



GROW: Cultivating Hoosier Health

An Overview of Indiana's Rural Health Transformation Program
Application Initiatives



Indiana
Department
of
Health

November 13, 2025

Meeting Agenda

Meeting Goal: Discuss Indiana's RHTP Grant application and next steps.

1. Overview of Timeline & Governance Structure
2. Overview of Application Initiatives & Key Priorities
3. Regional Grants Timeline
4. Discussion and Questions

Project Timeline

September 30th – Letter of Intent Deadline to CMS (Complete)

October 5th – All Initiative Submissions Due

October 7th – Indiana Workgroup Meeting #3

October 21st – Indiana Workgroup Meeting #4

November 5th – Application Submission Deadline to CMS (Complete)

November 13th – Indiana Workgroup Meeting #5 (2:00 to 3:00 PM)

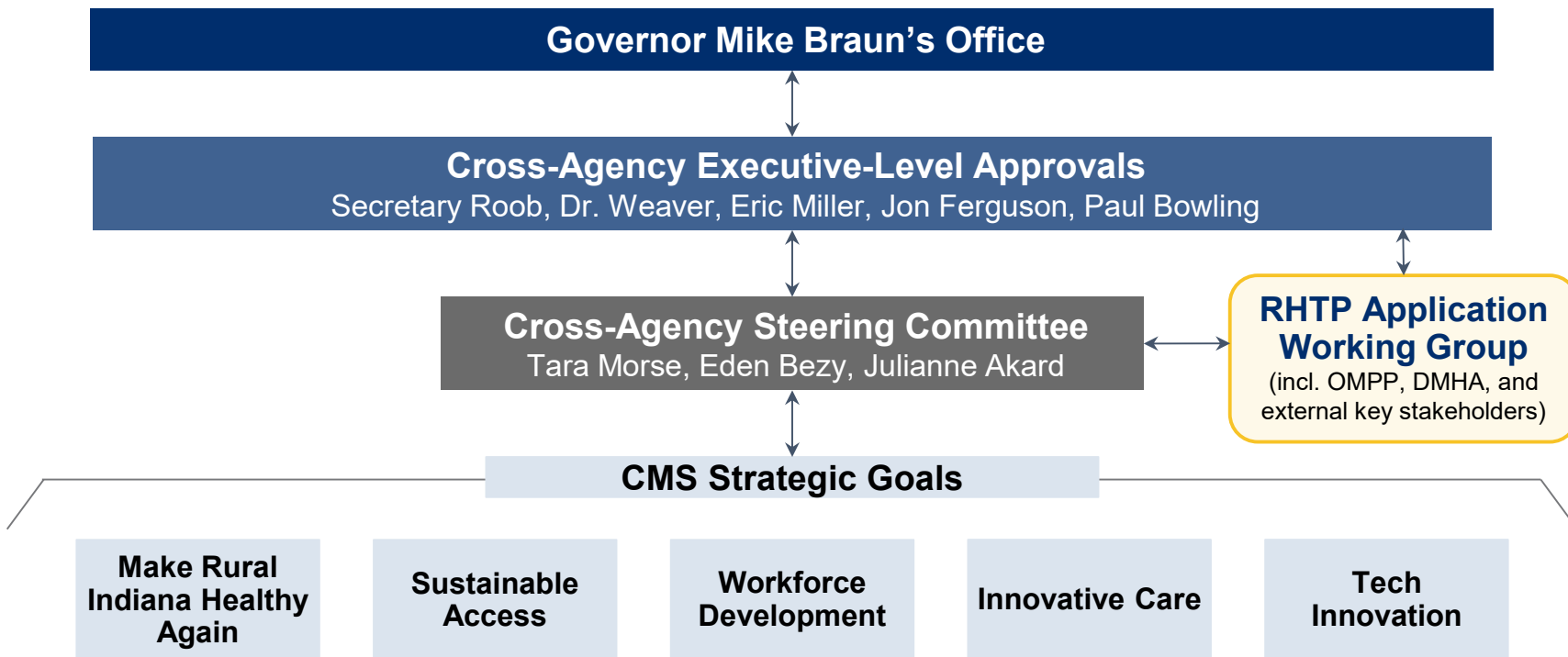
December 31st – CMS Expected Award Date & Earliest Funding Start Date

Overview

- One Big Beautiful Bill Act includes \$50 billion for a Rural Health Transformation Program (RHTP) to transform care and improve health outcomes in rural communities.
- RHTP will be available for supporting rural hospitals and communities to improve healthcare access, quality and outcomes through system transformation.
- Collaborative effort led by the Indiana Family and Social Services Administration and the Indiana Department of Health to engage stakeholders statewide to identify best use of funds to meet the objectives of the program.



