

Estimated Required Funding: $15,000,000

17. Comprehensive Health Workforce Pipeline

Initiative: Building a Comprehensive Rural Health Workforce Pipeline

Description: Tennessee will expand and align its Comprehensive Rural Health Workforce Pipeline to create a more sustainable supply of clinicians, administrators, and behavioral health professionals in rural areas. This initiative encompasses the full continuum of workforce development — from early exposure through advanced practice — to ensure every community has access to the talent necessary for high-quality, integrated care. Investments include: (1) MD/DO and Psychiatry Residencies to retain graduates in rural regions; (2) advancing Rural Behavioral Health careers; (3) Recruitment Incentives to attract providers to underserved areas; (4) Early Exposure Programs in high schools and colleges; (5) Academic Health Department partnerships which connect urban academic training centers with rural Universities and partners,

as well as and Rural Workforce Development partnerships offering paid internships and field placements in rural health; (6) Mental Health First Aid (MHFA) training for frontline staff and other health professionals; and (7) expansion of the TRAIN Learning Management System (LMS) for CE-credit learning across disciplines, allowing Tennessee providers to continue their professional development in isolated training environments.

Main Strategic Goal: Workforce Development

Use of Funds: A, D, E, G, H, K

Technical Score Factors: B.1, B.2, D.1, E.1, F.1, F.3

Key Stakeholders: Academic centers, medical and nursing schools, rural hospitals

Outcome Metric	**Baseline/Target**
Increase the number of rural psychiatry residencies established.	Baseline: 0 residencies Target: 10 residencies
Establish a tuition scholarship assistance opportunity for graduate studies in a behavioral health field.	Baseline: 0 scholarships Target: 100 scholarships
Increase the number of rural recruits supported through incentives. **Available at Community Level*	Baseline: 0 recruits Target: 250 recruits
Increase the number of students in early exposure or paid internships.	Baseline: 0 students Target: 1,000 students
Increase the number of Mental Health First Aid instructors certified in at least one community-specific module.	Baseline: 19 instructors Target: 38 instructors
Increase the number of training opportunities based on the Tennessee TRAIN Learning Management System.	Baseline: 353 trainings Target: 529 trainings

Impacted Counties: Statewide, prioritizing HRSA-defined rural and distressed counties.

Estimated Required Funding: $52,000,000

Implementation Plan and Timeline

1. Introduction & Governance

The implementation of the Rural Health Transformation Fund Initiatives will take place across Federal Fiscal years 2026-2031. The Tennessee Department of Health will serve as lead agency, in partnership with the Governor's Office, Legislative leaders, TDH, TennCare, and TDMHSAS. Tennessee's implementation plan will be guided by the Tennessee Department of Health as the primary implementation agency and led by a core team of TDH leaders. The core team will

manage the coordination of the plan across the state enterprise. Day to day management of the implementation plan will be led by the Office of Strategic Initiatives at the Tennessee Department of Health. TDH Core Team:

- Commissioner
- Dep Comm for Health Strategy
- Chief of Staff
- Director, Off. of Strat Initiatives
- Director, Off. of Rural Health
- Assistant Comm for Legislative Affairs
- Assistant Comm for Family Health and Wellness
- Healthcare Partnerships Director
- Director, Off. of Health Planning
- RHTF Coordinator
- RHTF Implementation Lead

On a quarterly basis, the RHTF Governance Committee will convene to ensure compliance, monitor fund disbursement, enhance cross-agency collaboration, measurable outcomes achieved (e.g., access, quality, sustainability), rural stakeholder engagement, and policy or regulatory developments that affect implementation—using standardized dashboards and narrative summaries to support transparency and decision-making. The committee brings strategic oversight and policy alignment across the state enterprise, oversees the strategic direction, fiscal stewardship, and sustainability planning, ensuring coordination and compliance with CMS. This group will also ensure progress on Non-Competitive Continuations (NCCs) and annual reporting. This committee shall consist of:

- Governor (or designee)
- Governor's COO
- Governor's Policy Director
- Commissioner of F&A
- Deputy Commissioner of F&A
- The Director of TennCare
- The CMO of TennCare
- The Commissioner of TDMHSAS (or designee)
- The Commissioner of TDH
- The CoS of TDH
- Deputy Commissioner of Health Strategy and Regulation at TDH
- Legislative Leadership

2. Staffing & Capacity Development - RHTF Program Oversight and Staffing

The PI for the Rural Health Transformation Fund (RHTF) will be Deputy Commissioner JW Randolph, with the Department of Health. Funding will be administered by the Office of Strategic Initiatives (OSI) within the Tennessee Department of Health (TDH). The office

coordinates enterprise-wide initiatives that advance data-driven decision-making, operational efficiency, and measurable outcomes.

The OSI Director will provide executive leadership and strategic alignment across TDH divisions, CMS, and the RHTF Governance Committee. The OSI Deputy Director will provide day-to-day oversight of RHT administrative staff, ensuring operations, reporting, and stakeholder coordination remain efficient and compliant. A Program Coordinator, reporting directly to the Deputy Commissioner will be hired for day-to-day coordination and visibility.

A dedicated 16-member administrative team will manage statewide implementation, fiscal oversight, and performance monitoring for RHTF initiatives. These contracted positions provide the operational, fiscal, and reporting infrastructure needed for coordination, compliance, and performance tracking. Staff will manage initiative progress in Asana, maintain fiscal integrity, coordinate contracts, and ensure timely communication with CMS and partners. TDH plans to contract with a 3rd party to support compliance, with a particular focus on the Healthcare Resiliency Program. Evaluation activities will be outsourced to an academic partner through a competitive procurement process, with coordination led by TDH's Evaluation & Reporting Lead to ensure methodological rigor and independence.

Role	Staff	Primary Function
RHTF Coordinator	1	Coordinates governance committee functions, manages day-today coordination of grant, reports to Dep Commissioner
RHTF Implementation Lead	1	Manages RHTF team & program managers
Grant/Project Managers	2	Manage initiatives, track milestones, and coordinate stakeholders.
Budget Managers / Analysts	4	Oversee budgets, fiscal controls, and financial reporting.
Procurement & Contracts Specialists	4	Manage vendor procurements, subrecipient agreements, and documentation.
Evaluation & Reporting Lead	1	Directs program evaluation and reporting; coordinates with academic evaluator.
Systems & Performance Management Specialist	1	Manages dashboards for performance and tracking analytics.

Role	Staff	Primary Function
Communications Specialist	1	Leads communication, documentation, and stakeholder engagement.
Business Operations Manager	1	Coordinates daily workflow, logistics, and internal communication.
Public/Private Partnerships Coordinator	1	Develops sustainability partnerships across agencies and sectors.

