

ARKANSAS

Rural Health Transformation Program

HEALTHY. CONNECTED. LOCAL.

Version 2: Revised 12/12/2025 to include CMS requested clarification

Version 3: Revised 1/30/2026 with updated budget.

Version 4: Revised 2/26/2026 to include CMS requested clarification.

Version 5: Revised 3/30/2026 to include CMS requested clarification.

Version 6: Revised 3/31/2026 to include CMS requested clarification.



OPPORTUNITY NUMBER: CMS-RHT-26-001

RURAL HEALTH NEEDS AND TARGET POPULATION

Rural Demographics

Rural Arkansas faces major challenges across demography, health outcomes, healthcare access, and facility sustainability, all of which the Rural Health Transformation (RHT) Program seeks to address. The following provides a detailed overview of the current rural health landscape in Arkansas.

Rural Landscape and RHT Program Challenges

About 45% of Arkansans live in rural areas, making it one of the most rural states in the U.S.^{[1][2]} Rural communities tend to be older, lower-income, and in poorer health than urban residents, with limited access to medical services.^{[3][1]} Nearly half of rural hospitals (50%) are considered vulnerable to closure—the highest rate in the nation—with 79% operating at a loss on patient services.^[4] Rural providers face significant financial strain due to low reimbursement rates, as Arkansas ranks in the bottom five nationally in the Medicare Wage Index.^[5]

Rural Demographics

- **Population:** Roughly 1.3 million rural residents of a statewide population of 3 million.^[2]
- **Population density:** Typically, fewer than 30 people per square mile in many counties.^[2]
- **Median rural household income:** \$50,210, below national medians.^[6]

- **Employment:** Dominated by agriculture, manufacturing, and healthcare support, with unemployment averaging 4.9% in rural counties compared to 3.4% urban. ^[6]
- **Education:** Only 17% hold a bachelor's degree or higher. ^[6]
- **Insurance:** Rural counties rely heavily on public coverage—about 42% on Medicaid or Medicare. Over 8% are without healthcare coverage. ^{[1][2]}
- According to the HRSA Federal Office of Rural Health Policy (FORHP) listing of rural-eligible counties, 63 of Arkansas's 75 counties are classified as fully rural for CMS program eligibility.

Health Outcomes and Risk Factors

- **Chronic diseases:** High rates of heart disease (according to the CDC, Arkansas has the third-highest rate of heart disease mortality in the nation), diabetes, hypertension, and obesity—each up to 30% higher than urban county averages. ^{[1][6]}
- **Maternal health:** Only 25 of 75 counties still have labor and delivery units, and rural maternal mortality rates are double urban counterparts. ^{[3][1][4]}
- **Child health:** Elevated rates of low birthweight and childhood obesity, especially in the Mississippi River Delta and Ozarks regions. The average of the county-level percentages of students classified as obese was 25% in rural counties and 22% in urban counties. ^[8]
- Ratio of population to Other Primary Care Providers: 770:1 (AR) vs. 680:1 (U.S.) ^[6]
- Ratio of population to Mental Health Providers: 360:1 (AR) vs. 290:1 (U.S.) ^[6]

- 23% of Arkansans report symptoms of anxiety or depression ^[9] and more than 60% of adults with mental illness receive no treatment. ^[10]
- 71.5 opioid prescriptions per 100 residents in 2023. ^[11]

Healthcare Access

- **Distance to care:** Rural Arkansans travel an average of 25–35 miles to reach the nearest hospital or specialty clinic. According to the Arkansas Department of Health, Rural counties experience longer EMS response times. ^{[3][1]}
- **Provider availability:** Some rural counties have fewer than one primary care physician per 2,000 residents and severe dental and mental health provider shortages. Arkansas has 17% fewer mental health providers than the national average, per the Arkansas Whole Health Institute. ^{[3][1]}
- **Transportation:** Minimal or no public transit options in most rural counties, particularly in the south and Delta regions. ^{[1][2]}
- **Facility distribution:** 47 rural hospitals, including 27 Critical Access Hospitals and 5 Rural Emergency Hospitals. Arkansas has 154 licensed rural health clinics and 12 community health center organizations with 179 service locations in rural markets. According to HRSA, there are 163 Federally Qualified Health Centers in rural areas of the State. ^{[1][2]}

Rural Facility Financial Health

- **At-risk hospitals:** 30 of 47 rural hospitals are at risk of closure, with 11 in immediate risk of insolvency.^[4]
- **Closures:** Four hospitals have closed since 2015; several have eliminated obstetrics or inpatient services.^{[3][4]}

Target Populations and Geographic Focus

Arkansas's RHT plan targets:

- Rural residents in high-need counties, particularly in the Delta, Ozarks, and southwest regions, where hospital vulnerability, poverty, and chronic disease rates are highest.
- All rural hospitals, rural health clinics (RHCs), federally qualified health centers (FQHCs), and behavioral health or community health organizations operating in rural-designated census tracts statewide.

These interventions aim to stabilize rural healthcare access, improve health outcomes, and ensure sustainability through workforce development and modernized care coordination.

RURAL HEALTH TRANSFORMATION PLAN: GOALS AND STRATEGIES

Vision

The State of Arkansas has designed a Rural Health Transformation Program (RHT Program) to support a strong, connected rural health system where families can get the care they need close to home. Our RHT Program focuses on practical solutions that strengthen local communities, support rural providers, and use targeted investments in technology and partnerships to improve health outcomes through preventive care and healthier lifestyles.

Over the next five years, Arkansas aims to transform rural healthcare into a model of resilience, access, and whole-person wellness. The Arkansas RHT Program envisions thriving rural communities where health outcomes no longer depend on ZIP codes, where care is local yet connected, and where every Arkansan from the Delta to the Ozarks has the resources to live well, learn well, and age well.

This transformation will align public

health and clinical care through coordinated investment in prevention, workforce



When Governor Sarah Huckabee Sanders took office, she promised to transform Arkansas from ranking at the bottom on issues like education, economic growth, and public safety to moving to the top. Her administration has **invested in Arkansas' healthcare through the Healthy Moms, Healthy Babies Act**, which provides \$45 million in additional funding each year to improve maternal health. She has led on commonsense reforms to move Arkansans off the path of poverty and onto the path to prosperity, like **getting candy and soft drinks off taxpayer-funded food stamps**, implementing a first-in-the-nation Medicaid work requirement, and creating the 10:33 Initiative to bring government, nonprofits, and the faith community together to move Arkansans from crisis to career. The Governor and her husband launched the Natural State Initiative to get Arkansans, and especially **kids, off screen and outdoors to promote healthy lives** and embrace Arkansas's greatest natural resource: its outdoor beauty. The Governor seeks to use the Rural Health Transformation Program to build on those successes and deliver **better, sustainable care to the Arkansans who need it most.**

development, and digital infrastructure—ensuring financial sustainability and quality outcomes statewide. The goal is not simply to stabilize rural healthcare but to redesign it from the ground up around prevention, connected systems, and empowered communities. Five years from now, Arkansas’s rural communities will be stronger, healthier, and more connected than ever. Local clinics will operate in partnership with regional networks rather than in isolation. Children will grow up with real food, physical activity, and routine preventive care. Healthcare professionals will choose to build their careers in rural Arkansas because professional growth, community support, and a sense of belonging are deeply intertwined.

Technology will unite what geography once divided—linking hospitals, schools, clinics, churches, and homes in a real-time web of care. Economic resilience will follow health resilience, as healthier citizens sustain stronger local economies.

The Arkansas RHT Program is more than a financial investment—it is a promise to make every community a place where healthcare can thrive, innovation can take root, and every Arkansan can live their best possible life supported by local care and opportunity.

Goals and Strategic Alignment

Statute(s)	Focus/Key Action	Alignment to RHT Program Strategic Goals	Key Outcomes
Improving Access & Outcomes	Expand hospital, primary, specialty, behavioral, and emergency care. Keep EDs open, expand maternal health, school-based health centers, and community wellness programs.	Make Rural America Healthy Again: evidence-based interventions for disease prevention, chronic disease management, behavioral health, and prenatal care.	Reduced chronic disease and maternal complications; higher local utilization.
Technology Use & Data-Driven Solutions	Use telehealth, conversational AI-enabled monitoring and coaching, dashboards, and HIE integration to expand access and improve care coordination.	Tech Innovation & Innovative Care: foster innovate technologies for efficient care delivery, data sharing, and remote care.	Faster access and early detection; better care coordination; sustainable use of technology; cost efficiency and savings.
Workforce	Recruit, train, and retain rural clinicians and students; expand residencies and preceptorships in rural settings; expand scopes of practice; leadership development; community health worker training.	Workforce Development: attract and retain high skilled providers; enable rural providers to practice at top of license.	Increased provider retention; expanded access to behavioral and specialty care; strengthened leadership.
Partnerships	Form Clinically Integrated Networks; share staff, purchasing, data, and best practices; align transport, workforce, and care delivery; establish trauma-ready networks and joint capital improvements.	Sustainable Access and Innovative Care: strengthen rural providers through networks, shared resources, coordinated operations.	Improved care quality, cost efficiency, emergency preparedness.