Application Development Governance Structure





Growing Care Coordination: Medical Operations Coordination Center (MOCC) and Alternate Payment Model Feasibility Study

Description: A 24/7 statewide hub to coordinate patient transfers, EMS resources, and hospital capacity

- Ensure rural communities get timely access to trauma, stroke, psychiatric, and maternal care.
- Streamline referrals, reduce inappropriate ER use, supports rural hospital sustainability, and strengthen preparedness for mass casualty events.

Budget: \$56.2 million*

Outcomes:

- Improved bi-directional transfer coordination
- Improve speed, access, and cost to deliver emergency services
- Transform standard 911 system to direct patients to appropriate location based on need
- Improved coordination and continuity of care
- Identification of data, infrastructure, and policy needs
- Enhance understanding of provider readiness and system capacity for alternate payment participation
- Reduced delays

*over five-year funding period



Growing Community Connections through Indiana 211

Description: Establish Indiana Community Connect: A statewide coordinated care network that links hospitals, providers, and community organizations to address social needs such as food, housing, and behavioral health. By integrating referrals into the EMR and ensuring follow-up, the initiative reduces preventable ER visits, improves health outcomes, and strengthens support for vulnerable Hoosiers.

Budget: \$3.3 million

Outcomes:

- Members' needs actively connected with local resources
- Removal of administrative burden from clinicians to provide information on available community resources
- Support cost savings by streamlining referrals to services for non-medical costs
- Follow-up support is provided to ensure local resources are effectively accessed
- Resource information provided to members is tailored to member needs, with additional support provided from care managers for wrap-around member experience
- Improved member experience and creation of a sustainable mechanism for continued support
- Accountability for services rendered and people served for CBOs



Growing Improved Patient Outcomes Through Enhanced Interoperability and Technology

Description: Modernize Indiana's HIE to connect 450 rural healthcare facilities, close data gaps, and strengthen care coordination through EMR integration, AI-driven dashboards, and EMS collaboration.

Budget: \$66.5 million

Outcomes:

- Increased awareness of the current technology and infrastructure that are currently utilized by rural health providers
- Rural provider adoption of new interoperability and HIE infrastructure and enhancements
- Increased number of successful Indiana 211 interactions originating from Hoosiers in rural areas
- County-level access across Indiana to at least one Mobile Integrated Health (MIH)/community paramedicine



Growing Pediatric & Obstetric Readiness in Rural Emergency Departments

Description: Strengthening emergency care capacity in rural hospitals and EMS by ensuring readiness for pediatric and obstetric emergencies. Partnering with Indiana Emergency Medical Services for Children (IEMSC) and IDHS, the initiative provides needs assessments, training, equipment, and technical assistance.

Budget: \$45.4 million

Outcomes:

- Improve the overall delivery of care in rural EDs across Indiana and decrease pediatric and OB morbidity and mortality
- Establish a network connecting the Emergency Care Coordinators (ECCs) across the state
- Increase in stabilization and successful transfers
- Increased connection with perinatal centers, their affiliates, and non-birthing facilities regarding emergency obstetric care
- Decreased ED length of stay for critical OB and pediatric patients
- Improved readiness, recognition, response, and reporting for the OB and pediatric populations that report to EDs for care



Growing Cardiometabolic Health Standards of Care in Rural Indiana

Description: Launch a statewide collaborative care model to combat obesity, diabetes, and cardiovascular disease by establishing Cardiometabolic Centers of Excellence in each rural health region. The initiative equips 6,000 rural health professionals with Lifestyle Medicine training, embeds nutrition education in medical schools, and certifies up to 2,000 clinicians to lead preventive care. A feasibility study will also assess logistics for a rural Food is Medicine program, leveraging Hoosier-grown foods and telehealth-based nutrition therapy.

Budget: \$15.3 million

Outcomes:

- Reduced hospitalizations and readmissions
- Clinician certifications in cardiometabolic care to enhance rural workforce
- Increased early identification of cardiometabolic risk factors like early signs of obesity, heart disease, and prediabetes or diabetes
- Enhanced patient experience



Growing Access to Hospital Post-Discharge Medications

Description: Ensures patients receive prescribed medications before leaving the hospital, eliminating access and transportation barriers. By charging outpatient prices and providing bedside counseling, the program improves recovery readiness and reduces readmissions..