Phase	Timeframe	Milestones and Key Activities
Stage 0	**FY26 Q1–Q2**	Finalize job descriptions. Initiate hiring for Grants Office Director, 1 each of RHT Project Manager, Budget Manager, and Procurement Specialist. Establish governance framework and coordination protocols. Begin procurement for 3rd party compliance.
Stage 1	**FY26 Q2–Q3**	Train staff on RHTF governance, workflows, and fiscal procedures. Launch internal communications and reporting structure. Initiate hiring for Evaluation Lead, Public/Private Partnerships Coordinator.
Stage 2	**FY26 Q4**	Full administrative team operational; initiative tracking and reporting with OSI and CMS.
Stage 3	**FY26 Q3–FY27 Q1**	Contract academic evaluation partner. Begin baseline data collection and alignment with statewide metrics.
Stage 4	**FY27–FY31**	Continue regular governance meetings. Maintain fiscal oversight, evaluation reporting, and performance monitoring. Coordinate annual reports to CMS and state leadership.
Stage 5	**FY 31 Q1**	Initiate closing protocol for RHT Program

3. Initiative Timelines (by Stage 0–5); FY=Federal Fiscal Year		
Stage	**Timeline**	**Milestone / Deliverable**
Initiative 1: HRP: Service Line Expansion and Co-Location		
Stage 0	FY25–Q2 FY26	Conduct statewide readiness assessment; identify target rural counties and partners; develop co-location RFA and evaluation plan.
Stage 1	Q3–Q4 FY26	Release RFA; select and contract grantees; hire staff and deploy technical assistance teams; finalize data sharing MOUs.
Stage 2	FY27	Renovate or expand physical infrastructure; launch first 8 co-located sites; integrate EHR systems; initiate workforce placements.
Stage 3	FY28	Reach 50% of target co-located sites operational; begin continuous quality improvement; document best practices for replication.
Stage 4	FY29	Complete 25+ operational co-located sites; conduct statewide evaluation; publish case studies and economic analyses.
Stage 5	FY30	Sustain 35 co-located sites; achieve target metrics; transition to long-term reimbursement strategies (value-based or shared savings).
Initiative 2: Last Mile Teams		
Stage 0	FY26 Q2	Ambulance procurement planning, Neonatal Resuscitation Protocol (NRP) supply purchase; ID maternity care desert regions and estimate eligible participants; Convene a multidisciplinary planning team; Draft a logic model, goals, key activities, and outcomes.
Stage 1	FY26 Q3–Q4	Train 1,500 EMS staff in NRP; begin paramedic training, finalize project plan for perinatal home visits, assign staff and plan implementation for HRTS; Finalize project plan for prenatal and postpartum home visits; Assign staff and train care coordinators and home

		visiting personnel; Refine electronic tracking and reporting systems; Establish data-sharing agreements and referral pathways with OB, mental health, and social service providers.
Stage 2	FY27	Continue NRP training; launch community paramedic services in five rural counties; begin enrolling participants in perinatal home visits, pilot HRTS in select hospitals; Begin enrolling participants and conducting prenatal home visits (target: ≥25% of annual goal in first 3 months); Conduct initial health assessments; Launch monthly case review; Gather initial feedback from clients and staff to refine services.
Stage 3	FY28	Expand paramedic program to five additional counties; deploy ambulances; achieve 50% of annual perinatal visit goals, conduct midpoint evaluations, expand HRTS statewide; Achieve 50% of annual prenatal and postpartum visit goals; Conduct mid-project review of maternal outcomes; Provide refresher training based on audit findings and participant feedback.
Stage 4	FY29	Operate ambulances in 15 rural communities; ongoing training and data tracking, achieve full HRTS implementation; Complete 100% of annual home visits; Prepare outcome analysis on prenatal care entry, postpartum compliance & breastfeeding rates.; Document success stories and challenges; Begin formal sustainability planning for future funding and policy integration.
Stage 5	FY30-FY 31 Q4	Complete final evaluation of outcomes and processes; Share results, funders, and partners; Finalize sustainability plan and develop replication/scaling guides for other maternity care deserts; Ensure program integration into ongoing state and local systems.
Initiative 3: Optimizing Rural Health Care		
Stage 0	Q1FY26	Develop RFA applications for new providers to fill coverage gaps through the safety net; Develop an internal application for existing safety net providers to expand their services or sites. Begin LHD assessment; start service realignment and smoking/vaping plans; identify dental equipment need.
Stage 1	Q1 FY27-Q3 FY27	Safey net application cycles and review; Release RFP for e-consult vendor; dental plans drawn up and put out for bids.
Stage 2	Q4 FY27-Q4FY28	New providers will be included in the safety net program; RHCs will begin their new program within the Safety Net; Continuation of safety net expansion efforts; Purchase medications to expand scope of care; begin equipment procurement; launch smoking/vaping program.
Stage 3	Q3 FY26–Q3 FY27	Complete assessment of coverage gaps and identify counties without needed coverage (if any). E-consult vendor selection complete; 100+ consults per month achieved.
Stage 4	Q4 FY27	Determine if additional RFAs need to be developed to further increase access through the safety net; advertise loan repayment incentives; complete medication assistance roll-out.
Stage 5	Q1 FY27-Q4 FY31	Continuation of expanded access program with new and existing providers to reduce/eliminate counties without a Safety Net provider; Full statewide implementation of medication assistance and e-consult programs; dental plans enacted; e-consults delivering 200+ consults per month; smoking/vaping plans fully enacted.
Initiative 4: Memory Care Assessment Network		
Stage 0	FY26 Q2–FY26 Q4	Hire MCAN Project Manager. Identify and onboard 5 regional coordination hubs, establish program evaluation standards, establish memory assessment hub.
Stage 1	FY27 Q1–FY27 Q3	Hub creates IT infrastructure, 3 spoke MACNS are established, MCANS are trained, dementia navigators hired and trained.
Stage 2	FY27 Q4–FY28 Q4	Remaining MACNs established, Dementia navigators are fully operational.
Stage 3	FY29 Q1–FY29 Q4	Program evaluation ongoing, successes and barriers addressed.
Stage 4	FY30 Q1–FY30 Q3	Begin transitioning programs to long-term funding mechanisms.
Stage 5	FY30 Q4–FY31 Q4	Disseminate final impact report and final evaluation, transition to long-term sustainability is complete.
Initiative 5: Rural Capacity Building		