Statute(s)	Focus/Key Action	Alignment to RHT Program Strategic Goals	Key Outcomes
Financial Solvency Strategies and Cause Identification	Right-size facilities; transition to value-based payment models; diversify revenue; and share administrative/purchasing services; reduce facility bypass.	Sustainable Access: help rural providers remain long-term access points.	Reduced at-risk hospitals; improved margins; sustained local access to care

Rural Health Transformation Initiatives & Outcomes

Initiative	Programs and Description	Key Performance Objectives
<p>Healthy Eating, Active Recreation, & Transformation (HEART)</p>	<p>Growing Resilient, Optimally Well Kids (GROW Kids): Programs that help Arkansas children build lifelong health.</p>	<p>≥ 12,500 residents engaged annually across all HEART activities.</p>
	<p>Food Access & Regional Markets (FARM): “Buy Local” produce initiative supporting SNAP waivers, healthy vending machine reforms, and integration of food-as-medicine strategies to improve nutrition and prevent chronic disease.</p>	
	<p>Mobilizing Opportunities for Vital Exercise (MOVE): Expanding access to fitness trails, modular fitness equipment, and recreation.</p>	<p>≥ 75 community sites delivering HEART-aligned programs by Year 5.</p>
	<p>Faith-based Access, Interventions, Transportation, & Health (FAITH): Utilizing faith leaders as trusted advisors, emphasizing the connection between physical, mental and spiritual well-being.</p>	<p>≥ 250 providers and community health workers trained statewide by Year 5.</p>
	<p>Healthcare Education and Advancement for Leadership (HEAL): Embedding nutrition and fitness education in medical, nursing, pharmacy, and CME programs; training providers on safe opioid prescribing.</p>	
	<p>Integrated Models for Prevention, Access, Care and Transformation (IMPACT): Comprehensive chronic disease prevention and management designed to improve health outcomes for Arkansans with diabetes, obesity, hypertension, and high cholesterol.</p>	
<p>Promoting Access, Coordination, and Transformation (PACT)</p>	<p>Advancing Care Capacity, Engagement, and Screening Services (ACCESS): Bringing specialty care, preventive screenings, and telehealth into underserved areas.</p>	<p>≥ 12,500 rural residents served annually via mobile units and telehealth services by Year 5.</p>

Initiative	Programs and Description	Key Performance Objectives
	<p>Community Integrated Networks for Care (CINC): Funding bottom-up, locally driven Clinically Integrated Networks (CINs) that improve efficiency, data sharing, revenue opportunities, and regional collaboration.</p>	<p>≥ 15 healthcare facilities or providers participating in shared networks or partnerships by Year 5.</p>
	<p>Regional Optimization of Access, Delivery, Mobility, and Practice (ROADMAP): Addressing transportation barriers and aligning workforce distribution to need.</p>	<p>≥ 25 rural clinics offering expanded specialty or preventive services by Year 5.</p>
	<p>Scope of Practice Elevation (SCOPE): Empowering providers like pharmacists and dental hygienists to operate at the top of their credentials and deliver expanded services such as dietary counseling and chronic disease support.</p>	<p>≥ 75 providers credentialed for expanded scope-of-practice roles by Year 5.</p>
	<p>System Alignment & Facility Enhancement (SAFE): Supporting hospital facility improvements and integration with larger systems to maintain essential services in rural areas.</p>	<p>Reduction in facilities at risk of closure, based on financial and operational metrics by Year 5.</p>
<p>Recruitment, Innovation, Skills, and Education for AR Healthcare (RISE AR)</p>	<p>Leadership Education, Advancement & Delivery (LEAD): Establishing a Leadership Academy for healthcare leaders focused on alignment with RHT Program objectives.</p>	<p>≥ 50 leaders trained statewide by Year 5.</p>
	<p>Preparing Arkansas Talent for Health Workforce Advancement Yield (PATHWAY): Expanding GME slots, preceptor programs, and</p>	<p>≥ 100 new or expanded training slots by Year 5.</p> <p>≥ 100 clinicians recruited and retained in rural areas by Year 5.</p>

Initiative	Programs and Description	Key Performance Objectives
	<p>new residences/fellowships in specialties like family medicine, OB, and lifestyle medicine.</p> <p>Recruit, Educate, Train, Advise, Integrate, Nurture (RETAIN): Recruitment and retention program offering relocation support, signing bonuses, and mentorship incentives.</p> <p>Strategic Knowledge, Innovation & Lifelong Learning for Upward Professionals (SKILL-UP): Workforce pathways for nurses, PAs, mental health professionals, drug counselors, and non-credentialed paraprofessionals.</p>	<p>≥ 150 workforce members completing advanced training and certifications by Year 5.</p>
<p>Telehealth, Health-monitoring, and Response Innovation for Vital Expansion (THRIVE)</p>	<p>Linking Infrastructure for Emergency Lifesaving and Integrated Network Expansion (LIFELINE): Modernizing EMS systems and ensuring access to emergency care.</p> <p>Health Outcomes through Monitoring & Engagement (HOME): At-home remote monitoring pilots for chronic conditions such as diabetes, hypertension, obesity, sleep apnea, and heart failure, emphasizing ROI and sustainability.</p> <p>Virtual Innovation for Rural Telehealth, Utilization, Access, and Longevity (VIRTUAL): Expanding telehealth access, supporting capital investments, and integrating virtual specialty care across CINs.</p> <p>Telehealth, Equipment, and Connectivity Hub Fund (TECH Fund): Investing in infrastructure upgrades and technology sustainability.</p>	<p>≥ 10% reduction in average EMS response times in rural counties by Year 5.</p> <p>≥ 2,500 patients actively monitored with actionable data by Year 5.</p> <p>≥ 12,500 telehealth visits delivered statewide by Year 5.</p> <p>≥ 50 rural facilities equipped with standardized telehealth infrastructure by Year 5.</p>

Legislative or Regulatory Action

Technical Score Factor	Current Policy	Committed Action and Timeline	Expected Impact on Rural Health
B.2 Health and Lifestyle	Arkansas does not currently require the Presidential Fitness Test.	✓ Arkansas will seek to have schools reestablish the Presidential Fitness Test aligned with federal guidance associated with Executive Order 14327 by December 31, 2028.**	Promote physical activity and healthy habits. Support chronic disease prevention and population health.
B.3 SNAP Waivers	✓ Arkansas has a USDA-approved state waiver in place prohibiting the purchase of non-nutritious items with SNAP benefits.		Reduce rates of chronic diseases such as diabetes, heart disease, and obesity. Promote mental well-being and child development.
B.4 Nutrition Continuing Medical Education (CME)	Arkansas does not currently have any requirements for nutrition education for Continuing Medical Education.	✓ Arkansas will implement nutrition CME requirements, along with nutrition education requirements in Medical Schools.	Promoting healthy habits. Support chronic disease prevention and population health.
C.3 Certificate of Need	✓ Arkansas has a CON score of 15 per the CICERO report “Ranking Certificate of Need Laws in All 50 States.”	Arkansas has no further planned action for CON policy.	

Technical Score Factor	Current Policy	Committed Action and Timeline	Expected Impact on Rural Health
D.2 Licensure compacts	<ul style="list-style-type: none"> ✓ Physician: IMLC member legislation passed, implementation in progress ✓ Nursing: NLC State ✓ EMS: licensure compact member of the EMS Compact ✓ Psych: PSYPACT participant ✓ PAs: PA compact member ✓ Dietician: compact member* 	<ul style="list-style-type: none"> ✓ Physician Compact expected to be implemented in 2026. 	
D.3 Scope of Practice	<ul style="list-style-type: none"> ✓ PA: Advanced Scope of Practice ✓ NP: Reduced scope of practice ✓ Pharmacists: Improvements needed based on CICERO report ✓ Dental Hygienist: Semi-restrictive scope of practice 	<ul style="list-style-type: none"> ✓ Legislation to expand the scope of practice for pharmacists and other healthcare professionals will be introduced in the 2027 legislative session, with a target enactment date of December 31, 2027. This proposal has broad support across the State Legislature. 	Building sustainable access, expanding rural healthcare workforce.
E.3 Short-Term, limited duration insurance	<ul style="list-style-type: none"> ✓ STLDI plans are not restricted in Arkansas beyond the latest federal guidance. 		

Technical Score Factor	Current Policy	Committed Action and Timeline	Expected Impact on Rural Health
F.1 Remote care service	<ul style="list-style-type: none"> ✓ Medicaid payment for at least one form of live video. ✓ Medicaid payment for store and forward. ✓ Medicaid payment for remote patient monitoring ✓ Limited in-state licensing requirement exception. 		

* While we recognize that the State will not receive points for being a member of the Dietitian Licensure Compact, we have included this information to demonstrate our ongoing commitment to supporting licensure compacts and facilitating workforce mobility.

** Governor Sarah Huckabee Sanders will sign an Executive Order requiring that vending machines include healthy options, ensuring Arkansans have better choices available. While this action does not receive technical scoring consideration, it reflects the State's commitment to empowering individuals and communities to take ownership of their health and well-being.

Certified Community Behavioral Health Clinics

As of September 1, 2025, Arkansas does not have any Certified Community Behavioral Health Clinics (CCBHCs). Four clinics have received a total of five CCBHC grants, and several of the facilities are interested in becoming certified. Arkansas will update CMS if any facility becomes a CCBHC.

Medicaid Disproportionate Share Hospitals

According to our 2021 DSH audit, Arkansas provided DSH payments to 10 in-state hospitals.