Budget: \$11 million

Outcomes:

- Initiative launch and number of participating hospitals
- Increased post-discharge medication adherence rates
- Reduced hospital readmission rates
- Decreased ED utilization post discharge



Growing Specialty Provider Access through Expanded Teleconsult Capabilities

Description: This initiative assesses existing provider networks and specialty gaps while building a secure teleconsultation system to expand access to high-need specialties such as psychiatry and behavioral health. By addressing barriers like credentialing and payment incentives, and leveraging AI to optimize consultation availability, the initiative strengthens rural healthcare infrastructure. Competitive partnerships will support rollout across communities, ensuring sustainable, scalable access to specialty care.

Budget: \$2.6 million

Outcomes:

- Completed needs assessment to understand teleconsult landscape
- Improved health outcomes due to timely care
- Increased ability to treat and discharge inpatient patients and avoiding transfers due to telespecialty consultation
- Improved access to high-demand/low supply providers



Growing Telehealth Access and Infrastructure

Description: Indiana will conduct a statewide feasibility study to assess rural provider networks, infrastructure gaps, and opportunities for remote health monitoring using wearable devices to reduce clinician burnout and improve patient outcomes. Findings will guide the rollout of a unified telehealth system, procured through competitive selection, with solutions designed for rural connectivity and enhanced by AI-driven decision support.

Budget: \$28.9 million

Outcomes:

- Improved access to clinical care, both primary and specialty/subspecialty
- Improved health outcomes through expanded health coaching access; such as, BMI, cholesterol, hypertension, etc.
- Improved timeliness of access to appropriate care, by county
- Number of patients served through telehealth solutions
- Improved access to preventive services and prenatal and postpartum care



Growing our Rural Health Paraprofessional Workforce

Description: Expands the rural health workforce by funding certification and upskilling for Community Health Workers (CHWs), who play a vital role in connecting patients to care, reducing hospitalizations, and improving chronic disease outcomes. In partnership with a state-wide university system, the initiative will also launch career pathway programming for rural high school students, offering early exposure and training toward health careers.

Budget: \$11.8 million

Outcomes:

- Increase in the number of students pursuing a healthcare credential
- Increase in the number of Certified CHWs
- Increase in the number of credential health care workers in rural counties



Growing Clinical Training and Readiness

Description: Indiana will expand Graduate Medical Education (GME) capacity and incentivize physicians to practice in rural communities through targeted grants and stipends in key specialties such as primary care, pediatrics, OB/GYN, and general surgery. To strengthen the training pipeline, the state will provide stipends for rural clinical preceptors, require rural rotations for medical students by 2028, and launch a statewide preceptor database to connect students with rural training opportunities.

Budget: \$83 million

Outcomes:

- Increased total number of residency programs operating within the state
- Increased number of available rural or underserved rotations offered to residents
- Total length of service commitments in rural and underserved areas
- Increased number of participating preceptors



Growing our Rural Behavioral Health Workforce

Description: Indiana will grow and retain the rural behavioral health workforce by creating university-based certificate and degree programs, offering scholarships and stipends, and introducing career pathways for high school and college students. The initiative strengthens peer support by expanding Certified Peer Support Specialist training and continuing education, while sustaining internship programs that incentivize local practice. A statewide workshop will also equip rural paraprofessionals with threat assessment and management skills to improve crisis response and community safety.

Budget: \$5.3 million

Outcomes:

- Increased local hire rate in rural communities of program graduates
- Increased behavioral health workforce in target rural sites
- Increased program completion and credential attainment rate
- Increased retention and community service impact of behavioral health workforce



Make Rural Indiana Healthy Again

Regional Grants

- This initiative duplicates the federal RHTP at the state level
- Budget: \$604.2 million total over the five-year program period (FY27-FY31), with approximately \$75M distributed annually across eight Regional Coalitions
- The state will implement rigorous, multi-layered oversight balancing accountability with flexibility that rural communities need to innovate.
- The three committees are:
 - Executive Oversight Committee
 - Regional Grant Steering Committee
 - Regional Committees



Make Rural Indiana Healthy Again

Regional Grants

Executive Oversight Committee

- Leadership from the Health and Family Services vertical and the Governor's office
- Makes final decisions for applications, funding amounts, and oversight into reporting, budget and key performance outcomes
- Will maintain oversight throughout the life of the grant

Regional Grant Steering Committee

- Committee will include community and legislative leadership, meeting quarterly to review Regions' activities, data, and outcomes
- Approved by the Governor's office; chaired by the State Executive Oversight Committee
- Will provide guidance and direction and assist in addressing opportunities for scale and further collaboration



Make Rural Indiana Healthy Again

Regional Grants

The Regional Committees

- Each Regional Committee will include 11 members, approved by the State Executive Oversight Committee, representing key rural health stakeholders
- Their role is to use subject matter expertise to evaluate grant beneficiaries, ensuring fair fund distribution and accountability
- Committees must meet quarterly to provide oversight, encourage collaboration, maintain accountability, and review budgets