Stage 0	FY26 Q2–FY26 Q2	Develop scope of services for grant contracts, announcement of funds issued by TN.
Stage 1	FY26 Q2–FY26 Q4	Select providers, develop evaluation plan, recruit and hire staff, establish opening procedures with providers.
Stage 2	FY27 Q1–FY28 Q4	Implementation of project plan underway, refined as needed.
Stage 3	FY29 Q1–FY29 Q4	Implementation halfway complete, continuous improvement ongoing.
Stage 4	FY30 Q1–FY30 Q3	Sustainability plans developed. Evaluation plan in motion.
Stage 5	FY30 Q4–FY31 Q4	Sustainability plans are enacted. Final evaluation report produced.
Initiative 6: Dental Pilot		
Stage 0	FY26 Q2–FY26 Q4	Assess rural dental care gaps; develop competitive sub award process.
Stage 1	FY27 Q1–FY27 Q3	Finalize sub-award recipients, finalize contracts with participating LHDs, FQHCs, and academic partners.
Stage 2	FY27 Q4–FY28 Q4	Begin recruitment and launch prevention and school sealant programs.
Stage 3	FY29 Q1–FY29 Q4	Place at least 12 dental professionals in priority counties, continue operations of school sealant program.
Stage 4	FY30 Q1–FY30 Q3	Dental positions are fully filled at 25 placements, programs are fully operational.
Stage 5	FY30 Q4–FY31 Q4	Assess program performance, prepare final reports of cost savings and patient outcomes.
Initiative 7: HRP: Maternal and Child Health		
Stage 0	FY26 Q2–FY26 Q4	Begin hiring process for HRP MCH Program Director, MCH Epidemiologist, and regional Fetal and Infant Mortality Directors. Partner with perinatal regional centers to develop expanded workplan.
Stage 1	FY27 Q1–FY27 Q4	Finalize contracts and launch first MCH HRP grants. Expand Perinatal educator staffing and purchase training equipment. Acquire vendor for Call Center and Interoperability project. Hire Teleconsultation Director. Pilot Behavioral Health Teleconsultation in East region.
Stage 2	FY28 Q1–FY28 Q4	Begin full program operations: deploy Mobile Pregnancy App, expand Teleconsultation services, and test Call Center platform. Launch Round 2 Rural Fetal and Infant Mortality grants.
Stage 3	FY29 Q1–FY29 Q4	Monitor progress across all MCH initiatives. Conduct interim evaluation. Refine Teleconsultation and Interoperability tools for statewide integration.
Stage 4	FY30 Q1–FY30 Q4	Serve ≥15 maternity-care-desert counties through MCH HRP grants. Finalize interoperability of Call Center platform and complete training.
Stage 5	FY31 Q1–FY31 Q4	Complete program evaluation and publish final report on MCH outcomes. Sustain Teleconsultation and Mobile App operations through state and partner funding.
Initiative 8: VBP: Maternal, Hospital, Dental		
Stage 0	FY26 Q2–Q4	Convene TennCare, MCOs, and provider associations to co-design OB, dental, and rural hospital VBP frameworks. Identify performance metrics, payment structures, and readiness needs. Initiate hiring for VBP Project Coordinator and Data Analyst.
Stage 1	FY27 Q1–Q4	Finalize program designs. Recruit and contract first-round participants for OB Medical Home and Dental VBP. Launch HIP-QC capacity-building payments for rural hospitals.
Stage 2	FY28 Q1–FY29 Q1	Begin VBP implementation and operations: OB Medical Home and dental practices implement new care workflows. Begin collecting baseline performance data.
Stage 3	FY29 Q2–FY29 Q4	Expand participation statewide. Conduct interim evaluation of quality and cost outcomes. Adjust incentive formulas and technical assistance.

Stage 4	FY30 Q1–FY30 Q4	Sustain provider participation, integrate VBP data into TennCare analytics. Begin sustainability planning and stakeholder feedback cycle.
Stage 5	FY31 Q1–FY31 Q4	Achieve mature VBP operations across OB, Dental, and Hospital models. Begin statewide evaluation and finalize sustainability framework.
Initiative 9: HRP: Make Rural Tennessee Healthy Again		
Stage 0	FY 27 Q1 – FY28 Q1	Develop a statewide framework and RFA for local partners, select pilot grantees and finalize contracts for more than 12 grantees across 5 rural regions, and conduct baseline assessments and readiness evaluations. Initiate hiring for HRP Epidemiologist.
Stage 1	FY 28 Q2 – FY 28 Q4	Launch community-driven programs that are>80% operational within 6 months, and deploy a shared data platform for performance monitoring.
Stage 2	FY29 Q4	Measure early access and coordination outcomes - >10% improvement in access and 5% decrease in missed visits.
Stage 3	FY30 Q2	Scale partnerships and service models statewide with =50% increase in funded partnerships, 10 new counties added.
Stage 4	FY30 Q4	All grantees complete mid-term evaluations and sustainability roadmaps.
Stage 5	FY 31 Q4	Finalize HRP-wide outcome report and transition strategy with >80% of partners sustaining services post-funding.
Initiative 10: Rural Health Improvement Grants		
Stage 0	FY26	Assess the County Health Council's capacity and grant-readiness to inform targeted assistance and training needs. Conduct a statewide PSE landscape analysis.
Stage 1	FY26	Deliver TA, training workshops, and peer support. Publish PSE/HBE RFPs. Develop and deliver PSE curriculum, utilizing the End Zone Playbook. Hire PSE Program Director.
Stage 2	FY26–FY27	Execute Round 1 CARE, HBE, and PSE grants. Deliver technical assistance, training workshops, and peer collaboration support.
Stage 3	FY28	Conduct mid-point evaluation for CARE, PSE, and HBE grants. Conduct mid-point evaluation for County Health Council capacity and impact of trainings and resources. Refine support and publish Round 2 CARE Grant materials.
Stage 4	FY28–FY30	Execute Round 2 CARE grants. Document best practices, finalize data collection, and prepare for evaluation.
Stage 5	FY29–FY31 Q4	Complete final evaluation of CARE, PSE, and HBE grants. Complete final evaluation of County Health Council growth and change over grant period and the impact of trainings and resources. Publish outcomes reports
Initiative 11: HRP: Rural Non-Emergency Transportation		
Stage 0	FY26	Finalize planning and stakeholder engagement; release RFA; collect baseline data.
Stage 1	FY27 Q1–Q2	Launch pilot regional hubs; conduct patient surveys.
Stage 2	FY27 Q3–FY28 Q4	Expand coverage to new regions; train local partners, complete mid-point review.
Stage 3	FY28–FY29	Deploy statewide coordination system; standardize reporting.
Stage 4	FY29–FY30	Integrate transportation and clinical data; equity analysis and optimization.
Stage 5	FY30-FY31 Q4	Conduct final evaluation and approve sustainability plan.
Initiative 12: HRP: Health-Tech		
Stage 0	FY26 – Q4 FY26	Initiate Hiring for HRP Tech Program Manager. Release RFA, select grantees, finalize contracts, baseline technology and cybersecurity assessment.