PROPOSED INITIATIVES AND USE OF FUNDS

Initiative 1: Healthy Eating, Active Recreation, & Transformation (HEART)	
Description	<p>The Healthy Eating, Active Recreation, & Transformation (HEART) initiative is designed to improve health outcomes and access to preventative care across Arkansas by creating a coordinated, community-driven approach to nutrition, physical activity, and chronic disease management. HEART strengthens rural health systems by integrating school programs, community-based initiatives, faith organizations, and healthcare education. This initiative supports the Arkansas RHT Program’s goals of expanding access, improving health outcomes, fostering sustainable rural healthcare delivery, and building workforce capacity. HEART is comprised of the following projects:</p> <p>GROW Kids helps Arkansas children build lifelong healthy habits through preventive education and wellness programming. This initiative tracks child health outcomes and provides direct interventions to prevent and treat physical and mental health conditions. <i>Key actions include:</i> expanding school, early childhood center, and daycare-based health and preventive education programs; providing direct clinical and behavioral health interventions for children identified with health risks; promoting physical activity, nutrition, and wellness habits in partnership with local schools and families; reinstating the Presidential Fitness Test; and tracking health outcomes, preventive screening rates, and behavior change metrics. <i>Potential uses of funds include:</i> staffing, educational materials, and clinical supplies for school health and mental health programs; screening, treatment, and counseling resources for children with identified physical or behavioral health conditions; data collection and analysis for health tracking, mental health monitoring, and program evaluation; and community engagement events and coordination with schools, early childhood centers, daycares, families, and local providers.</p> <p>FARM builds on Arkansas’s existing SNAP waiver to improve access to healthy foods through local markets, vending machine</p>

Initiative 1: Healthy Eating, Active Recreation, & Transformation (HEART)

regulations, and food-as-medicine strategies that prevent chronic disease and strengthen regional food systems. *Key actions include:* expanding local produce markets to improve food access; integrating nutrition programs into clinical care and community interventions; partnering with farmers, retailers, and local organizations to enhance supply and reach; and monitoring nutrition outcomes, chronic disease prevention, and program utilization. *Potential uses of funds include:* grants for market development and program administration; nutrition education campaigns and outreach materials; and data collection and reporting on population health and food access. ***

MOVE: inspires and enables residents—particularly those who are currently sedentary—to become more active by improving access to safe, appealing spaces for exercise and recreation. The initiative revitalizes existing facilities and outdoor areas, fostering healthier lifestyles and stronger community engagement without the need for new construction. *Key actions include:* upgrading and maintaining existing trails, parks, and outdoor fitness spaces; providing equipment, signage, and programmatic support to maximize facility use by the sedentary population; partnering with local organizations to organize community fitness programs, events, and wellness challenges; and tracking participation rates, physical activity levels, and related health outcomes to evaluate program impact. *Potential uses of funds include:* facility enhancements; program development and community outreach to encourage the use of existing facilities; data collection and analysis to monitor physical activity engagement and health improvements; and coordination with local governments, community organizations, and wellness groups.

FAITH partners with faith-based institutions to expand outreach and connect rural residents to health services. These organizations serve as trusted community points of contact to share information, coordinate screenings, and help residents access preventive and primary care. *Key actions include:* collaborating with faith institutions to organize health education sessions, wellness events, and preventive screening opportunities using faith networks to identify residents with transportation or access challenges and linking them to existing health services; promoting community awareness of available healthcare programs, resources, and telehealth options; and tracking engagement metrics, referrals made, and health outcomes to measure effectiveness of outreach and access improvements. *Potential uses of funds include:* Staffing and resources for mobile health units, screening events, and

Initiative 1: Healthy Eating, Active Recreation, & Transformation (HEART)	
	<p>outreach programs; transportation programs and patient navigation support for rural residents; data collection and reporting to assess reach, engagement, and impact of community-based connections; and coordination and communication materials to support faith-based outreach, establish a marked walking circuit on existing parking lots through surface markings and signage; and modular fitness equipment.</p> <p>HEAL integrates nutrition, physical activity, behavioral health, and safe opioid prescribing education into professional training programs, strengthening rural provider capacity. <i>Key actions include:</i> embedding wellness and prevention curricula in medical, nursing, pharmacy, and CME programs; providing continuing education on chronic disease management and safe prescribing; and integrating new education criteria into current monitoring. <i>Potential uses of funds include:</i> development of training curricula and materials; faculty and staff support for educational programs, continuing education, and certification activities; and data collection and analysis to evaluate provider and patient outcomes.</p> <p>IMPACT is a comprehensive chronic disease prevention and management designed to improve health outcomes for Arkansans with diabetes, obesity, hypertension, and high cholesterol. By integrating clinical care, behavioral interventions, social support, and value-based payment models, the project creates a scalable coordinated, community-informed approach to chronic disease management. <i>Key actions include:</i> launching pilot cohorts of employer-sponsored and Medicare covered individuals to test and refine interventions; providing coordinated clinical, behavioral, and social services, including chronic disease management, lifestyle coaching, and mental health support; implementing value-based payment strategies to incentivize quality care, improve outcomes, and optimize resource use; building integrated data infrastructure to enable analytics, reporting, risk stratification, and outcome tracking; monitoring milestones, evaluating health outcomes, participant engagement, and return on investment; publishing results and developing a replicable model for statewide and national adoption. <i>Potential uses of funds include:</i> staffing and operational support; delivery of preventive care, chronic disease interventions, mental health services, and food-as-medicine program; development and maintenance of technology platforms and data analytics infrastructure; program evaluation, research, and dissemination; stakeholder engagement; and creation of tools to replicate and scale successful interventions across the state.</p>

Initiative 1: Healthy Eating, Active Recreation, & Transformation (HEART)	
Main Strategic Goal(s)	Make Rural America Healthy Again & Innovative Care
Use of Funds	A. Prevention & chronic disease D. Training and tech assistance E. Workforce G. Appropriate care availability H. Behavioral health I. Innovative care
Technical Score Factors	B.1 Population health clinical infrastructure B.2 Health and lifestyle C.1 Rural provider strategic partnerships E.1 Medicaid provider payment incentives
Key Stakeholders	Heartland Whole Health Institute (HWHI), state government agencies, employers, hospitals and clinics, schools, community organizations, faith institutions, community health workers, academic and research partners, technology vendors
Potential Outcomes (not exhaustive)	<p>GROW Kids: Improved screenings, early identification, and management of chronic conditions in children; increased preventive care utilization; enhanced mental and behavioral health; greater physical activity and healthier nutrition habits; strengthened collaboration between schools, families, and healthcare providers.</p> <p>FARM: Improved access to fresh, local produce; increased adoption of food-as-medicine approaches; reduction of nutrition-related risk factors for chronic disease; and greater awareness of healthy eating habits and preventive nutrition practices.</p> <p>MOVE: Increased utilization of existing fitness trails, outdoor gyms, and recreational facilities; higher levels of physical activity; improved physical health indicators, including BMI, cardiovascular fitness, and mobility; and enhanced community with wellness programs and local recreational infrastructure.</p> <p>FAITH: Expanded reach of preventive screenings and educational programs, increased awareness of health resources and services, improved care coordination and connection to clinical and behavioral health services; strengthened community engagement and trust; and enhanced dissemination of wellness and prevention messages.</p> <p>HEAL: Improved provider knowledge and skills in preventive care, nutrition, and chronic disease management; increased adoption of evidenced-based prevention practices across clinical settings; expanded workforce capacity through training, CME programs, and</p>

Initiative 1: Healthy Eating, Active Recreation, & Transformation (HEART)	
	<p>professional development; and enhanced integration of preventive care into routine practice, including opioid stewardship.</p> <p>IMPACT: Improved health outcomes for 10,000 participants with chronic conditions; increased engagement in preventive and behavioral health services; reduction in healthcare costs and absenteeism/turnover through better disease management; successful implementation of VBP models and risk-sharing arrangements; data-driven insights supporting statewide policy, program scaling, and replicable healthcare delivery models; and evidence of system maturity, integration, and coordination across clinical, behavioral, and social services.</p>
Impacted Counties	All Rural Counties
Estimated Required Funding	\$151,888,000.00
Process and Criteria for Selecting Subgrantees	<p>The State will establish a transparent process to solicit, review, and award subgrants. Applications will be evaluated based on demonstrated need, service to priority populations, organizational capacity, and commitment to responsible use of funds consistent with RHT Program objectives. Subgrantees will comply with all reporting and accountability requirements under 2 CFR Part 200, and performance will be monitored to ensure alignment with program goals. If procurement is required, the State will follow all applicable state and federal procurement laws. Our proposed process is detailed in the Budget Narrative.</p>

***Arkansas confirms that no funds, including those allocated to the HEART/FARM initiative, will be used to purchase food. We have structured each of our programs to fully comply with this restriction

Initiative 2: Promoting Access, Coordination, and Transformation (PACT)	
Description	<p>The Promoting Access, Coordination, and Transformation (PACT) initiative is designed to strengthen rural healthcare delivery in Arkansas by expanding access, improving care coordination, and supporting sustainable, high-quality services. PACT integrates primary care, specialty care, preventive screenings, and telehealth services into rural communities while fostering locally driven Clinically Integrated Networks to improve efficiency, data sharing, and regional collaboration. By aligning workforce distribution, enhancing provider scope of practice, and supporting strategic facility investments, PACT ensures that rural residents can access timely, coordinated care close to home. The initiative leverages partnerships across hospitals, community organizations, clinics, pharmacies, EMS providers, and state agencies to create a connected, resilient rural health system capable of meeting both current and future needs. PACT is comprised of the following projects:</p> <p>Advancing Care Capacity, Engagement, and Screening Services (ACCESS) program expands specialty care, preventive screenings, and telehealth services into rural areas, ensuring residents have access to primary, specialty, behavioral, and maternal care. Through mobile units, telehealth platforms, and emerging conversational AI-enabled tools, ACCESS connects local providers with regional specialists to coordinate care, improve early detection, and manage chronic conditions. ACCESS strengthens patient engagement, supports timely interventions, and enhances care coordination infrastructure to ensure patients are efficiently directed to the appropriate care setting and provider, improving continuity and reducing avoidable delays or duplication of services. <i>Key actions include:</i> bringing specialty care, preventive screenings, and telehealth into rural areas; expanding access to primary, specialty, behavioral, and maternal care through mobile units and telehealth platforms; and coordinating care between local providers and regional specialists. <i>Potential uses of funds include:</i> Telehealth platforms, mobile screening units, clinical staffing, patient navigation, outreach, and program coordination.</p> <p>Community Integrated Networks for Care (CINC): CINC funds locally driven Clinically Integrated Networks (CINs) that empower rural hospitals and clinics to share data, staff, and operational resources. By promoting collaboration and resource sharing, CINC enhances efficiency, revenue opportunities, and regional coordination among providers. These networks create sustainable partnerships that improve care quality, optimize service delivery, and strengthen the overall rural health infrastructure. <i>Key actions include:</i> Funding</p>

