



INDIANA
RURAL HEALTH TRANSFORMATION

2026 Request for Funding Opportunity

**Growing Rural Opportunities for Well-being (GROW) Regional
Grants Program**



**Indiana
Department
of
Health**

Growing Rural Opportunities for Well-being (GROW) Regional Grants Program

Request for Funding

Applications due 11:59 p.m. Eastern Time on July 1, 2026

The Growing Rural Opportunities for Well-being (GROW) Regional Grants Program is supported by the Centers for Medicare & Medicaid Services Human Services (HHS) as part of a financial assistance award, with 100 percent funded by HHS. The contents herein do not represent the official views of, nor an endorsement, by CMS, HHS, or the U.S. Government.

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1. Indiana's Rural Health Transformation Program

1.A. Introduction and Background

Rural Indiana represents the heart of the state, rooted in strong agricultural traditions and close-knit communities. As the ninth (9th) largest farming state in the country, Indiana's rural areas contribute billions of dollars in agricultural products to national and global markets. Despite their strengths, many rural communities face serious challenges when it comes to healthcare access and overall health outcomes. The goal of Indiana's Rural Health Transformation Program (RHTP) ("Indiana's Program" or "Indiana's RHTP") is to ensure that rural Hoosiers have the same opportunity to live healthy, thriving lives as residents in urban areas.

Indiana responded to the federal RHTP authorized in July 2025 and administered by the Centers for Medicare and Medicaid Services (CMS) with a plan to address rural healthcare challenges. Indiana's Program, including the Regional Grants, is 100% federally funded.

Indiana's RHTP focuses on the following priorities:

- **Improve access to care** by strengthening coordination, technology, preventive services, and emergency care. This includes using data and digital systems to make rural healthcare more efficient and sustainable.
- **Expand the use of innovative technology** to support prevention and chronic disease management. Indiana's Program will strengthen IT systems in rural facilities and address long-standing gaps in interoperability and cybersecurity.
- **Improve outcomes for chronic conditions and reduce barriers** to preventive and post-acute care. Efforts include enhancing pediatric and obstetric readiness in emergency departments, improving cardiometabolic

care, expanding timely access to prescription medications, and increasing the use of telehealth and teleconsult service.

- **Strengthen the rural healthcare workforce** by investing in early career pipelines, reducing credentialing and training barriers for community health workers and peers, and incentivizing rural practice.
- **Build strong local partnerships and support rural health innovation.** Regional Coalitions will work together to reduce duplication, improve financial sustainability, and address root causes of low patient volume and provider bypass, particularly in chronic disease, maternal health, and behavioral health.

Indiana’s Program includes a total of twelve (12) initiatives. Eleven (11) are statewide and focus on broad, system-level issues such as workforce development and coordinated resource use. An overview of Indiana’s eleven (11) statewide initiatives can be found on Indiana’s Program [website](#). The 12th initiative, **Growing Rural Opportunities for Well-being (GROW) Regional Grants** (“Regional Grants”), uses a community-driven approach. Through these five (5)-year Regional Grants, local stakeholders identify shared opportunities and design solutions tailored to their specific community needs.

By combining statewide coordination with locally driven solutions, Indiana is creating a comprehensive strategy for rural health transformation. This approach ensures consistency across the state while allowing flexibility for regional differences. Together, the twelve (12) initiatives serve as the foundation for meaningful, sustainable reform in rural healthcare.

2. Indiana Regional Grants

2.A. Introduction

In alignment with CMS priorities, the State of Indiana, with its lead agencies, the Indiana Family and Social Services Administration (“FSSA”) and the Indiana Department of Health (“IDOH”), under Indiana Health and Family Services (“HFS”,

“State”, or “Indiana”), is proud to launch the Growing Rural Opportunities for Well-being (GROW) Regional Grants (“Regional Grants”).

The five (5)-year Regional Grants replicate the intent and structure of the federal RHTP structure at the state level. Like the federal program’s approach, Indiana recognizes that local communities have unique insights into their needs and are best positioned to design and implement effective local solutions.

The remainder of this document details who is eligible to apply for the five (5)-year Regional Grants, what can be funded, and how potential applicants should submit their Regional Grants application. In addition to reviewing this document, potential applicants should review the linked federal Notice of Funding Opportunity (“[NOFO](#)”) as well as all attachments to this document to ensure full understanding of the Regional Grants and support application development.