Stage 1	Q1 FY27 – Q4 FY27	Launch pilot implementations for telehealth, automation, and analytics in initial sites.
Stage 2	FY28	Scale technology platforms to additional sites, enhance interoperability and workflow tools.
Stage 3	FY28 – FY29	Achieve full interoperability between EHRs, health systems, and analytics platforms.
Stage 4	FY29 – Q2 FY30	Integrate analytics, refine automation tools, assess ROI and user satisfaction.
Stage 5	FY30 Q3- FY31 Q4	Conduct program evaluation, publish outcomes, establish sustainability models.
Initiative 13: Statewide Health Information Exchange (HIE)		
Stage 0	FY26 Q2 -Q4	Identify an HIE governance structure; partner with key public and private stakeholders; develop any legislative and/or procurement processes as needed; hire state staff, pending necessary approvals.
Stage 1	FY27 Q1- Q4	Pursue procurement and contracting processes; begin HIE design if contracting timeline permits; establish data agreements; planning and strategic work with relevant stakeholders.
Stage 2	FY28 Q1- Q4	HIE design and development.
Stage 3	FY29 Q1- Q4 F	Vendor continues HIE development and implementation and prepares for user training and onboarding.
Stage 4	FY30 Q1- Q4	Vendor conducts user training and onboarding activities. State provides user incentives to ease early adoption and the change management burden on providers.
Stage 5	FY31 Q1- Q4	Integrate analytics, refine automation tools, assess ROI and user satisfaction.
Initiative 14: TN Community Compass (TNCC)		
Stage 0	FY26 Q2–Q3	Design integration and expansion with TDH, DHS, DDA, and TNCC vendor; gather stakeholder feedback. Expand CLRS within TDH.
Stage 1	FY26 Q3–Q4	Begin integration of Agency 1; assign staff and finalize project plan.
Stage 2	FY27 Q1–Q2	Continue integration of Agency 1 and Agency 2; begin testing and reporting.
Stage 3	FY27 Q3–Q4	Integrate Agency 3; test and configure system enhancements.
Stage 4	FY28 Q1–Q2	Continue Agency 3 integration; report outcomes and begin sustainability planning.
Stage 5	FY29– FY31 Q4	Finalize sustainability plan; ongoing reporting and evaluation.
Initiative 15: Rural Health Innovation Catalyst		
Stage 0	FY26 Q2– Q3	RHTF CoE convenes a workgroup of Innovation Centers across the higher education network.
Stage 1	FY26 Q4– FY27 Q1	Scope of planning and implementation grant proposals will be determined by the CoE based upon feedback from the workgroup.
Stage 2	FY27 Q2– FY27 Q3	Statewide Request for Grant Proposals will be open to eligible applicants.
Stage 3	FY27 Q3– FY28 Q2	Application Cycle and Review of Applications.
Stage 4	FY29 Q3– FY30 Q2	Evaluation of metrics defined in grant proposals across the state.
Stage 5	FY30 Q3– FY31 Q4	Assessment of utilization of initiatives in more than one county or region of the state.
Initiative 16: Statewide eConsult Platform		

Stage 0	FY26 Q1– Q4	Develop RFGP for Statewide/Safety Net e-Consult platform
Stage 1	FY26 Q4– FY27 Q2	Application cycle and review.
Stage 2	FY27 Q3– FY28 Q2	Determine the vendor for the e-Consult platform. Develop an implementation plan for Safety Net providers to utilize the e-Consult platform.
Stage 3	FY28 Q3– FY29 Q2	Rollout of the e-Consult platform to Safety Net providers. Provide ongoing provider training and technical assistance.
Stage 4	FY29 Q3– FY30 Q2	Assessment of Provider Utilization.
Stage 5	FY30 Q3– FY31 Q4	Increased access to specialty care through the e-Consult platform for Safety Net providers. Decreased need for face-to-face patient encounters.
Initiative 17: Comprehensive Health Workforce Pipeline		
Stage 0	FY26 Q2–Q4	Convene a Rural Health Workforce Committee, hire additional staff to support an increase in funding for pilot initiatives
Stage 1	FY27 Q1–Q4	Allocate funding to the RHCTF Pilot initiatives, and award funding through competitive processes.
Stage 2	FY28 Q1–Q4	Early work in new residency and other rural health care learning programs is complete.
Stage 3	FY29 Q1–Q4	Fully integrate all pathways to practice programs, significant increase in participating programs.
Stage 4	FY30 Q1– Q3	Evaluate workforce retention rates; refine incentive models. Establish a sustainable funding plan.
Stage 5	FY30 Q4– FY31 Q4	Publish final workforce sustainability report; align with HRP and MCH initiatives. Programs become fully sustainable.

Stakeholder Engagement

Stakeholders Consulted in the Design of RHT

The Governor's Office and executive branch agencies sought input from a wide range of stakeholders in designing Tennessee's RHT strategy. A select list of entities consulted is attached to this application ("Stakeholder Consultation Record") and included stakeholders from healthcare providers to patients and community partners, among many others.

Stakeholder Engagement Framework

Stakeholders in the RHTF are organized into 7 primary groups laid out in the table that follows, each with a tailored engagement structure based on its needs and role. In addition to each formal engagement plan, stakeholder groups will receive regular updates through newsletters, public dashboards hosted on Asana and Tableau, and open meetings.

Communication Plan for Deploying Funds, Tracking Milestones, and Assessing Impact

The Governance Committee will monitor funding compliance and alignment with state policy priorities, track deployment of funds, and review progress toward milestones. All program impact data will be compiled annually and shared with the RHTF Governance Committee.

Evidence of Support

Tennessee is building on years of support in transforming the rural health landscape, including but not limited to the Rural Health Taskforce, County Health Councils, and Rural HRP Work.

Conclusion

The RHTF Stakeholder Engagement Plan ensures that Tennessee's transformation efforts are technically sound and community driven. By establishing a strong governance committee and embedding multiple avenues for engagement, the State will ensure that the program reflects the voices of rural communities while maintaining compliance with CMS requirements and alignment with state policy priorities.