Initiative 2: Promoting Access, Coordination, and Transformation (PACT)	
	<p>bottom-up, locally driven CINs, sharing data, staff, and operational resources across hospitals and clinics; and improving revenue opportunities, efficiency, and regional collaboration. <i>Potential uses of funds include:</i> Governance design and legal formation of the network; development of data-sharing, analytics, and quality reporting infrastructure; implementation of care management and population health capabilities; establishment of shared clinical programs and standardized care pathways; and investments to support contracting readiness for value-based and other network arrangements.</p> <p>Regional Optimization of Access, Delivery Mobility, and Practice (ROADMAP): ROADMAP addresses transportation barriers and aligns workforce distribution to meet the healthcare needs of rural communities. By coordinating regional delivery models, the program improves access to primary, specialty, and emergency services. ROADMAP ensures that patients can reach the care they need, and that providers are deployed effectively to optimize healthcare delivery across the state. <i>Key actions include:</i> Leveraging GIS mapping and health workforce data to identify transportation deserts and provider shortage areas, informing the placement of mobile clinics, telehealth hubs, and regional care partnerships; and coordinating regional delivery models to optimize access. <i>Potential uses of funds include:</i> Developing and maintaining statewide data systems to map transportation deserts, workforce shortages, and care access gaps; supporting regional healthcare coalitions, planning bodies, and technical assistance to align transportation, workforce, and service delivery strategies; expanding and equipping mobile health units and telehealth hubs to reach rural areas identified through ROADMAP analysis; partnering with local and regional transit agencies, nonprofit transportation providers, and rideshare programs and businesses to develop flexible medical transport options for rural residents; implementing digital scheduling, dispatch, and communication tools that connect patients with transportation and providers; and measuring reductions in missed appointments, improved care coordination, and patient outcomes.</p> <p>Scope of Practice Elevation (SCoPE): SCoPE builds on Arkansas’s ongoing efforts to expand scope of practice, enabling pharmacists, dental hygienists, dietitians, and other licensed professionals to practice at the top of their credentials. Expanded services could include prescriptive authority, dietary counseling, chronic disease management, and preventive care. The program supports these providers with training, telehealth tools, and clinical supervision resources, enhancing their ability to deliver high-quality care. By</p>

	<p>increasing provider capacity and diversifying service offerings, SCoPE strengthens access and improves health outcomes in rural communities. <i>Key actions include:</i> Updating scope of practice requirements; establishing credential and training programs to ensure quality and consistency; and integration with telehealth platforms. <i>Potential uses of funds include:</i> Training, certification support, telehealth and digital tools, clinical supervision, and patient education programs.</p> <p>System Alignment & Facility Enhancement Fund (SAFE): SAFE supports strategic hospital and system partnerships and affiliations to maintain essential services in rural areas and stabilize financially vulnerable facilities. It enables targeted investments that enhance operational capacity, encourage shared services, and strengthen regional collaboration. By preserving critical access points and improving infrastructure, SAFE ensures that rural communities continue to receive high-quality, sustainable healthcare. <i>Key actions include:</i> Identifying rural hospitals and critical-access facilities at risk of closure or service reduction through financial analysis and community needs assessments; facilitating partnerships or affiliations by financially stable health systems, nonprofit organizations, or regional networks; providing technical assistance for due diligence, valuation, and integration planning; creating shared service agreements among rural hospitals for administrative functions, billing, purchasing, and supply chain management; facilitating regional partnerships for specialty coverage, staff training, and clinical protocols; and integrating data sharing and coordinated reporting systems across facilities to monitor quality, performance, and financial stability. <i>Potential uses of funds include:</i> Advisory services for operational, clinical, and financial viability; development and maintenance of shared administrative and billing systems; joint procurement programs; implementation of regional staffing models, shared clinical specialists, and workforce cross-training programs; data systems to enable coordinated reporting, quality monitoring, and dashboards; and rehabilitation of facilities that are underutilized or inefficient.</p>
Main Strategic Goals	Sustainable Access; Workforce Development, Innovative Care
Use of Funds	<ul style="list-style-type: none"> A. Prevention & chronic disease E. Workforce G. Appropriate care availability H. Behavioral health I. Innovative care J. Capital expenditures and infrastructure K. Fostering collaboration

Initiative 2: Promoting Access, Coordination, and Transformation (PACT)	
Technical Score Factors	B.1 Population health clinical infrastructure B.2 Health and lifestyle C.1 Rural provider strategic partnerships D.1 Talent recruitment F.1 Remote care services
Key Stakeholders	State agencies, rural hospitals and clinics, CINs and regional provider groups, EMS providers and trauma coordinators; community organizations and patient advocacy groups; professional licensing boards
Potential Outcomes (not exhaustive)	<p>ACCESS: Increased specialty care and preventive screening access in rural areas; higher utilization of telehealth and mobile clinical services; improved early detection and management of chronic and acute conditions</p> <p>CINC: Greater efficiency and cost savings through shared operations and collaborative networks; improved care coordination and data-driven decision-making</p> <p>ROADMAP: Reduced transportation barriers for rural patients, improved alignment of workforce distribution with community needs; enhanced access to care and reduced service bypass</p> <p>SCOPE: Expanded access to preventive and chronic disease care; increased provider capacity and efficiency in rural communities; enhanced patient engagement and education</p> <p>SAFE: Stabilized rural hospitals and critical-access facilities; preserved essential healthcare services across rural regions; improved system capacity, operational efficiency, and collaboration between facilities.</p>
Impacted Counties	All Rural Counties
Estimated Required Funding	\$403,000,808.02
Process and Criteria for Selecting Subgrantees	The State will establish a transparent process to solicit, review, and award subgrants. Applications will be evaluated based on demonstrated need, service to priority populations, organizational capacity, and commitment to responsible use of funds consistent with RHT Program objectives. Subgrantees will comply with all reporting and accountability requirements under 2 CFR Part 200, and performance will be monitored to ensure alignment with program goals. If procurement is required, the State will follow all applicable state and federal procurement laws. Our proposed process is detailed in the Budget Narrative.

Initiative 3: Recruitment, Innovation, Skills, and Education for Arkansas (RISE AR)	
Description	<p>The Recruitment, Innovation, Skills, and Education for Arkansas (RISE AR) is Arkansas’s initiative to build a sustainable, high-skilled healthcare workforce capable of meeting the unique needs of rural communities. By strengthening recruitment, training, and retention programs, the initiative ensures that healthcare providers are distributed effectively across the state, can practice at the top of their license, and have opportunities for professional growth. RISE AR supports the RHT Program’s goals of expanding access, improving quality, and fostering long-term provider engagement in rural areas. The initiative comprises the following programs:</p> <p>LEAD* establishes a leadership academy to train healthcare leaders in rural hospital administration, care coordination, and operational management. LEAD enhances decision-making capacity and prepares leaders to implement innovative care delivery models and manage regional networks effectively. Participation in LEAD will be required for organizations seeking to qualify for RHT Program funding. <i>Key actions include:</i> Establishing and operating a statewide leadership academy for rural health administrators and clinical leaders; developing curriculum on operational management, care coordination, and innovative delivery models; and providing mentorship and experiential learning opportunities. <i>Potential uses of funds include:</i> Curriculum development for rural healthcare leadership training; staffing and operational support for the leadership academy; mentorship and experiential learning programs for administrators and clinical leaders; and technology platforms for virtual learning and collaboration.</p> <p>PATHWAY expands medical school rotation slots, preceptor programs, stipends, and new residencies and fellowships in specialties like family medicine, obstetrics, and lifestyle medicine, as well as allied health professionals. PATHWAY ensures a steady pipeline of physicians, advanced practitioners, and allied health professionals to serve rural communities. <i>Key actions include:</i> Expanding GME slots, creating new medical school rotations, residencies, and fellowships; creating new allied health training programs; providing retention awards and preceptor programs for high-need occupations. <i>Potential uses of funds include:</i> Program administration and staffing; faculty and preceptor compensation for teaching and supervision; trainee support, including stipends, relocation assistance, and benefits; clinical training infrastructure, including rotation sites, simulation labs, and teaching materials, campaigns to attract students and clinicians to rural placements; and tele-education platforms for remote supervision and training.</p>

Initiative 3: Recruitment, Innovation, Skills, and Education for Arkansas (RISE AR)	
	<p>RETAIN* is a recruitment and retention program providing relocation support, signing bonuses, mentorship, and integration into rural practice communities. RETAIN strengthens workforce stability by incentivizing long-term service in rural areas. <i>Key actions include:</i> Offering financial incentives; pairing new hires with experienced local providers; partnering with local organizations to help providers settle into their communities; and providing access to ongoing career support. <i>Potential uses of funds include:</i> Financial incentives; marketing and outreach; stipends for mentors; program administration training materials; costs for community engagement events, networking, and social support initiatives; and access to training, certifications, and leadership programs; conference attendance.</p> <p>SKILL UP* provides workforce development pathways for healthcare providers, including nurses, physician assistants, behavioral health counselors, and non-credentialed paraprofessionals. SKILL UP emphasizes continuing education, skill advancement, and flexible career ladders to expand the capacity and capability of rural health teams. <i>Key actions include:</i> Designing continuing education courses and structured training pathways tailored to rural healthcare needs; use of tele-education platforms, workshops, and simulation labs to strengthen practical competencies for nurses, PAs, and paraprofessionals; providing credentialing and certification support; and pairing trainees with experienced clinicians. <i>Potential uses of funds include:</i> Curriculum development and training programs; tele-education platforms; funding equipment, materials, and staffing for hands-on workshops; and financial support for exams, credentialing fees, and administrative assistance.</p>
Main Strategic Goal	Workforce Development
Use of Funds	<ul style="list-style-type: none"> D. Training and tech assistance E. Workforce K. Fostering collaboration
Technical Score Factors	<ul style="list-style-type: none"> C.1 Rural provider strategic partnerships D.1 Talent recruitment
Key Stakeholders	State health agencies, hospitals, clinics, FQHCs, rural providers, nurses, PAs, behavioral health counselors, non-credentialed paraprofessionals, higher education institutions, residencies and fellowship programs, and academic medical institutions.