2.B. Funding Approach

Indiana is seeking applications for funding from rural areas of the state to address critical health and health infrastructure needs. The State will allocate funding across eight (8) regions to bolster rural health innovations, foster collaboration for shared cost savings across entities, increase access points to promote preventive health, support outcomes-driven chronic disease prevention and management, and grow a trained and ready rural workforce.

The State will **accept one (1) application per region**, submitted by the Regional Coalition. This application should describe a unified vision for improving the health of rural residents and contain the collective strategies, activities, and budget requirements of all participating organizations over the course of the five (5)-year grant term and how these strategies and activities will be maintained beyond the grant term.

Using the application documents (listed as “Templates” below), Regional Coalitions will propose Initiatives for the five (5)-year grant term that address the health needs of rural residents as identified through the Needs Assessment ([Template B](#)), which is **the cornerstone of the Regional Grants** and ensures that Initiatives are responsive to the most immediate and pressing need within each region. An Initiative describes an overarching goal that Regional Coalitions would like to address (please see [Appendix 2](#) for examples of Initiatives) and will likely contain several activities that address the overarching Initiative. The State expects that several organizations across the

region will work together to implement each Initiative over the course of the five (5) years and expects organizational partnership on individual activities within the broader Initiative.

This is a **one-time funding opportunity**. After the initial application is approved for the five (5)-year grant term and Grant Agreements are executed for Budget Period 1 funding, Regional Coalitions will submit continuing applications to request funding for subsequent Budget Periods.

As described in [Section 4.A.](#), Regional Coalitions and Primary Subrecipients are required to provide in [Template E. 1 – Primary Subrecipient Budget Workbook](#), [E.2. Regional Coalition Grant Budget Workbook](#), and [Template D – Implementation Workplan](#) proposed budgets and initiative workplans for the first two Budget Periods. Though Regional Coalitions may provide additional grant-period budget information beyond Budget Periods 1 and 2, Regional Coalitions are not required to provide this information as part of a complete application. All other Templates, including the Needs Assessment, Logic Model, and Project Narrative, should be provided for Years 1-5.

Regional Coalitions' proposed Initiatives and associate activities should address one or more of the five (5) Funding Categories described in [Figure 1](#). Examples of approved, evidence-based activities will be available on the GROW Regional Grants website and through the regional Technical Assistance providers. Coalitions need not be limited to these examples and should identify solutions that work for their unique needs and circumstances.

Within the Workplan Template ([Template D](#)), Regional Coalitions should clearly identify which Primary Subrecipient (defined in [Section 2.E.3.](#) below) is responsible for implementing every aspect of the activities under each Initiative. Although one (1) application is being submitted, IDOH will make individual awards to each Primary Subrecipient, which are individual providers and/or organizations receiving Regional Grant funding to implement approved Initiatives and associated activities within the broader Regional Coalition.

Successful applications center the needs of individuals and families within each region, as demonstrated throughout the Workplan ([Template D](#)) and Initiative Narrative Response ([Template F](#)). While it is understood that individual organizations will have needs such as equipment, supplies, staffing, software, etc., applicants should describe the impact of those requirements on the ultimate health outcomes for the patients in their region.

Competitive applications will prioritize collaborative Initiatives that strengthen coordination across partners, including enhancements to technology infrastructure such as electronic medical record integration, shared data systems, and interoperable referral platforms. Where appropriate, proposals may include strategic capital investments that advance healthcare access, quality, or capacity —such as equipment facility improvements, or technology upgrades — provided such expenditures are allowable under the funding restrictions detailed in [Section 2.C](#) and [Appendix 4](#). All capital requests must be clearly justified, directly tied to proposed activities, and demonstrate long-term sustainability beyond the five (5)-year grant period. Regional coalitions are encouraged to advance strategies that build on existing work and align seamlessly with ongoing efforts and should avoid proposing new programs that cannot be sustained after the conclusion of the grant.

2.C. Unallowable Costs

Regions shall not propose any unallowable costs in their application. Below are several key types of unallowable costs. However, applicants should review the full list of Allowable and Unallowable expenses in [Appendix 4](#) before putting together application materials.

Supplanting existing State, local, tribal, or private funding of infrastructure or services, such as staff salaries.