Stakeholder Group	Rationale for Inclusion & Role	Engagement Frequency & Method
Community Groups & Leaders	**Rationale**: Rural County Health Councils and local leaders bring decades of experience addressing locally relevant solutions. Their feedback ensures implementation remains community-driven and responsive. **Role**: Provide local insight into population health needs, infrastructure gaps, and community strengths.	Ongoing engagement through county and regional meetings, annual summit, monthly newsletters.
Rural Health Providers & Associations	**Rationale**: Rural hospitals, clinics, and professional associations offer critical insights on access, workforce, and sustainability. **Role**: Represent hospitals, clinics, and provider networks to identify workforce, access, and sustainability challenges; collect patient and provider feedback.	Annual roundtables and ongoing feedback through association meetings.
Academic, Technical Assistance Partners, and SMEs	**Rationale:** Universities and schools of public health strengthen RHTF through research and evaluation capabilities and ensure evidence-based implementation. TDH, TennCare and TDMHAS—bring perspective that can drive alignment with statewide initiatives, guide milestones, and foster interagency coordination. **Role**: Provide evaluation, research, and workforce development capacity; lead rural field practicums, fellowships, and applied learning initiatives. Provide policy alignment, program design guidance, and cross-division expertise to integrate RHTF with statewide initiatives.	Throughout, collaborate on evaluation partnerships, technical assistance contracts, and annual research reviews.
State Enterprise Partners	**Rationale**: Comprising TDH, TennCare, the Governor's Office, and legislative leaders, the RHTF Governance Committee brings strategic oversight and policy alignment capabilities across agencies. **Role:** Oversee strategic direction, fiscal stewardship, and sustainability planning; ensure interagency coordination and compliance with CMS.	Monthly governance meetings and policy review sessions.
Public–Private & Economic Development Partners	**Rationale:** Philanthropic organizations, the Tennessee Department of Economic and Community Development, and regional Development Districts are able to align RHTF initiatives with investments in infrastructure, workforce, and community development to create the economic conditions necessary for sustainable rural health systems. **Role**: Align rural health transformation with economic and community development strategies, coordinate funding opportunities, and leverage philanthropic and public investments.	Biannual strategy sessions and ad hoc collaboration on joint investment and planning efforts.
Participants & Sub-awardees	**Rationale:** Local organizations and service providers bring community knowledge and local connections to enable local project implementation. **Role:** Implement community-based projects and innovations in care delivery; report outcomes and share promising practices.	Weekly-to-monthly check-ins during initiation; regular reporting and site visits throughout the funding period.
Recipients of Funded Services	**Rationale:** Improving patient experiences and outcomes is a key focus of the RHTF; their perspectives are central to evaluating program success. **Role:** Provide direct feedback on care experiences and program outcomes to ensure equitable, effective service delivery.	Ongoing surveys, annual focus groups, and patient feedback sessions facilitated by providers.

Metrics and Evaluation Plan

TDH will implement robust internal and external evaluations to monitor, assess, and improve implementation of the RHT Program, ensuring accountability to CMS, enabling real-time learning, and documenting lessons to inform future state and national rural health strategies while scaling effective models. TDH will lead internal monitoring, collaborating with an academic partner for independent evaluation to ensure impact and the effective use of funds.

Evaluation Approach

As in existing programs such as HRP, TDH will employ a mixed-methods design integrating quantitative metrics with qualitative insights. The evaluation will include performance measurement of key indicators, progress monitoring of milestones, targeted evaluation projects specifically focused on innovative pilots, and regular stakeholder feedback opportunities involving providers, and community partners.

Roles, Reporting, and Dissemination

The TDH Evaluation Lead will serve as the primary point of contact for evaluation activities and coordinate directly with the academic partner, who will conduct independent analyses to ensure methodological rigor and objectivity. Findings will be disseminated through annual performance reports to CMS, and the RHT Governance Committee and stakeholders referenced in the Stakeholder Engagement Plan. At the conclusion of the grant, TDH will publish a comprehensive evaluation report capturing outcomes, lessons learned, and recommendations to support the long-term sustainability of Tennessee's rural health transformation efforts.

Initiative-Level Metrics

Each RHT initiative includes at least four quantifiable performance indicators to track progress and impact. Unless otherwise noted, all targets are for Quarter 4 Fiscal Year 2031 and will be collected at least annually to be reported to CMS annually as required. Baseline data stating "TBD" indicates that the data will have to be collected at the point the initiative begins. Metrics with a data source of "Program data" indicates that data will be collected by program staff as the initiative is implemented.

Outcome metrics ** indicates availability at community level*	**Baseline / Target**	**Data Source**
1) HRP: Service Line Expansion and Co-Location		
Increase the number of rural primary care clinics adding access to integrated behavioral health.*	Baseline: 0 Target: 10 Clinics	Program Data, Redcap
Increase the number of rural primary care clinics adding access to specialty care services onsite.	Baseline: 0 Target: 10 Clinics	Program Data, Redcap
Increase the number of organizations connected to TN Community Compass or other closed-loop referral system. (CHANT, 211, etc.)	Baseline: TBD in 2025 Target: Equivalent to 50% increase.	Program Data, Redcap
Increase the number of new or upgraded exam/treatment rooms.	Baseline: 0 Target:10	Program Data, Redcap
2) Last Mile Teams		
Increase the number of rural ambulances.	Baseline: 0 ambulances Target: 89 ambulances	Program Data
Increase the number of rural counties with active Community Paramedic Programs.*	Baseline: 0 rural counties Target: 20 rural counties	Program Data
Increase the number of EMS staff certified in Neonatal Resuscitation Program.	Baseline: 0 EMS staff Target: 8,000 EMS staff	Program Data/ Training Logs
Increase the number of coalition-led training or exercise events annually to support rural healthcare	Baseline: 40 training events Target: 50 training events per year by Q4 FY30 (25% increase)	Program Data
Establish Medical Operations Coordination Centers (MOCCs) statewide	Baseline: 0 Target: 8	Program Data
Conduct annual facility readiness assessments	Baseline: 0% of hospitals completing Target: 100%	Program Data
Establish coalition-led/PPE/MCM rotational programs	Baseline: 0% of coalitions implementing Target: 100%	Program Data
Increase the percentage of women who attend a postpartum checkup within 12 weeks after giving birth	Baseline: 92.6% Target: 93.8%	Program Data
Increase the percentage of women screened for depression and anxiety following a recent live birth	Baseline: 83.7% Target: 89.3%	Program Data