Initiative 3: Recruitment, Innovation, Skills, and Education for Arkansas (RISE AR)	
Potential Outcomes (not exhaustive)	<p>LEAD: Enhanced leadership skills among rural healthcare administrators; improved strategic decision-making and operations oversight in rural facilities; and greater participation of leaders in system integration and quality improvement initiatives.</p> <p>PATHWAY: Increased number of medical school rotations, residency, and fellowship positions in high-need specialties; increased number of allied health professionals: expanded clinical workforce pipeline; and improved readiness of trainees to serve rural communities.</p> <p>RETAIN: Increased recruitment and retention of clinicians in rural areas; enhanced workforce stability and reduced turnover; and greater provider satisfaction and community integration.</p> <p>SKILL UP: Strengthened workforce capability and professional development in rural areas; expanded clinical competencies for healthcare professionals such as nurses, PAs, behavioral health counselors, and paraprofessionals; and increased adoption of preventive care, chronic disease management, and telehealth practices.</p>
Impacted Counties	All Rural Counties
Estimated Required Funding	\$162,750,000.00
Process and Criteria for Selecting Subgrantees	The State will establish a transparent process to solicit, review, and award subgrants. Applications will be evaluated based on demonstrated need, service to priority populations, organizational capacity, and commitment to responsible use of funds consistent with RHT Program objectives. Subgrantees will comply with all reporting and accountability requirements under 2 CFR Part 200, and performance will be monitored to ensure alignment with program goals. If procurement is required, the State will follow all applicable state and federal procurement laws. Our proposed process is detailed in the Budget Narrative.

*LEAD, RETAIN, and SKILL-UP each require a five-year commitment.

Initiative 4: Telehealth, Health-monitoring, and Response Innovation for Vital Expansion (THRIVE)	
Description	<p>The Telehealth, Health-monitoring, and Response Innovation for Vital Expansion (THRIVE) transforms rural healthcare delivery by expanding access to telehealth, remote monitoring, and emergency response innovation. By modernizing EMS, integrating digital care platforms, and piloting remote patient monitoring, THRIVE ensures rural communities can access timely, high-quality care. THRIVE comprises the following programs:</p> <p>Linking Infrastructure for Emergency Lifesaving and Integrated Network Expansion (LIFELINE): modernizes Arkansas’s rural trauma and emergency response system by integrating EMS, hospitals, and public health services to ensure timely, coordinated, and high-quality care. The initiative strengthens trauma readiness across rural hospitals, standardizes emergency protocols, and prepares the workforce for rapid, effective response. Through data-driven coordination and system-wide modernization, LIFELINE enhances patient outcomes, reduces response times, and increases the resilience of Arkansas’s rural emergency care network. <i>Key actions include:</i> Modernizing trauma and emergency care in rural hospitals; strengthening EMS coordination with hospitals and public health agencies; standardizing trauma and emergency response protocols; implementing performance dashboards to track response times, patient outcomes, and surge capacity; and conducting workforce training and regional coordination exercises. <i>Potential uses of funds include:</i> trauma and EMS equipment, vehicles, and communication systems; workforce training and development; EMS coordination and dispatch technology; protocol standardization; and performance tracking tools to support continuous quality improvement and system resilience.</p> <p>Health Outcomes through Monitoring & Engagement (HOME): HOME pilots at-home remote monitoring for mental health and chronic conditions such as diabetes, hypertension, obesity, sleep apnea, and heart failure, emphasizing ROI, patient engagement, and long-term sustainability. The program also incorporates conversational AI technology to support tech-enabled patient monitoring, using voice-enabled tools to facilitate daily health check-ins, reinforce care plan adherence, and improve communication between patients and care teams. <i>Key actions include:</i> Deploying remote monitoring devices and platforms; tracking biometric and engagement data; integrating results with care teams for proactive interventions; and evaluating health outcomes and financial impact. <i>Potential uses of funds include:</i> Remote monitoring devices and telehealth platforms; training and support for patients and providers;</p>

Initiative 4: Telehealth, Health-monitoring, and Response Innovation for Vital Expansion (THRIVE)	
	<p>data management and analytics tools; staffing for care coordination and monitoring; and program administration and evaluation.</p> <p>Virtual Innovation for Rural Telehealth, Utilization, Access, and Longevity (VIRTUAL): VIRTUAL makes telehealth available statewide, integrates specialty consults, and strengthens care networks through virtual care models. <i>Key actions include:</i> Establishing telehealth hubs and specialty virtual clinics; connecting rural providers with specialists; providing technical support and telehealth training; and monitoring utilization and patient outcomes. <i>Potential uses of funds include:</i> Telehealth platforms and IT support; provider training and technical assistance; tele-education and clinical supervision; program administration; and monitoring and evaluation systems.</p> <p>Telehealth, Equipment, and Connectivity Hub Fund (TECH Fund): TECH Fund invests in infrastructure, technology upgrades, and connectivity to ensure sustainable telehealth and digital health programs. The program promotes the broader adoption of AI tools and upscaling of digital health capabilities to enhance care delivery, data analytics, and operational efficiency. <i>Key actions include:</i> Providing grants for telehealth equipment and cybersecurity; supporting interoperability of health IT systems; expanding the use of human-centered AI for clinical decision support and administrative efficiency; maintaining technology infrastructure for program viability; and evaluating technology adoption and performance. <i>Potential uses of funds include:</i> network upgrades; telehealth and AI-enabled equipment; upscaling digital health capabilities; cybersecurity and IT systems; staff and program administration; interoperability and data integration tools; and evaluation and technical support.</p>
Main Strategic Goal	Innovative Care, Tech Innovation
Use of Funds	<ul style="list-style-type: none"> A. Prevention & chronic disease C. Consumer tech solutions D. Training and tech assistance F. IT advances G. Appropriate care availability H. Behavioral health I. Innovative care K. Fostering collaboration
Technical Score Factors	<ul style="list-style-type: none"> B.1 Population health clinical infrastructure B.2 Health and lifestyle C.1 Rural provider strategic partnerships C.2 EMS E.1 Medicaid provider payment incentives

Initiative 4: Telehealth, Health-monitoring, and Response Innovation for Vital Expansion (THRIVE)	
	F.1 Remote care services F.2 Data infrastructure F.3 Consumer-facing tech
Key Stakeholders	State health agencies, rural hospitals, critical access hospitals, primary and specialty care providers, behavioral health providers; EMS providers; telehealth and health IT vendors
Potential Outcomes (not exhaustive)	<p>LIFELINE: Reduced EMS and trauma response times in rural counties; increased survival rates for trauma and emergency cases; improved coordination between EMS, hospitals, and public health services; standardized emergency protocols across regional systems; and data-driven planning and resource allocation; integrated trauma protocols across EMS and hospital networks.</p> <p>HOME: Improved control of chronic conditions; reduced hospital readmissions and preventable complications; and higher patient engagement in self-management programs.</p> <p>VIRTUAL: Expanded access to specialty care in rural areas; increased utilization of telehealth services; and reduced travel burden; integration of telehealth into care coordination across CINs; improved patient satisfaction and health outcomes.</p> <p>TECH Fund: Enhanced connectivity for rural providers; increased adoption and sustainability of telehealth and digital health tools; reduced technology barriers for rural providers and patients; standardized equipment and technology platforms to support clinical integration; and strengthened system-wide data collection and interoperability for care improvement.</p>
Impacted Counties	All Rural Counties
Estimated Required Funding	\$268,450,000.00
Process and Criteria for Selecting Subgrantees	The State will establish a transparent process to solicit, review, and award subgrants. Applications will be evaluated based on demonstrated need, service to priority populations, organizational capacity, and commitment to responsible use of funds consistent with RHT Program objectives. Subgrantees will comply with all reporting and accountability requirements under 2 CFR Part 200, and performance will be monitored to ensure alignment with program goals. If procurement is required, the State will follow all applicable state and federal procurement laws. Our proposed process is detailed in the Budget Narrative.