Each Committee must include:

- Indiana General Assembly (1)
- Provider Community (1)
- Non-Provider Medical Worker (1)
- Patient Community (1)
- Pharmacy Community (1)
- Regional Business Community (2)
- Community-based Organizations (2)
- Local Health Department (1)
- Medicaid Managed Care (1)



Make Rural Indiana Healthy Again

Regional Grants

Grant Structure:

- Grants distributed across eight Regional Coalitions, awards ranging from \$40 million to \$100 million per region over five years
- Each region must submit one unified application that includes:

<ul style="list-style-type: none">○ Comprehensive needs assessment (health and tech)○ Use of local health data and community needs assessment○ Plans to eliminate duplication, share costs, and fill service gaps	<ul style="list-style-type: none">○ Service delivery innovations and measurable KPOs○ Letters of support from stakeholders○ Sustainability plan and compliance acknowledgement
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- Dedicated technical support team that will provide ongoing consultation, workforce training, and cross-regional learning opportunities
- Ultimately, the regional grant program aims to reduce healthcare gaps and costs, foster regional partnerships, and advance rural health outcomes in alignment with CMS goals



Make Rural Indiana Healthy Again

Regional Grants Application Timeline

Date	Milestone
March 2026	Request for Applications released to public
March – July 2026	Technical assistance available for coalition formation and application development
July 1, 2026	Applications due to state
July – September 2026	Application review, scoring, and award determinations
October 1, 2026	Grant agreement period begins, and funding distributed to individual entities



Make Rural Indiana Healthy Again

Regional Grants

Outcomes:

- Identification of duplication of services and gaps in care to right size healthcare delivery
- Increased care of pregnant women, through increasing percentage of women with first trimester care and completing all pre and postnatal visits
- Increased access to preventive services and connection to appropriate primary or specialty care through engagement with telehealth and teleconsult, mobile integrated health, hub and spoke models, and other innovative care delivery models
- Improved blood pressure and diabetes control through cardiometabolic programs
- Increased workforce recruitment and retention through development of rural preceptorships
- Leveraging the collective of healthcare providers in rural Indiana, rather than bolstering singular entities there will improve system integration and sustainability

Key Performance Objectives (KPOs)

- Improve chronic disease indicators
- Decrease ED and hospital utilization
- Improve maternal and infant health outcomes
- Rural health workforce stability
- Improved timeliness and access to care
- Data interoperability
- Telehealth and teleconsult expansion
- Cross-sector collaboration

Next Steps: Pre-Planning

Initiative driven stakeholder meetings to determine

- RFP identification and preparation
- Shovel ready grants ready for funding
- Identification of state and contract staff job descriptions
- Identification of stakeholders beyond IDOH/FSSA/Working Group

Creation of

- Work Plan including robust communication plan
- Funding distribution process for each initiative

Next Steps: Communication

- Publish **GROW: Cultivating Hoosier Health** website, including
 - Regional grant application
 - Results of stakeholder survey
 - Informational slide deck
 - Quick Facts sheet
- Other Communication preparation
 - Regional tour dates
 - Press release ready for Dec. 31

Initiative Funding Distribution

Initiative	Total Amount (including Admin. Costs)	% of Total
1 - Growing Care Coordination	\$56,186,480.00	5.6%
2 - Growing Community Connections through Indiana 211	\$3,320,000.00	0.3%
3 - Growing Improved Patient Outcomes Through Enhanced Interoperability and Technology	\$66,485,376.03	6.6%
4 - Growing Pediatric & Obstetric Readiness in Rural Emergency Departments	\$45,350,263.07	4.5%
5 - Growing Cardiometabolic Health Standards of Care in Rural Indiana	\$15,302,000.00	1.5%
6 - Growing Access to Post-Discharge Medications	\$11,049,832.27	1.1%
7 - Growing Specialty Provider Access Through Expanded Tele-Consult Capabilities	\$2,638,899.07	0.3%
8 - Growing Tele-Health Access and Infrastructure	\$28,948,899.07	2.9%
9 - Growing the Rural Health Paraprofessional Workforce	\$11,776,398.84	1.2%
10 - Growing Clinical Training and Readiness	\$83,035,463.59	8.3%
11 - Grow our Rural Behavioral Health Workforce	\$5,316,701.33	0.5%
12 - Make Rural Indiana Healthy Again Regional Grants	\$604,198,834.17	60.4%
Overall Administrative Costs (not initiative-specific)	\$18,771,804.92	1.9%
Indirect Costs (5% of all other costs)	\$47,619,047.62	4.8%
Totals	\$1,000,000,000.00	100%

Questions & Discussion