Reduce the percentage of clients that report emergency department use related to mental health and substance use issues over the course of treatment.	Baseline: 5% Target: 2%	Program Data
3) Optimizing Rural Health Care		
Increase provider placements in unserved counties*	Baseline: 0 Placements Target: 21 Placements	Program Data
Increase the number of sites offering primary care.	Baseline: 300 sites Target: 325 sites	Program Data
Increase the total number of participants who are enrolled in the program.	Baseline: 2,668 Target: 2,935 (10%)	Program Data
Increase the percentage of participants who self-report quitting tobacco and nicotine-based products.	Baseline: 8.8% (National) Target: 13%	Program Data
Increase the percentage of new primary care patients who are referred for SDOH services.	Baseline: 0 Target: Equivalent of 10% increase annually	Program Data
4) Memory Care Assessment Network		
Increase the number of rural residents with suspected dementia receiving a specialized, confirmed diagnosis (via MACN+DN /telehealth).	Baseline: TBD Target: TBD	Program Data
Increase the number of newly diagnosed patients and their caregivers who receive in-person, post-diagnostic consultation and resource-linking.	Baseline: TBD Target: TBD	Program Data
Increase the number of unique rural residents utilizing the telehealth platform for MACN+DN diagnostic appointments.	Baseline: 0 Target: 100 patients served per MACN by Q4 FY28	Program Data
Establish and formalize Dementia Navigators in rural health departments.*	Baseline: 0 Target: 30 navigators in place by Q4 FY28	Program Data
Establish a shared IT infrastructure to facilitate program evaluation, patient-level data capture, analysis of the statewide impact, return on investment, and patient data sharing among providers.	Baseline: N/A Target: IT implemented by Q4 FY28	Program Data
5) Rural Capacity Building		
Increase the number of MH providers co-located in rural primary care clinics, specialty clinics, and Eds.	Baseline: 11.4 FTEs Target: 63.4 FTEs	Program Data
Increase the number of executive certifications provided.	Baseline: 0 certificates Target: 30 certificates	Program Data
Reduce the median boarding hours.	Baseline: 0 Target: 40% reduction in median boarding hours	Program Data
Increase the number of provider organizations with community health worker accreditation.*	Baseline: 0 organizations Target: 20 organizations	Program Data
6) Dental Pilot		
Increase the number of dental clinicians placed in rural/distressed counties.*	Baseline: 0 clinicians Target: 25 clinicians	Program Data
Increase number of new or renovated dental suites	Baseline: 0 dental suites Target:15 dental suites	Program Data
Increase the number of Tennesseans receiving preventive/restorative dental services.	Baseline: 0 Tennesseans Target: 100,000 Tennesseans	Program Data
Reduce the percentage of Emergency Department visits for dental conditions among uninsured populations.	Baseline: TBD Target:10%	Program Data
Establish full HRTS integration of dental metrics.	Baseline: 0 Target:100%	Program Data

7) Healthcare Resiliency Program: Maternal & Child Health		
Increase access to care in maternity care deserts.*	Baseline: 0 counties Target: Serve 100% of maternity care desert counties through MCH HRP grants	Program Data
Increase the percentage of birthing hospitals serving rural patients that are actively participating in Tennessee Initiative for Perinatal Quality Care (TIPQC) quality improvement projects from a baseline	Baseline: 61% Target: 73%	Program Data-(TIPQC)
Decrease the fatal overdose rate among women aged 15–44 years.	Baseline: 47 per 100,000 Target: 42 per 100,000	TDH PRAMS
Increase the percentage of women screened for depression postpartum by a healthcare provider.	Baseline: 84% Target: 91%	TDH PRAMS
8) Value-Based Payment: Maternal, Hospitals, Dental		
Improve average Admission, Discharge, and Transfer (ADT) quality measure performance in HIP-QC.	Baseline: 41% Target: 70%	TennCare Data
Increase number of obstetric practices in maternal VBP program.*	Baseline: 0 Target: 10	TennCare Data
Decrease Plan All-Cause Readmissions (PCR).	Baseline: 1.1445 Target: <1.0	HEDIS
Decrease Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults (EDV-AD).	Baseline: 180.75 Target: 170	CMS Adult Health Care Quality Measures
9) HRP: Make Rural Tennessee Healthy Again		
Increase the percentage of rural residents with an identified primary care provider*	Baseline: TBD Target: 10% increase	Program, grantee data
Increase the number of mobile strategies in all three grand divisions of Tennessee, while connecting patients to a dedicated medical home.	Baseline: 0 Target: 5	Program, grantee data
Increase the percentage of rural resident encounters using telehealth for primary or specialty visits with participating organizations.	Baseline: TBD Target: 10%	Program, grantee data
Increase the percentage of Tennessee public schools employing a full-time nurse.*	Baseline: 83% statewide by 2023-24 Target: Based on each individual grantee	TN Dept of Edu.
10) Rural Health Improvement Grants		
Increase the number of rural counties funded for new health-promoting environments that increase access to healthy foods and opportunities for physical activity.*	Baseline: 45 Target: 89	Program Data
Increase the percentage of rural Tennesseans living within one mile of health-promoting environments.	Baseline: 0 Target: 25%	Program & Census Data, ArcGIS Analysis
Increase the number of partnerships, including county health councils, school systems, local governments, NGOs, CBOs, or nonprofits, that implement End-Zone inspired PSE strategies.	Baseline: 0 Target: 3 per grantee	Program Data
Increase the number of tailored resources and trainings administered to County Health Councils.	Baseline: 42 Target:73	Program Data
11) HRP: Rural Non-Emergency Transportation		
Reduce missed medical appointments due to transportation barriers.	Baseline: TBD Target: 25% reduction	Program Data
Expand coordinated medical transport options in rural counties.	Baseline: TBD	Program Data

	Target: At least one option in 65% of rural counties	
Improve chronic disease management (A1C and BP control) among transported patients.	Baseline: TBD Target: 15% improvement	Program Data
Achieve high satisfaction and scheduling reliability among program users.*	Baseline: TBD Target: ≥ 90 percent satisfaction	Statewide patient transport survey
12) HRP: Health-Tech		
Increase the percentage of patient encounters at participating facilities that include structured clinical document exchange within 24 hours. *	Baseline: 60% Target: 85%	Program Data
Achieve and sustain role-based cybersecurity training completion.	Baseline: 80% Target: 95%	Program Data
Increase the percentage of telehealth and remote patient monitoring encounters across participating counties.	Baseline: 0% Target: 50%	Program Data
Reduce the provider documentation and administrative time per encounter.	Baseline: TBD Target: 40%	Program Data
Increase clinician adoption of analytics platforms for population health management.	Baseline: TBD Target: 85%	Program Data
13) Statewide Health Information Exchange (HIE)		
Increase the number of stakeholder engagement sessions.*	Baseline: 0 sessions Target:10 sessions	Program Data
Increase the number of training and educational events for HIE users.	Baseline: 0 events Target: 5 events	Program Data
Increase the number of providers, hospitals, and payers enrolled in HIE*	Baseline: 0 enrolled Target: 500 enrolled	Program Data
Increase EHR data exchange compatibility among health care networks.	Baseline: TBD Target: 90% if legislation effective by FY28; 60% if legislation pending by FY28.	Program Data
14) TN Community Compass		
Increase total number of referrals made at by TDH navigators.	Baseline: TBD after program rollout Target: 50,000 referrals (FindHelp)	Program Data
Increase the total number of navigators utilizing FindHelp.	Baseline: 16 navigators Target: 650 navigators	TNCC Program Data
Increase total number of referrals made annually through statewide TN Community Compass.*	Baseline: 20,000 Target: 200,000 referrals	Program Data
Increase number and new state agencies onboarded to TNCC.	Baseline: 1 agency Target:4 agencies	Program Data
15) Rural Health Innovation Catalyst		
Increase the number of counties receiving CoE planning or implementation support.*	Baseline: 0 (new program). Target:8	Program Data
Increase the students participating in the planning and implementation processes.	Baseline: 0. Target: 50	Program Data
Increase the number of rural health organizations receiving intensive technical assistance (TA).	Baseline: 0 Target: 35	Program Data
Increase the number of innovative pilots that are adopted by at least one other county.	Baseline: 0 Target: 4 (50% of awards).	Program Data
16) Statewide eConsult Platform		
E-Consults that were *not* converted to face-to-face appointments for the patient.	Baseline: Average 17,600 referrals to Project Access for Specialist Care / year	Program Data