Duplicate payments. Funds may not be used to replace payment for clinical services that could be reimbursed by insurance. Funds also may not be used for payments to clinical services if they duplicate billable services and/or attempt to change the payment amounts of existing fee schedules. If the Recipient plans to fund direct health care services, the Recipient must justify why they are not already reimbursable, how the payment will fill a gap in care coverage (such as uncompensated care or services not covered by insurance), and/or how they transform the current care delivery model. CMS will have final approval of whether proposed services are allowable.

Funds may not be used for clinician salaries or wage supports if clinicians work for **facilities that subject clinicians to non-compete contractual limitations**. Funds may go towards clinician salaries and wage supports if the

clinician is not subject to a non-compete agreement and the salary/wage support is being funded as part of an approved Initiative.

Funding used for provider payments, defined by CMS as providing payments to health care providers for the provision of health care items or services, **cannot exceed 15% of the total funding** awarded to the Recipient in a given budget period. Please see [Appendix 4](#) for region-specific provider payment maximums for Budget Period 1.

Funds may not be used for new construction. Funds also may not be used to supplant funding for in process or planned construction projects or directing funding towards new construction builds. Construction or building expansion, purchasing or significant retrofitting of buildings, cosmetic upgrades, or any other cost that materially increases the value of the capital or useful life as a direct cost.

Funds may be used for minor renovations or alterations if they are clearly linked to program goals and receive CMS prior approval. Funding used for renovation or alterations cannot exceed 20% of the total funding awarded to the State in each budget period.

Of Indiana's \$206.9 million Budget Period 1 award, a **maximum of \$41.3 million** can be allocated across all regions to allowable capital expenditures. Please see [Appendix 4](#) for region-specific capital expenditure maximums for Budget Period 1.

No more than 5% of total funding awarded to the State in a given Budget Period can support funding the **replacement of an EMR system** if a previous HITECH certified EMR system is already in place as of Sept. 1, 2025.

Of Indiana's \$206.9 million Budget Period 1 award, a **maximum of \$10.3 million** can be allocated across all regions to EMR replacement expenditures meeting the above criteria. Please see [Appendix 4](#) for region-specific EMR replacement expenditure maximums for Budget Period 1.

Applicants may propose costs to support administration of grant funds, but **the sum of all administrative costs must not exceed 10% of total proposed costs in a given Budget Period.**

For example, if a region’s Budget Period funding amount is \$3,000,000, and administrative costs are three staff members, the sum of those staff members’ costs for Budget Period 1 cannot exceed \$300,000.

Applicants may not include any Indirect Costs in their proposed budgets. All proposed costs must be categorized under one of the CMS Cost Categories as Direct Costs.

All proposed costs must be tied to an identified Initiative. As a condition of approval, applications must reflect that awarded funds will be used to invest in activities identified as permissible uses that are described in Section 71401 of Public Law 119-21. Please review [Appendix 4](#) for more detail on allowable/unallowable costs and associated Subrecipient requirements.

2.D. Funding Categories

The Regional Grants will support proposed initiatives and associated activities that fall under the five (5) funding categories identified below. Regional Coalitions are not required to address all five (5) funding categories but must address at least one (1) in each proposed Initiative.

Figure 1: Overview of the Five (5) Funding Categories

Funding Category	Definition
Tech Innovation	Foster use of innovative technologies that promote efficient care delivery, data security, and access to digital health tools by rural facilities, providers, and patients. Support access to remote care, improve data sharing, strengthen cybersecurity, and invest in emerging technologies.
Sustainable Access	Help rural providers become long-term access points for care by improving efficiency and sustainability. With Indiana Program support, rural facilities work together or with high-quality regional systems to share or coordinate operations, technology, primary and specialty care, and emergency services.

Innovative Care	Spark the growth of innovative care models to improve health outcomes, coordinate care, and promote flexible care arrangements. Develop and implement payment mechanisms incentivizing providers or Accountable Care Organizations (ACOs) to reduce healthcare costs, improve quality of care, and shift care to lower cost settings.
Workforce Development	Attract and retain a high-skilled healthcare workforce by strengthening recruitment and retention of healthcare providers in rural communities. Help rural providers practice at the top of their license and develop a broader set of providers to serve a rural community's needs, such as community health workers, pharmacists, and individuals trained to help patients navigate the healthcare system.
Make Rural Indiana Healthy Again	Support rural health innovations and new access points to promote preventive health and address root causes of diseases. Initiatives will use evidence-based, outcomes-driven interventions to improve disease prevention, chronic disease management, behavioral health, and prenatal care.

