



**GROW**  
CULTIVATING HOOSIER HEALTH

## **An Overview of Indiana's Rural Health Transformation Program Regional Grants**

January 2026

# 12 Indiana GROW Initiatives

- Indiana proposed 11 statewide initiatives managed at the state level
  - 40% spend of total grant
- Indiana proposed one regional level initiative called Making Indiana Healthy Again Regional Grant Program
  - 60% spend of total grant
  - Eight regions

# Statewide Initiatives

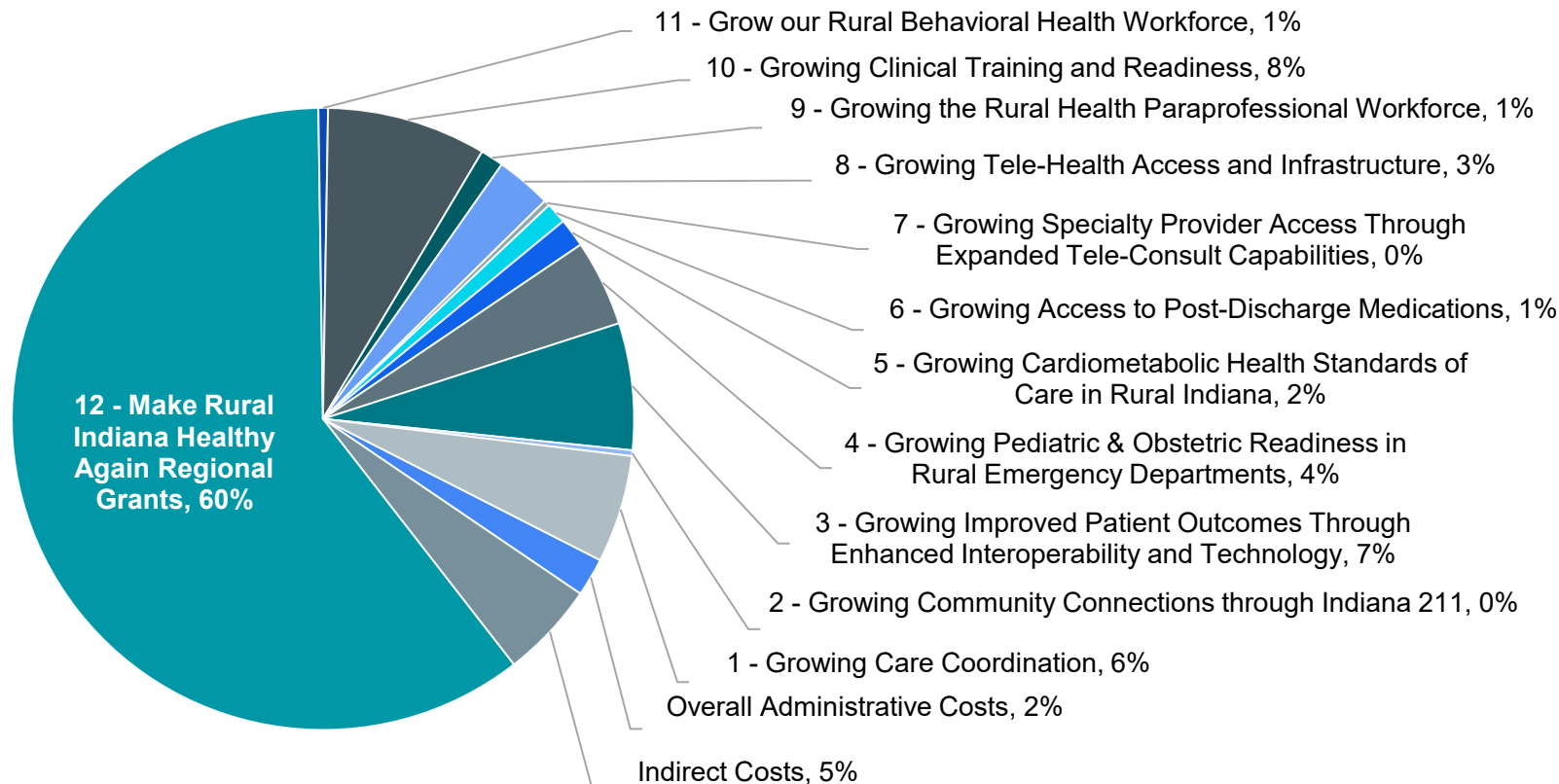
1. Growing Care Coordination: Medical Operations Coordination Center
2. Growing Community Connections through Indiana 211
3. Growing Improved Patient Outcomes - Interoperability and Technology
4. Growing Pediatric & Obstetric Readiness in Rural Emergency Departments
5. Growing Cardiometabolic Health Standards of Care in Rural Indiana
6. Growing Access to Hospital Post-Discharge Medications
7. Growing Specialty Provider Access through Expanded Teleconsult
8. Growing Telehealth Access and Infrastructure
9. Growing our Rural Health Paraprofessional Workforce
10. Growing Clinical Training and Readiness
11. Growing our Rural Behavioral Health Workforce