	Target: 10,000 e-consultations provided without the need for face-to-face appointment.	
Reduce wait time for access to specialty care.	Baseline: 6-9 months Target: 3 days average wait time for e-consultation	Program Data
Increase the number of HRTS system users by facility type: Long Term Care (LTC) Skilled and LTC Assisted Living.	Baseline: LTC Skilled - 849 users, LTC Assisted 475 users Target: 15% increase.	HRTS User Data
Enhance rural collaboration and bridge resource gaps by increasing the number of HRTS training events.*	Baseline: 40 training events per year Target: 50 training events per year by (25% increase)	Program Data
17) Comprehensive Health Workforce Pipeline		
Increase the number of rural recruits supported through incentives.	Baseline: 0 residencies Target: 250 residencies	Program Data
Increase the number of students in early exposure or paid internships.	Baseline: 0 students Target: 1000 students	Program Data
Increase the number of paid apprenticeship programs	Baseline: 38 Target: 80	Program Data
Increase the number of students in early exposure or paid internships.	Baseline: 0 students Target: 1,000 students	Program Data
Increase the number of rural residency and similar academic rural health care training programs	Baseline: 10 Target: 50	Program Data

Using Evaluation Findings for Continuous Improvement

Findings from initiative-level metrics will be synthesized across programs to identify cross-cutting trends, emerging challenges, and successful strategies. TDH will use these insights to guide quarterly performance reviews, inform mid-course corrections, and prioritize high-impact initiatives for sustained investment. Evaluation results will also feed directly into governance discussions and sustainability planning, ensuring that data-driven decision-making remains central to Tennessee's Rural Health Transformation strategy.

Sustainability Plan

The State of Tennessee is deeply committed to careful stewardship, routinely ranking #1 in the nation for fiscal responsibility metrics, low per-capita debt, conservative budgeting, and a consistently superior credit rating. We are committed to upholding these principles to ensure that the RHT Program produces lasting impact. Sustainability will be achieved

by intentional planning, empowering local ownership, and embedding RHT activities into permanent policy, financing, operational structures, earned income, and public/private partnerships. We have challenged our teams to establish sustainability plans at the initiative level, and to come up with a "Year 6" plan, included below. All subrecipient awardees will be scored based on their ability to sustain their programs beyond the 5-year term. Primary sustainability strategies include:

1. Capacity Building & Institutionalization

- **State Capacity:** Tennessee's proven and established cross-agency infrastructure—anchored by the RHTF Core Team within TDH and the statewide RHTF Governance Committee—ensures durable leadership and operational capacity for managing complex, multi-year initiatives.
- **Data & Analytics Infrastructure:** Health-tech investments, including the statewide Health Information Exchange (HIE), strengthen interoperability, create shared data, and embed analytics into routine decision-making.
- **Local Ownership:** County Health Councils and local partners will continue leading rural health projects, building community buy-in and embedding RHT initiatives into existing community structures for long-term sustainability.
- **Workforce Institutionalization:** Pipeline programs—including residencies, apprenticeships, and leadership training—will permanently expand Tennessee's rural workforce capacity by integrating pathways into academic partnerships.

2. Funding Diversification & Revenue Streams

- **Integration into Payor Reimbursement:** Initiatives such as the Memory Care Assessment Network and telehealth models will transition to stable financing

through TennCare, Medicare, and CMS reimbursement mechanisms (e.g., GUIDE, CCM, and teleconsultation codes).

- **Value-Based Payment Models:** TennCare's proven record implementing and scaling federal VBP programs will extend to new rural models launched under RHT, creating ongoing revenue through managed care performance incentives.
- **Public–Private Partnerships:** The state will leverage relationships with hospital systems, foundations, and private sector partners to co-fund capital improvements, workforce programs, and innovation pilots.
- **Earned Revenue & Fee Models:** Technology-enabled services—such as diagnostic networks, administrative automation tools, and the statewide referral system—may transition to cost-sharing or subscription-based models.

3. Policy & Regulatory Anchoring

- **Legislative & Regulatory Commitments:** The state may pursue statutory or rule-based mechanisms to codify successful RHT initiatives and enable expansion through permanent program authority.
- **Integration into State Policy Frameworks:** Outcomes and performance metrics from RHT will be embedded into the State Health Improvement Plan (SHIP), TennCare managed care contracts, and the TDH Strategic and Quality Management Plans, ensuring alignment with statewide health priorities.