IMPLEMENTATION PLAN AND TIMELINE

INITIATIVE 1: HEART		
Dates	Stage	Key Milestones/Activities
FY26 Q1 - Q4	Stage 0	<p>GROW Kids: Planning, staffing, partnership MOUs, data framework design</p> <p>FARM: Assess regional food systems; recruit farmers and retail partners</p> <p>MOVE: Inventory and assess existing recreational infrastructure</p> <p>FAITH: Identify congregational partners; develop outreach and training materials</p> <p>HEAL: Develop curricula, partnerships, and accreditation plans</p> <p>IMPACT: Program design, staffing, and analytics setup</p>
FY27 Q1 - FY28 Q2	Stage 1	<p>GROW Kids: Pilot initial school-based health centers; begin preventive education and wellness pilots</p> <p>FARM: Launch “Buy Local” markets and healthy vending programs</p> <p>MOVE: Begin upgrades and community fitness programming</p> <p>FAITH: Launch screening and education programs; build referral pathways</p> <p>HEAL: Launch CME and professional development programs statewide</p> <p>IMPACT: Launch initial pilot cohorts; begin care coordination and data collection</p>
FY28 Q3 - FY29 Q4	Stage 2	<p>GROW Kids: Statewide program build-out; expand behavioral and clinical supports; refine interventions</p> <p>FARM: Scale to additional counties; integrate nutrition and food-as-medicine programs</p> <p>MOVE: Expand to additional sites; enhance participation through events and outreach</p> <p>FAITH: Expand to additional congregations and communities</p> <p>HEAL: Expand provider participation and train-the-trainer network</p> <p>IMPACT: Expand to additional populations and refine value-based models</p>
FY30 Q1 - FY30 Q4	Stage 3	<p>GROW Kids: Integration with Medicaid and local health systems; data tracking and evaluation</p> <p>FARM: Strengthen logistics, vendor networks, and outcome measurement</p> <p>MOVE: Conduct outcome tracking and refine model for sustainability</p> <p>FAITH: Evaluate reach, referrals, and chronic care follow-up</p>

INITIATIVE 1: HEART		
Dates	Stage	Key Milestones/Activities
		HEAL: Evaluate clinical practice change and patient outcomes IMPACT: Conduct ROI analysis, refine integrated delivery model
FY31 Q1 - Q2	Stage 4	GROW Kids: Final evaluation and sustainability planning FARM: Finalize statewide food access network MOVE: Consolidate evaluation data FAITH: Finalize replication framework HEAL: Finalize curriculum updates and sustainability model IMPACT: Final evaluation and policy recommendations
FY31 Q3 - Q4	Stage 5	GROW Kids: Full statewide operation and reporting FARM: Report long-term health and economics outcomes MOVE: Publish statewide impact report FAITH: Identify Fully scaled and reporting outcomes HEAL: Full statewide integration with reporting IMPACT: Statewide scale-up and public reporting

INITIATIVE 2: PACT		
Dates	Stage	Key Milestones/Activities
FY26 Q1 – FY 27 Q2	Stage 0	<p>ACCESS: Planning, staffing, and vendor selection for mobile units and telehealth</p> <p>CINC: Identify hospitals/clinics, design CIN governance and data-sharing frameworks</p> <p>ROADMAP: Develop GIS and workforce mapping tools; assess transportation deserts</p> <p>SCoPE: Policy and regulatory planning with professional licensing boards</p> <p>SAFE: Identify at-risk hospitals; develop an assessment and prioritization framework</p>
FY27 Q3 - FY28 Q4	Stage 1	<p>ACCESS: Deploy first mobile screening units; launch telehealth pilots; establish referral pathways</p> <p>CINC: Launch pilot CINs; implement shared IT systems and workforce training</p> <p>ROADMAP: Launch pilot regions; coordinate with local transit and workforce planners</p> <p>SCoPE: Launch training/certification pilots for identified health professionals</p> <p>SAFE: Begin technical assistance for partnerships, and integration planning</p>
FY29 Q1 - FY30 Q2	Stage 2	<p>ACCESS: Expand mobile/telehealth coverage statewide; integrate behavioral and maternal care; refine data systems</p> <p>CINC: Expand CIN participation statewide; strengthen data analytics and service coordination</p> <p>ROADMAP: Expand statewide mobile health units, telehealth hubs, and regional care partnerships</p> <p>SCoPE: Expand credentialing and telehealth integration statewide</p> <p>SAFE: Implement facility stabilization projects and shared-service agreements</p>
FY30 Q3 - FY31 Q1	Stage 3	<p>ACCESS: Strengthen coordination with hospitals and providers; analyze utilization and outcome data; implement improvements</p> <p>CINC: Evaluate performance metrics; refine financial and governance models</p> <p>ROADMAP: Integrate analytics into provider planning; track access metrics</p> <p>SCoPE: Evaluate quality, utilization, and patient outcomes; refine supervision standards</p> <p>SAFE: Expand shared administrative systems and cross-trained workforce models statewide</p>

INITIATIVE 2: PACT		
Dates	Stage	Key Milestones/Activities
FY31 Q2 – Q3	Stage 4	<p>ACCESS: Consolidate lessons learned; prepare statewide sustainability plan</p> <p>CINC: Finalize network integration and reporting systems</p> <p>ROADMAP: Evaluate reductions in missed appointments and care delays</p> <p>SCoPE: Finalize rule updates and professional education plans</p> <p>SAFE: Conduct final financial and quality evaluations</p>
FY31 Q4	Stage 5	<p>ACCESS: Full statewide operation and reporting</p> <p>CINC: CINs fully operational; report efficiency and quality outcomes</p> <p>ROADMAP: Publish statewide outcomes; embed ROADMAP in long-term planning</p> <p>SCoPE: Statewide implementation with full tracking and reporting</p> <p>SAFE: Facilities reporting improved sustainability, operational efficiency, and care quality</p>

INITIATIVE 3: RISE AR		
Dates	Stage	Key Milestones/Activities
FY26 Q1 – FY27 Q3	Stage 0	<p>LEAD: Curriculum design, staffing, and virtual learning infrastructure setup; identify pilot cohorts</p> <p>PATHWAY: Assess medical schools, residency, fellowship, and other allied health professional needs, identify training sites, and design preceptor programs</p> <p>RETAIN: Program planning, incentive structure development, and community partner engagement</p> <p>SKILL UP: Develop continuing education curricula, identify tele-education tools, and plan simulation labs</p>
FY27 Q4 – FY28 Q4	Stage 1	<p>LEAD: Launch pilot leadership academy sessions; mentorship pairings begin; experiential learning pilots</p> <p>PATHWAY: Start initial GME slots and allied health professional programs; recruit faculty and preceptors; launch trainee support programs</p> <p>RETAIN: Deploy signing bonuses, retention incentives, stipends, relocation support, mentorship matches; begin integration into rural practices</p> <p>SKILL UP: Launch pilot training sessions for nurses, PAs, allied health professionals, and paraprofessionals; begin tele-education delivery</p>
FY29 Q1 – FY30 Q1	Stage 2	<p>LEAD: Expand academy to additional cohorts; integrate virtual and in-person learning; evaluate leadership skill gains</p> <p>PATHWAY: Scale medical school, residency, fellowship, and allied health training programs statewide; expand preceptor network and rotation sites</p> <p>RETAIN: Expand financial incentives and mentorship programs; monitor retention outcomes and workforce satisfaction</p> <p>SKILL UP: Scale training programs; expand credentialing and certification support; evaluate skill advancement and clinical impact</p>
FY30 Q2 – FY30 Q4	Stage 3	<p>LEAD: Strengthen integration with rural health systems; analyze impact on operational outcomes</p> <p>PATHWAY: Refine trainee support and placement strategies; enhance remote supervision capabilities</p> <p>RETAIN: Assess long-term retention metrics; adjust programs for sustainability</p> <p>SKILL UP: Evaluate workforce capability improvements; implement ongoing career ladders and continuing education</p>
FY31 Q1 – FY31 Q2	Stage 4	<p>LEAD: Finalize leadership academy evaluation; plan statewide sustainability</p> <p>PATHWAY: Consolidate medical school, residency, fellowship,</p>

INITIATIVE 3: RISE AR		
Dates	Stage	Key Milestones/Activities
		and allied health professional outcomes; finalize pipeline plans RETAIN: Evaluate overall retention and integration outcomes; develop sustainability framework SKILL UP: Finalize evaluation of training impact; establish long-term professional development plan
FY31 Q3 – FY31 Q4	Stage 5	LEAD: Full statewide operation and reporting; publish leadership outcomes PATHWAY: Fully operational medical school, residency, fellowship, and allied health professional pipeline; report workforce readiness metrics RETAIN: Program fully scaled; report recruitment and retention outcomes SKILL UP: Full statewide adoption; report clinical skill improvements and workforce capacity gains

INITIATIVE 4: THRIVE		
Dates	Stage	Key Milestones/Activities
FY26 Q1 – FY27 Q2	Stage 0	<p>LIFELINE: EMS and trauma system assessment; regional coordination planning; protocol review</p> <p>HOME: Design pilot monitoring programs; procure remote monitoring devices; define metrics</p> <p>VIRTUAL: Plan telehealth hubs; identify specialty services; technical platform assessment</p> <p>TECH Fund: Assess network and IT infrastructure needs; plan equipment grants and cybersecurity support</p>
FY27 Q3 - FY28 Q4	Stage 1	<p>LIFELINE: Launch regional coordination exercises; begin workforce training; implement performance dashboards; Procure trauma equipment</p> <p>HOME: Deploy pilot remote monitoring devices; begin patient and provider training; collect baseline engagement data</p> <p>VIRTUAL: Launch initial telehealth hubs and virtual specialty clinics; train providers and support staff</p> <p>TECH Fund: Award grants for equipment and connectivity upgrades; start IT system improvements</p>
FY29 Q1 - FY30 Q1	Stage 2	<p>LIFELINE: Launch regional coordination exercises; begin workforce training; integrate EMS, hospital, and public health systems; refine protocols</p> <p>HOME: Deploy pilot remote monitoring devices; begin patient and provider training; collect baseline engagement data</p> <p>VIRTUAL: Launch initial telehealth hubs and virtual specialty clinics; train providers and support staff</p> <p>TECH Fund: Award grants for equipment and connectivity upgrades; start IT system improvements</p>
FY30 Q1 - FY30 Q4	Stage 3	<p>LIFELINE: Continuous evaluation of EMS and trauma response performance; optimize regional resource allocation; refine coordination and protocol compliance</p> <p>HOME: Evaluate program impact on chronic disease outcomes and hospital utilization; refine engagement strategies</p> <p>VIRTUAL: Refine virtual care model based on utilization and outcome data; integrate with CINs</p> <p>TECH Fund: Conduct technical performance review; ensure system sustainability and standardization</p>
FY31 Q1 - Q2	Stage 4	<p>LIFELINE: Finalize statewide EMS and trauma coordination protocols; prepare replication and sustainability plan</p> <p>HOME: Consolidate data and evaluate program success; finalize sustainability plan</p> <p>VIRTUAL: Complete statewide telehealth integration; finalize evaluation of patient outcomes and access improvements</p>