# Initiative 12: Make Rural Indiana Healthy Again

## Regional Grants

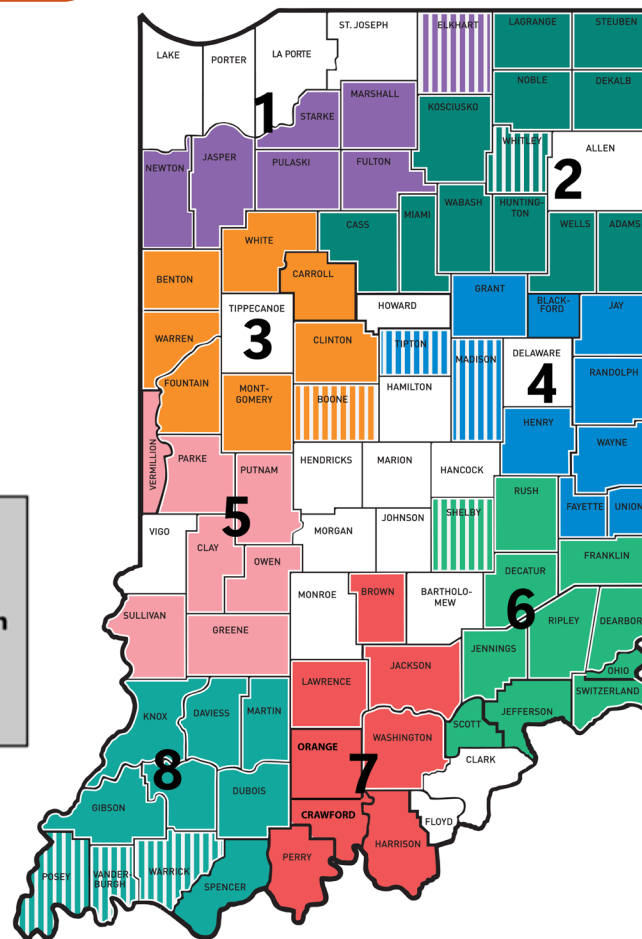
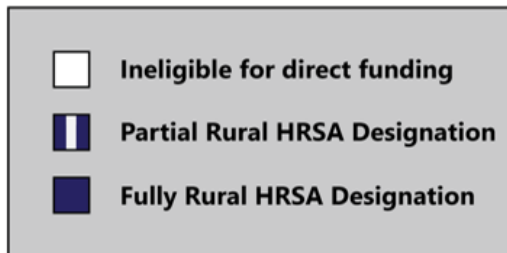
- Engages local stakeholders across eight regions to identify opportunities for collaboration to improve health outcomes
- Recognizes that while needs may be similar, solutions must reflect each region's unique challenges and partners
- Creates a more comprehensive and effective approach to problem-solving
- Tailors strategies to the specific context of each community
- Strengthens collaboration, maximizes resources, and supports long-term, sustainable outcomes