"Year 6 Plan" by Initiative

Initiative Name	Primary Sustainability Strategy	Year 6 Plan Summary
HRP: Service Expansion / Co-Location	Funding Diversification & Revenue Streams – Value-Based Models; Public–Private Partnerships	Transitions co-located service models to TennCare VBP; expands FQHC/RHC designations; blends state TA and data infrastructure with local hospital and foundation support.
Last Mile Teams	Capacity Building & Institutionalization – State Capacity; Funding Diversification – State & Federal Funds	May sustain through Title V MCH Block Grants, TennCare reimbursements, and state appropriations, with continued support from TDMHSAS Behavioral Health Safety Net, Continuum of Care, and county cost-sharing; under TDH Family Health & Wellness
Optimizing Rural Health Care	Capacity Building & Institutionalization – Program Integration; Funding Diversification – Value-Based Models	Performance-based funding ensures only successful models continue; integrates proven approaches into TDH operating budgets and TennCare payment reform.
Memory Care Assessment Network	Funding Diversification – Reimbursement Integration; Capacity Building – Institutionalization	Pursues Medicaid SPA/waivers and CMS GUIDE/CCM reimbursement; integrates MA supplemental benefits and local public-health contracts to secure long-term billing pathways.
Rural Capacity Building	Capacity Building & Institutionalization – Workforce Development; Funding Diversification – State & Federal Funds	Uses TDMHSAS and TennCare CHW funding plus leadership and behavioral-health workforce investments supported by state and block-grant funds.
Dental Pilot	Funding Diversification – Reimbursement Integration; Workforce Development	Leverages TennCare dental reimbursement and training pipelines to sustain rural dental workforce placements.
HRP: Maternal & Child Health	Funding Diversification – State & Federal Funds; Reimbursement Integration; Capacity Building – Institutionalization	Built into Title V, TennCare, and state appropriations; embeds IT costs into provider budgets; telehealth and mobile app components supported through Medicare/Medicaid reimbursement.
VBP: Maternal, Hospital, Dental	Funding Diversification – Value-Based Models	Transitions co-located service models to reimbursable services; expands FQHC/RHC designations; blends state TA and data infrastructure with local hospital and foundation support.
HRP: Make Rural TN Healthy Again	Funding Diversification & Revenue Streams – Reimbursement Integration; Capacity Building & Institutionalization – Local Ownership	Ensures long-term impact through capacity building, shared billing models, and formalized community partnerships that sustain mobile, telehealth, and school-based services via existing reimbursement streams and local reinvestment.
Rural Community Prevention Grants	Funding Diversification – State & Federal Funds	Builds on existing funding (Project Diabetes, CARE Grants) and scales through future state appropriations.

Initiative Name	Primary Sustainability Strategy	Year 6 Plan Summary
HRP: Rural Transportation Program	Funding Diversification & Revenue Streams – Public–Private Partnerships; Capacity Building & Institutionalization – State & Local Coordination	Sustained through grantee-developed sustainability plans emphasizing ongoing funding mechanisms, cross-sector partnerships, and integration into existing transportation and healthcare networks.
HRP: Health-Tech	Capacity Building & Institutionalization – Data & Analytics Infrastructure; Funding Diversification, Revenue, – Reimbursement Integration	Sustained through required grantee sustainability plans, vendor-agnostic platforms, and technical assistance that supports telehealth reimbursement, value-based alignment, and integration with statewide health information systems.
Statewide Health Information Exchange (HIE)	Capacity Building – Data & Analytics Infrastructure	Oversight committee ensures ongoing maintenance and technology upgrades and will establish long-term governance structure leveraging public/private partnerships
TN Community Compass	Funding Diversification – Fee Models; Public–Private Partnerships	Pursues public/private partnerships and subscription models for long-term operation of the referral system.
Rural Health Innovation Catalyst	Capacity Building – Workforce Development; Funding Diversification – Public–Private Partnerships	Sustained through partnerships with academic medical centers and joint state–philanthropic funding for innovation pilots.
Statewide eConsult Platform	Funding Diversification – Reimbursement Integration; Capacity Building – Institutionalization	Telehealth and e-consult services reimbursed via Medicare/Medicaid; HRTS upgrades absorbed into state IT budgets.
Comprehensive Health Workforce Pipeline	Capacity Building – Workforce Development	Mental Health First Aid train-the-trainer model and pipeline programs institutionalized in TDH workforce systems.

Monitoring, Adaptation & Continuous Learning

Tennessee's Rural Health Transformation Fund (RHTF) will embed continuous evaluation and feedback into program operations to ensure that effective initiatives are and refined over time. Quarterly performance and impact reports will be compiled by the RHTF Core Team and reviewed by the RHTF Governance Committee. Sustainability Indicators—such as ongoing funding commitments or integration into reimbursement — will guide these reviews. Annual strategy sessions will allow the Core Team and key stakeholders to assess lessons learned and plan for the upcoming year. At the close of the grant a final debrief will capture findings for dissemination across state agencies, creating a foundation for future statewide initiatives.

[i] County Health Rankings. Rural. https://www.countyhealthrankings.org/health-data/community-conditions/demographics/demographics/rural?year=2025
[ii] County Health Rankings. % Rural. % Rural* | County Health Rankings & Roadmaps
[iii] Rural Health Information Hub. Line Chart of Average Median Age for Metro and Nonmetro Counties, 2010-2024 - Rural Health Information Hub
[iv] County Health Rankings. Life Expectancy. https://www.countyhealthrankings.org/health-data/population-health-and-well-being/length-of-life/life-span/life-expectancy?year=2025
[v] America's Health Rankings. Poverty. https://www.americashealthrankings.org/explore/measures/household_poverty/TN
[vi] Rural Health Information Hub. Average Median Household Income. Line Chart of Average Median Household Income for Metro and Nonmetro Counties, 2010-2023 - Rural Health Information Hub
[vii] U.S. Census 2023 5-year estimates. Accessed via Rural Health Information Hub.
[viii] U.S. Census ACS 5-year 2023 Data.
[ix] Tennessee Department of Health. 2024. Health Disparities in Tennessee Report. tn.gov/content/dam/tn/health/program-areas/division-of-health-disparities-elimination/documents/HD_Report_FINAL_06122024.pdf?utm_source=chatgpt.com
[x] America's Health Rankings. Obesity in Tennessee. https://www.americashealthrankings.org/explore/measures/Obesity/Obesity_nonmetro/TN
[xi] America's Health Rankings. Physical Inactivity. https://www.americashealthrankings.org/explore/measures/Sedentary/TN
[xii] Tennessee Department of Health. Maternal Mortality in Tennessee Report. https://www.tn.gov/content/dam/tn/health/program-areas/Maternal%20Mortality%20Report%20key%20findings.pdf
[xiii] Tennessee Department of Health. 2025 Cancer in Tennessee 2016-2020 Annual Report. https://www.tn.gov/content/dam/tn/health/2025-notcom/Cancer-in-Tennessee-2016-2020-Annual-Report.pdf
[xiv] CDC WONDER, 2019-2023.
[xv] Alzheimer's Association. 2025 Tennessee Facts and Figures. https://www.alz.org/getmedia/8b000dbe-150f-4390-a32d-ba108c599e6d/tennessee-alzheimers-facts-figures.pdf
[xvi] Heffernan, M; Papanikolaou, M.; Meit, M. Appalachian Diseases of Despair, 2024. https://www.arc.gov/report/appalachian-diseases-of-despair-2024/
[xvii] Tennessee Department of Health. Drug Overdose Deaths Report. https://www.tn.gov/content/dam/tn/health/documents/pdo/death-report/2023_Tennessee_Drug_Overdose_Death_Report.pdf
[xviii] Rural Health Info Hub. Tennessee Rural Health Facilities. https://www.ruralhealthinfo.org/states/images/tennessee-rural-health-facilities.jpg?v=873
[xix] Tennessee Health Care Campaign. Rural Equity Project Report. https://tnhealthcarecampaign.org/rural-equity-report/