INITIATIVE 4: THRIVE		
Dates	Stage	Key Milestones/Activities
		TECH Fund: Evaluate full technology deployment and interoperability; finalize technical support framework
FY31 Q3 - Q4	Stage 5	<p>LIFELINE: Full statewide operation; report EMS and trauma response performance outcomes; Finalize trauma system certification process</p> <p>HOME: Full statewide operation; report chronic disease and engagement outcomes</p> <p>VIRTUAL: Full telehealth deployment statewide; publish utilization and health outcome metrics</p> <p>TECH Fund: Fully operational telehealth and digital infrastructure; report on system adoption, connectivity, and interoperability</p>

STAKEHOLDER ENGAGEMENT

Consulted and Prospective Stakeholders

The Arkansas Department of Finance and Administration, under the leadership of Governor Sarah Huckabee Sanders, her senior advisors, the Department of Health, the Department of Human Services, the State Crime Laboratory, and the Arkansas Surgeon General, have developed a RHT Program that will produce real change to the way healthcare is delivered in rural Arkansas. Beginning in August, this team convened a series of meetings with hospitals, healthcare providers, and rural health coalitions to gather input and ensure the RHT Program reflects the priorities and needs of the communities it will serve. To capture a broader range of perspectives, the State launched a portal to provide an opportunity for stakeholders beyond those actively involved in the development of the plan to provide feedback. The portal received more than 300 submissions from stakeholders, reflecting strong engagement and broad input across the community. The state analyzed the

responses and identified common themes, many of which have been used to inform the final RHT Program. The leadership team conducted many additional conversations with stakeholders, including Arkansas's federal delegation, state legislators, rural providers, faith-based organizations, and potential vendor partners. Best efforts were made to include as many stakeholder perspectives as possible, enabling the State to develop an RHT Program that will best serve the needs of Arkansas's rural residents.

Engagement Framework and Project Governance

Arkansas will maintain an open, transparent, and structured process for stakeholder engagement throughout the duration of the RHT Program. Building on existing cross-sector partnerships, the State will establish a formal engagement framework to ensure that stakeholder perspectives directly inform program implementation, oversight, and continuous improvement.

The State will establish a regular communication cadence with representatives from hospitals, clinics, community health centers, public health agencies, payers, educational institutions, local governments, faith-based organizations, and community-based groups. Forums will be held to encourage ongoing dialogue, data sharing, and collaborative problem-solving to ensure that RHT Program investments reflect the priorities and needs of rural Arkansans.

Program oversight and coordination will be led by the Department of Finance and Administration (DFA) in close partnership with the Office of the Governor and the Department of Human Services (DHS). These agencies, supported by a qualified firm with

Arkansas Rural Healthcare Transformation Program

extensive experience in 2 CFR 200 compliance, will jointly manage program planning, deployment of funds, milestone tracking, and performance monitoring.

Upon award, a regular meeting cadence will be established to review progress, address implementation challenges, and evaluate program outcomes. In addition, the State will maintain open channels for broader stakeholder input through public listening sessions, online comment opportunities, and engagement with regional and local partners. This approach ensures that program governance and decision-making remain grounded in the voices of providers, patients, and rural communities served across rural Arkansas.

METRICS AND EVALUATION PLAN

Metrics

Healthy Eating, Active Recreation, & Transformation (HEART)				
Metric	# of Arkansans reached through HEART-supported health education, screening, or wellness events (GROW, FAITH, MOVE)	# of new or expanded community partnerships established to deliver HEART programs (schools, markets, faith organizations, healthcare providers)	# of HEART-supported community sites offering nutrition, physical activity, or wellness programming (e.g., school-based centers, farmers markets, trails, fitness events)	# of healthcare or community-based providers completing HEART-sponsored training on preventive care, behavioral health, or chronic disease management (HEAL)
Numeric Target	≥ 12,500 residents engaged annually across all HEART activities	≥ 100 formalized partnerships established by Year 5	≥ 75 community sites delivering HEART-aligned programs by Year 5	≥ 250 providers and community health workers trained statewide by Year 5
Data Source	Event registration forms, sign-in sheets, mobile screening logs, program attendance data	Memoranda of Understanding (MOUs), partnership agreements, stakeholder tracking lists	Program implementation reports, grantee progress logs, local health department updates	Training attendance logs, CME completion records, participant evaluation forms
Reporting Geography	County-level aggregation, rolled up to regional and statewide reporting	County-level aggregation, rolled up to regional and statewide reporting	County-level aggregation, rolled up to regional and statewide reporting	County-level aggregation, rolled up to regional and statewide reporting
Update Frequency	Quarterly tracking with annual statewide summary and analysis	Quarterly tracking with annual statewide summary and analysis	Quarterly tracking with annual statewide summary and analysis	Quarterly tracking with annual statewide summary and analysis
Notes	Captures reach and engagement across all HEART-	Formalized partnerships demonstrate	Tracks active program sites delivering HEART-	Measures workforce capacity building, includes

Healthy Eating, Active Recreation, & Transformation (HEART)				
	supported programs; includes in-person, virtual, and mobile events.	expansion of HEART program capacity and sustainability, includes schools, faith organizations, markets, and healthcare providers.	aligned services; ensures geographic coverage and accessibility for target populations.	healthcare and community-based providers trained in preventive care, behavioral health, and chronic disease management.

Promoting Access, Coordination, and Transformation (PACT)				
Metric	# of rural residents receiving specialty, preventive, or telehealth services through ACCESS and ROADMAP programs	# of participating hospitals, clinics, and providers engaged in data-sharing or operational collaboration through CINC and SAFE initiatives	Number of rural clinics providing expanded specialty or preventive services (e.g., behavioral health, oral health, maternal care) through PACT-supported initiatives	# of pharmacists, dental hygienists, and other providers completing advanced scope-of-practice training under SCoPE
Numeric Target	≥ 12,000 rural residents served annually via mobile units and telehealth services by Year 5	≥ 12 healthcare facilities or providers participating in shared networks or partnerships by Year 5	≥ 25 rural clinics offering expanded specialty or preventive services by Year 5	≥ 50 providers credentialed for expanded scope-of-practice roles by Year 5
Data Source	Telehealth utilization reports, mobile unit service logs, and EHR encounter data	CIN membership records, MOUs, SAFE partnership agreements, and data exchange tracking systems	Clinic service logs, provider rosters, and PACT participation reports	Board of Pharmacy, Dental Examiners, and other licensing board's training completion records, provider credentialing databases
Reporting Geography	County-level reporting	County-level reporting	County-level reporting	County-level reporting

Promoting Access, Coordination, and Transformation (PACT)				
	aggregated to regional and statewide levels via the PACT performance dashboard	aggregated to regional and statewide levels via the PACT performance dashboard	aggregated to regional and statewide levels via the PACT performance dashboard	aggregated to regional and statewide levels via the PACT performance dashboard
Update Frequency	Quarterly progress reporting; annual statewide performance summary	Quarterly progress reporting; annual statewide performance summary	Quarterly progress reporting; annual statewide performance summary	Quarterly progress reporting; annual statewide performance summary
Notes	Measures direct access to specialty, preventive, and telehealth services for rural residents; includes both mobile and fixed-site delivery.	Tracks healthcare facilities and providers engaged in collaborative networks; reflects improvements in care coordination and data sharing.	Demonstrates expansion of service capacity and access to specialty or preventive care in rural communities; highlights transformation of local clinic capabilities	Captures workforce capacity and expansion of provider roles through advanced scope-of-practice training; supports service delivery in underserved areas.

Recruitment, Innovation, Skills, and Education for Arkansas (RISE AR)				
Metric	# of rural healthcare leaders completing LEAD academy training, mentorship, and experiential learning programs	# of new or expanded residency, fellowship, and preceptor positions in high-need specialties through PATHWAY	# of clinicians recruited and retained in rural communities through RETAIN incentives and integration programs	# of nurses, PAs, behavioral health counselors, and paraprofessionals completing SKILL UP continuing education and credentialing programs
Numeric Target	≥ 50 leaders trained statewide by Year 5	≥ 100 new or expanded training slots by Year 5	≥ 100 clinicians recruited and retained in rural areas by Year 5	≥ 150 workforce members completing advanced training and certifications by Year 5
Data Source	LEAD academy enrollment and completion records; mentorship logs; experiential learning evaluations	Residency/fellowship program records; preceptor program logs; GME expansion reports	RETAIN program participation records; employment verification; retention tracking	SKILL UP program attendance logs; training completion records; credentialing databases
Reporting Geography	County-level reporting aggregated to regional and statewide via RISE AR performance dashboard	County-level reporting aggregated to regional and statewide via RISE AR performance dashboard	County-level reporting aggregated to regional and statewide via RISE AR performance dashboard	County-level reporting aggregated to regional and statewide via RISE AR performance dashboard
Update Frequency	Quarterly progress reporting; annual statewide summary	Quarterly progress reporting; annual statewide summary	Quarterly progress reporting; annual statewide summary	Quarterly progress reporting; annual statewide summary
Notes	Captures development of rural healthcare leadership capacity and	Tracks expansion of graduate medical education pipeline for high-need rural specialties; ensures	Measures effectiveness of recruitment and retention incentives in	Strengthens professional competencies and scope-of-practice for rural health

Recruitment, Innovation, Skills, and Education for Arkansas (RISE AR)				
	system integration skills; includes mentorship and experiential learning	readiness of trainees for rural practice	sustaining rural healthcare workforce	team members; supports adoption of preventive care and telehealth