# RHTP Initiative Funding Distribution

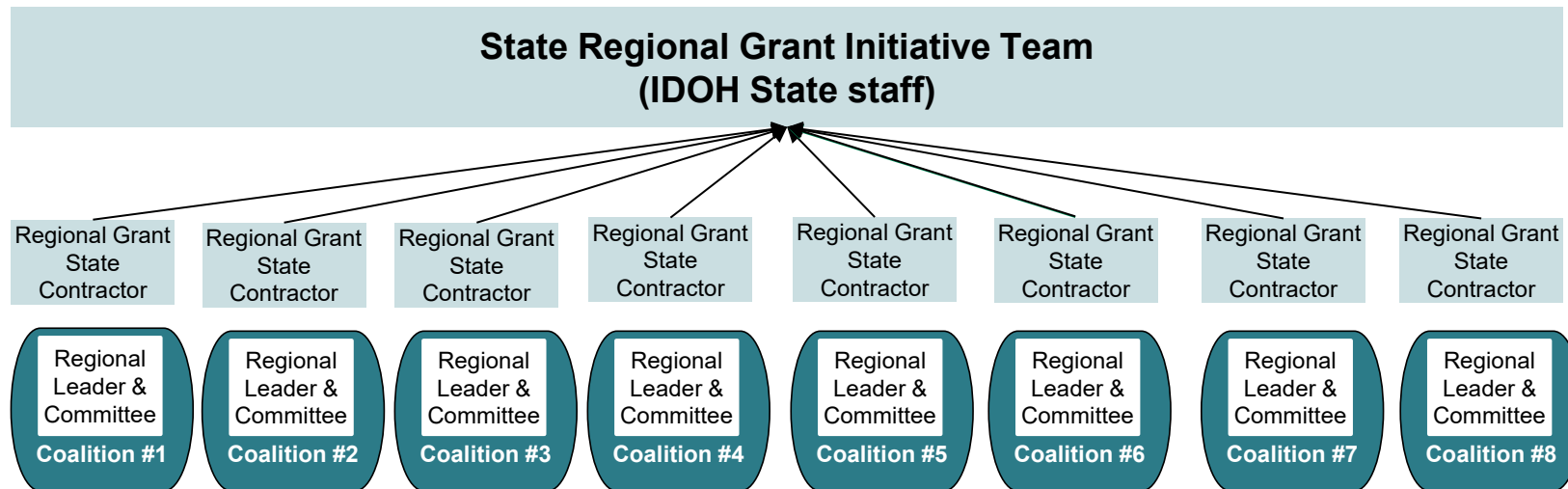


# Make Rural Indiana Healthy Again

## Regional Grants



## RHTP State Steering Committee



### Technical Assistance Providers

Needs Assessments, Regional Priority-Setting, Project Selection, Application Writing

# Make Rural Indiana Healthy Again Regional Grants

## The Regional Committees

- Each Regional Committee will include 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 will provide oversight, encourage collaboration, maintain accountability, and review budgets

### Each Committee must include:

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



# Application and Award Process

## Five-Year Regional Grant Program

- Regional awards: Estimated average award of \$15 million per year per region
- Funding adjusted annually based on compliance, outcomes, and cross-regional collaboration
- Award amounts determined through state review, proportion of rural population served, application quality with favorable consideration for strong partnerships, innovation and sustainability
- Funding available Oct. 1, 2026: \$120 million annually across eight Regional Coalitions
- All eight regions expected to receive funding
- **Note:** local governments, hospitals, universities, LHDs, CMHCs and other similar health care provider organizations and nonprofits may be eligible to receive subawards as part of the regional application

# Regional Application Requirement

Each Regional Coalition must submit **one unified application** that includes:

- All funding requests
- A comprehensive needs assessment (health and tech)
- Letters of support from stakeholders and partners
- A sustainability plan
- Acknowledgement of understanding and compliance with grant, fund usage, reporting, and state requirements
- Connection to measurable KPOs and description of how progress will be demonstrated annually based on listed goals below:
  - Increased access to prenatal care
  - Increased access to chronic disease prevention programs
  - Increased access to oral health
  - Improved patient quality and safety
  - Improved community health worker workforce expansion and interoperability
  - Increased telehealth and community paramedicine utilization to reduce preventable ED visits
  - Improved transportation access
  - Increased access to healthcare
  - Increased regional collaboration
  - Improved sustainability indicators

# Regional Application Development and Early Expectations

## The state will:

- Develop a grant application aligned with the NOFO and RHTP guidelines to help applicants address rural health needs through data-driven, innovative and sustainable solutions
- Leverage vendors to support regions' application development, evaluation design, agreements and outcome reporting

## Regional Coalitions are expected to begin pre-application work by:

- Identifying partners
- Convening discussions on shared rural priorities
- Conducting joint needs assessments
- Exploring data-sharing agreements

# Regional Coalitions

Coalitions and applications require collaboration from key local stakeholders including:

- Healthcare organizations (CAHs, FQHCs, rural health clinics, rural hospitals, behavioral health organizations, EMS)
- Local health departments (LHDs) and community organizations (CBOs)
- Education and workforce development entities (clinical training programs and preceptorship sites)
- State agencies and support organizations (IDOH, FSSA, State Office of Rural Health, Indiana Hospital Association, Indiana Rural Health Association)
- Patients and community members (patient advisory councils, community advisory boards, chambers of commerce)
- Medicaid MCOs, commercial payers
- Members of the Indiana General Assembly (IGA)

# Regional Technical Assistance Provider Role

- Support the convening and coordination of regional coalitions
- Serve as a liaison between regions and state-level partners
- Assist with drafting or refining application materials, as needed
- Connect regions with relevant subject-matter experts

# Ongoing Regional Technical Support

- Dedicated HFS regional grant team to provide day-to-day support, engagement, and technical assistance
- Quarterly convenings, monthly Regional Coalition Leadership network check-in meetings, bi-monthly communities of practice meetings organized by project type to share implementation lessons
- Technical Assistance Coordinator offers consultation, webinars, resource library and peer mentoring
- Targeted technical assistance deployed quickly when challenges are identified

# Regional Grant Data Snapshots

The State will provide regional data snapshots to include data such as:

- Epidemiological profile
  - Chronic Disease, Primary Care, & Rural Health
    - Obesity, Diabetes, Hypertension, Heart Disease, Smoking, Stroke
  - Maternal & Child Health
    - Infant mortality, Low birthweight, preterm birth, early prenatal care
- Trauma & Injury Prevention
  - Life Expectancy, Older Adult Falls, Motor vehicle traffic injuries, TBIs, Overdose, Self-Harm
- Medicaid patient profile
- Geospatial analysis - drive time to care
- Medical workforce

# Make Rural Indiana Healthy Again Regional Grants Application Timeline

## Date

March 2026

## Milestone

Request for Applications released to public  
Letter of Collaboration due to State for each region

February – July 2026

Technical assistance available for coalition formation  
and application development

July 1, 2026

Applications due to state

July – September 2026

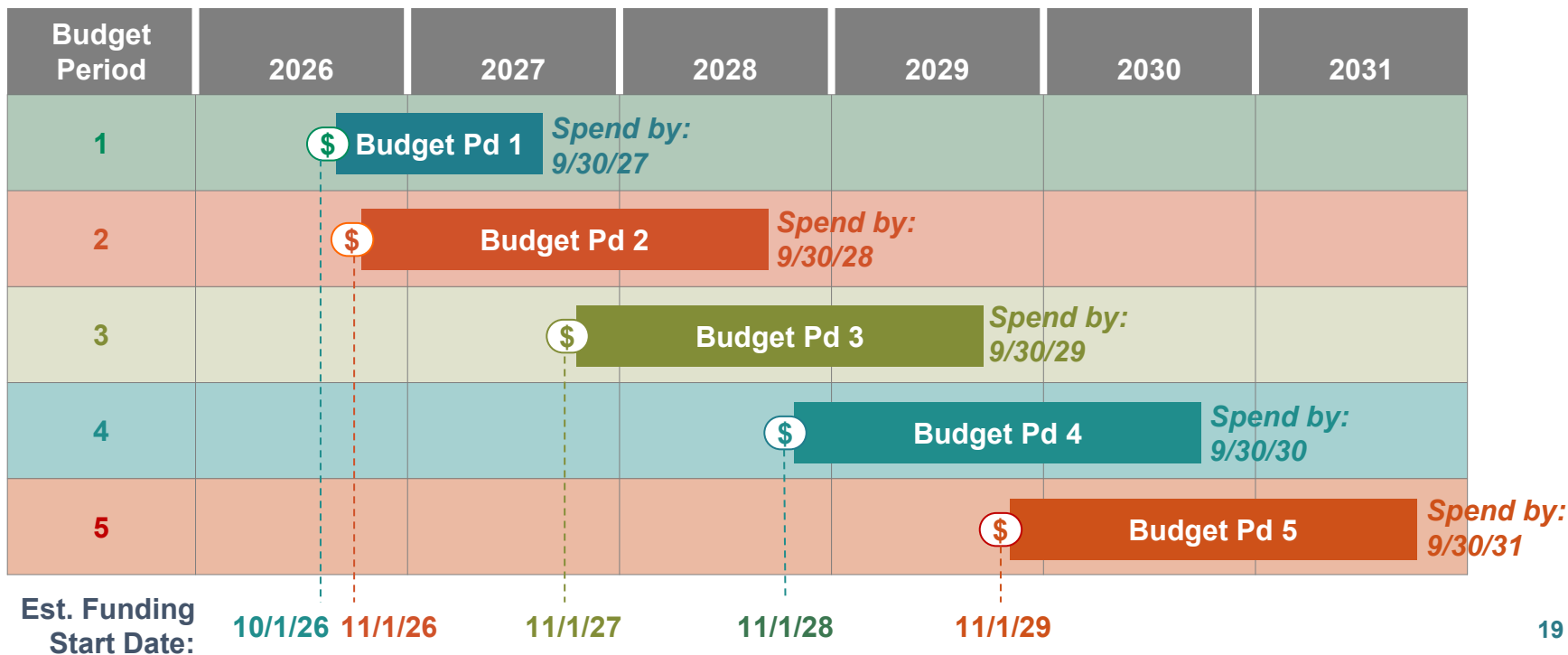
Application review, scoring and award determinations