Telehealth, Health-monitoring, and Response Innovation for Vital Expansion (THRIVE)				
Metric	% reduction in EMS response times and improved trauma/emergency survival rates through LIFELINE	# of patients enrolled in HOME remote monitoring programs for chronic conditions	# of telehealth visits and specialty consults delivered through VIRTUAL program	# of rural facilities with upgraded telehealth and digital health infrastructure via TECH Fund
Numeric Target	≥ 15% reduction in average EMS response times in rural counties by Year 5	≥ 2,500 patients actively monitored with actionable data by Year 5	≥ 12,500 telehealth visits delivered statewide by Year 5	≥ 50 rural facilities equipped with standardized telehealth infrastructure by Year 5
Data Source	EMS performance dashboards; hospital and public health outcome records; regional coordination logs	Remote monitoring platform data; patient engagement logs; EHR integration reports	Telehealth platform analytics; CIN utilization reports; patient satisfaction surveys	TECH Fund grant reports; IT inventory logs; connectivity and interoperability assessments
Reporting Geography	County-level reporting aggregated to regional and statewide via THRIVE dashboard	County-level reporting aggregated to regional and statewide via THRIVE dashboard	County-level reporting aggregated to regional and statewide via THRIVE dashboard	County-level reporting aggregated to regional and statewide via THRIVE dashboard
Update Frequency	Quarterly progress reporting; annual statewide summary	Quarterly progress reporting; annual statewide summary	Quarterly progress reporting; annual statewide summary	Quarterly progress reporting; annual statewide summary

Telehealth, Health-monitoring, and Response Innovation for Vital Expansion (THRIVE)				
Notes	Tracks EMS modernization, coordination, and clinical outcomes; ensures data-driven improvements in emergency care	Measures patient engagement and clinical outcomes for chronic disease management; links monitoring data to proactive interventions	Captures adoption, reach, and patient impact of telehealth services; integrates specialty care and care coordination	Measures infrastructure upgrades, adoption, and sustainability of telehealth and digital health tools; ensures interoperability and standardized technology for rural providers

Evaluation plan

Arkansas will fully cooperate with any CMS-led evaluation or monitoring activities. The State plans to engage a qualified third-party firm with extensive experience in 2 CFR 200 compliance and rural health programs to provide comprehensive compliance, monitoring, and evaluation services for the RHT Program. This partnership will include conducting program evaluations, ensuring that implementation remains aligned with program objectives, and identifying opportunities for continuous improvement and enhanced program effectiveness.

SUSTAINABILITY PLAN

Arkansas recognizes that for RHT Program funds to achieve lasting impact, each initiative must include a clear path to sustainability beyond the program’s funding period.

Established under President Trump’s *One Big Beautiful Bill Act*, this initiative provides the foundation for long-term investment in rural health transformation. Our initiatives are designed to balance strategic investments in infrastructure, technology, and workforce

development with programmatic approaches that demonstrate measurable value and support long-term State-level adoption.

The goal is to:

- Launch programs to Make Arkansas Healthy Again, where scalable, replicable models that improve health and wellbeing prove the benefit of continued state-level funding,
- Strengthen the healthcare workforce without creating dependency on RHT Program funds,
- Create new revenue streams and care delivery models while supporting provider transition to value-based payment models for long-term sustainability and,
- Provide one-time, strategic investments in infrastructure and technology to organizations and facilities to help transform the delivery of care in our rural market.

INITIATIVE SUSTAINABILITY PLANS

HEALTHY EATING, ACTIVE RECREATION, & TRANSFORMATION (HEART)

GROW Kids: Pilot integrated school and community-based health models, tracking student health, attendance, and academic improvement. Post-demonstration, eligible programs will transition to state education, and commercial and public payor-supported preventive health funding streams.

FARM (Food Access & Regional Markets): Test regional food-as-medicine models tied to SNAP waivers and hospital dietary focus groups. Successful markets can transition into public and private-supported funding.

MOVE (Mobilizing Opportunities for Vital Exercise): Deploy trail and outdoor facility networks in 3–5 rural hubs to measure exercise participation, physical health metrics, and tourism impact. Municipalities will assume repair and maintenance costs after the initial federal demonstration support ends.

FAITH (Faith-based Access, Interventions, Transportation, & Health): Pilot faith-based screening and outreach collaborations. Programs demonstrating cost-effective outreach will transition to local non-profit and public health co-funding.

HEAL (Healthcare Education and Advancement for Leadership): Seed new nutrition curricula in medical, nursing, and pharmacy programs. Once effectiveness is established, continuing education (CME/CE) accreditation organizations will institutionalize ongoing costs.

IMPACT (Integrated Models for Prevention, Access, Care and Transformation): Proof-of-concept program to demonstrate health cost savings and clinical improvement among 10,000 patients. After measurable payback, public and private chronic care management programs will finance continuation.

PROMOTING ACCESS, COORDINATION, AND TRANSFORMATION (PACT)

ACCESS (Advancing Care Capacity, Engagement, and Screening Services):

Demonstrate telehealth and screening expansions across underserved zones. Sustainable programs will integrate ongoing costs into insurer parity and payor coverage frameworks.

CINC (Community Integrated Networks for Care): Pilot locally governed Clinically Integrated Networks (CINs) with early capital funding for data and administrative systems. Networks demonstrating savings and enhanced care coordination will transition to shared-risk or capitated-payment model.

ROADMAP (Regional Optimization of Access, Delivery, Mobility, and Practice): Pilot transportation and workforce alignment solutions (ride-share subsidies, mobile workforce tools). Successful models will continue to be funded through state and local workforce development budgets.

SCoPE (Scope of Practice Elevation): Test broadened duties for medical providers, including pharmacists and hygienists. If metrics show reduced primary care wait times and improved chronic disease control, licensing boards and payors will integrate new reimbursement guidelines.

SAFE (System Alignment & Facility Enhancement Fund): Use one-time capital for critical facility alignment and renovations. Participating hospitals must show sustainability via shared overhead, pooled staffing, or consolidated purchasing.

RECRUITMENT, INNOVATION, SKILLS, AND EDUCATION FOR ARKANSAS (RISE AR)

LEAD (Leadership Education, Advancement, and Delivery): Pilot Leadership Academies in three hospital regions; prove impact via board performance and quality metrics. After validation, funding transitions to hospital association or similar organization as self-sustaining membership model.

PATHWAY (Preparing Arkansas Talent for Health Workforce Advancement Yield): Demonstrate clinical workforce training and residency programs that achieve retention benchmarks. Successful programs shift to payor-funded GME expansion.

RETAIN (Recruit, Educate, Train, Advise, Integrate, Nurture): Pilot rural service agreements offering relocation and mentorship stipends, which are additive, not duplicative, to existing workforce incentives. Once proven to reduce turnover, continuing funding will come from employer cost-sharing.

SKILL UP (Strategic Knowledge, Innovation & Lifelong Learning for Upward

Professionals): Test stackable credentialing programs for nurses and community health workers. After demonstration, sustainable integration will occur through state-level and employer funding.

TELEHEALTH, HEALTH-MONITORING, AND RESPONSE INNOVATION FOR VITAL EXPANSION (THRIVE)

LIFELINE (Linking Infrastructure for Emergency Lifesaving and Integrated Network

Expansion): Modernizes Arkansas's rural trauma and emergency response system through pilot initiatives. Sustained funding will be adopted by public and private payors as pilots prove economically viable.

HOME (Health Outcomes through Monitoring & Engagement): Significant portion of funds will be one-time remote patient monitoring equipment and startup costs for at-home applications for tracking. Programmatically, evaluate ROI of remote monitoring pilots using claims and hospitalization data. Programs achieving readmission reductions transition to managed care reimbursement models.

VIRTUAL (Virtual Innovation for Rural Telehealth, Utilization, Access, and Longevity):

Significant use of funds will be one-time telehealth infrastructure and organizational start-up costs. Long-term, successful systems will maintain operations via telehealth reimbursement payments.

TECH Fund (Telehealth, Equipment, and Connectivity Hub Fund):

Consists of one-time telehealth equipment, health information technology, and software costs. Benefitting organizations will assume responsibility for ongoing costs.

END NOTES

1. Arkansas Department of Health: Rural Health and Primary Care
<https://healthy.arkansas.gov/programs-services/prevention-healthy-living/rural-health-primary-care/rural-health/>
2. Rural Health Information Hub: Arkansas
<https://www.ruralhealthinfo.org/states/arkansas>
3. ACHI: Rural Health Access
<https://achi.net/publications/rural-health-access/>
4. Chartis: 2025 Rural Health State-by-State
<https://www.chartis.com/insights/2025-rural-health-state-state>
5. CMS Medicare Wage Index FY 2026
<https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/wage-index-files/fy-2026-wage-index-home-page>
6. County Health Rankings, 2025
<https://www.countyhealthrankings.org/reports/2025-county-health-rankings-national-findings-report>
7. CMS: RHT Program Overview
<https://www.cms.gov/priorities/rural-health-transformation-rht-program/overview>
8. ACHI: Arkansas Student BMI Report 2023–2024
https://achi.net/wp-content/uploads/2024/12/BMI_Report_2023-2024.pdf
9. CDC: Pulse Survey Mental Health Data
<https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>
10. Mental Health America: State Data
<https://mhanational.org/the-state-of-mental-health-in-america/data-rankings/adult-ranking/>
11. CDC: Opioid Dispensing Rates
<https://www.cdc.gov/overdose-prevention/data-research/facts-stats/opioid-dispensing-rate-maps.html>
12. ACHI: Rural Health Transformation Program Overview
<https://achi.net/publications/overview-of-the-rural-health-transformation-program-in-arkansas/>

13. AZ Center for Rural Health: RHT Program NOFO (PDF)
https://crh.arizona.edu/sites/default/files/2025-09/250915_Rural-Health-Transformation-Program_NOFO.pdf
14. Civitas: Rural Health Transformation Challenges
<https://civitasforhealth.org/rural-health-transformation-challenges-opportunities/>