Oct. 1, 2026

Grant agreement period begins, and funding  
distributed to individual entities



# RHTP Regional Grants Budget Periods



# Make Rural Indiana Healthy Again Regional Grants

- Identify duplication and gap in services
- Improve maternal and infant health outcomes
- Increase number of women receiving first trimester care and completing all pre and postnatal visits
- Increase access to preventive services and connection to appropriate primary or specialty care through innovative care delivery models
- Improve blood pressure and diabetes control
- Increase workforce recruitment and retention
- Leverage the collective of healthcare providers in rural Indiana, rather than bolstering singular entities there will improve system integration and sustainability

# Regional Grant Capital Funding Limitations from CMS

**Capital expenditures and infrastructure are allowed when** investing in existing rural health care facility buildings and infrastructure, including minor building alterations or renovations and equipment upgrades to ensure long-term overhead and upkeep costs are commensurate with patient volume with following restrictions that are not allowable

- Must be clearly linked to program goals.
- Cannot exceed 20% of the total regional funding from States in a given budget period.

## **Explicitly Unallowable**

- New Construction
- Supplanting funding for in-process or planned construction projects or directing funding towards new construction builds

# Regional Grant EMR Funding Limitations from CMS

## EMR Replacement

No more than 5% of total funding CMS awards in a given budget period can support funding the replacement of an EMR system if a previous Health Information Technology for Economic and Clinical Health (HITECH) certified EMR system is already in place as of September 1, 2025.

- Replacement refers to the purchase of a completely new EMR system to take the place of an existing one.
- Upgrades, enhancements, and added modules, interfaces, or functionality to existing EMR/EHR systems are allowable uses of funds and are not subject to the 5% limitation.
- May substitute G10 certified modules to meet needs and this substitution is not subject to the 5% limitation. These upgrades, enhancements, and added modules, interfaces, or functionality to existing EMR systems should be aligned with CMS's Health Technology Ecosystem criteria (including the CMS Interoperability Framework) and ASTP/ONC criteria
- Use of funds related to EMR/EHR systems should be associated with an initiative that adheres to the scope and furthers the strategic goals of the RHT Program

# Application for participating in your coalition

If you are interested in participating in your regional coalition, please scan the QR Code or complete the form found [here](#).

Due by **Jan. 22**

Make Rural Indiana Healthy Again  
Regional Grants Leadership and  
Committee Nomination Form



<https://forms.office.com/g/fSxhfsvCMC?origin=IprLink>

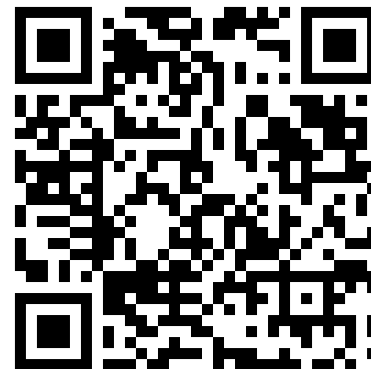
## Next Steps:

- Formation of regional coalition and identification of leaders
- Determine needs and top priorities of the region
- Begin conversations about potential partnerships and collaborative opportunities

**Website:** [GrowRuralHealth.in.gov](https://GrowRuralHealth.in.gov)

**GROW: Cultivating Hoosier Health** website should be consulted for updates including:

- Frequently Asked Questions
- Initiative Descriptions
- Regional grant application
- Results of stakeholder survey



Email questions to [GrowRuralHealth@health.in.gov](mailto:GrowRuralHealth@health.in.gov)