Regional Grants applicants are required to address the following health outcomes either through a) newly proposed Initiatives and associated activities as part of the Regional Grants application OR b) regions may forgo addressing these health outcomes ONLY if they can provide strong justification within the narrative that their Regions are already effectively addressing these outcomes through existing efforts and/or interventions within their region:

- Pre and postnatal care;
- Chronic disease prevention and management; and
- Needs Related to Access (e.g., transportation, access to affordable healthy food, health education and literacy, etc.).

These issues represent some of Indiana's most pressing and persistent health challenges. Indiana continues to experience poor maternal and infant health

outcomes, with some areas of the state having an infant mortality rate (IMR) of [13.2 deaths per 1,000 live births](#) (2020-2024). Overall, Indiana's statewide IMR of 6.3 deaths per 1,000 live births exceeds the national average reported by CDC of 5.6 deaths per 1,000 live births in 2023. Over [two thirds \(69.9%\)](#) (2023) of Indiana adults are overweight or obese, contributing to preventable morbidity and mortality and significant healthcare costs. The Needs Assessment ([Template B](#)) conducted by the Regional Coalitions should also highlight region-specific needs related to access to care, such as transportation and/or access to food.

Applicants are not limited to only addressing these priority outcomes and are free to identify other health challenges through their needs assessment. Regions may choose as many Initiatives as deemed necessary to address their identified needs; however, all Initiatives must somehow address the State's Key Performance Objectives (KPOs) as listed below. The KPOs are the anchor grounding Indiana's RHTP Program as they are the overall program performance objectives that Indiana is working toward through the implementation of the 12 initiatives.

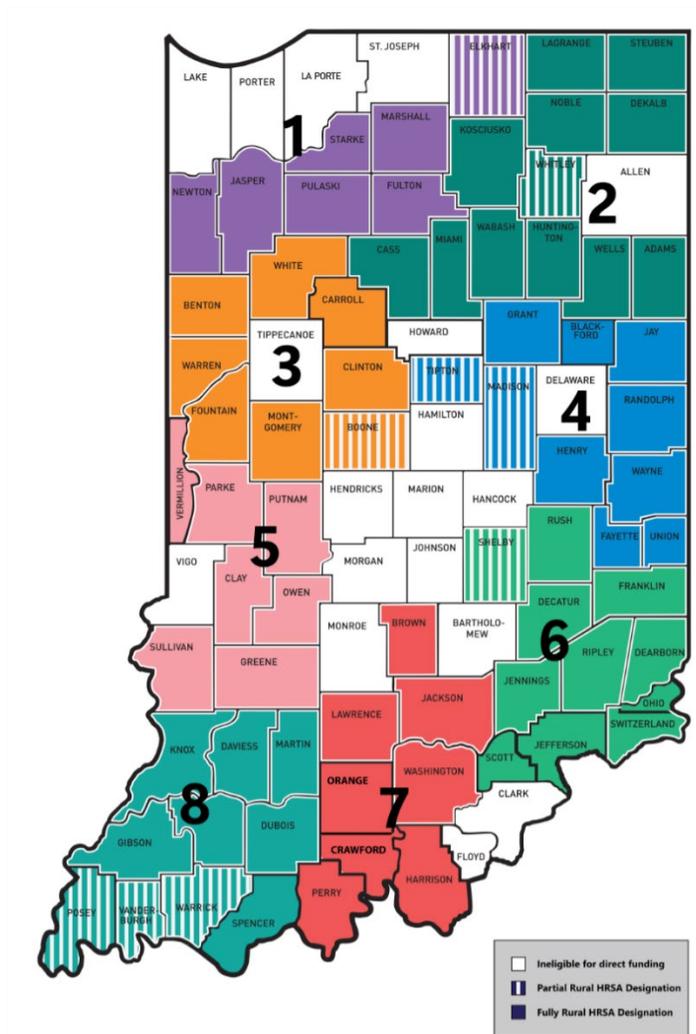
- Reducing preventable ED visits,
- Improving rural workforce stability,
- Timeliness and access to care,
- Data interoperability,
- Improve system integration and cross sector collaboration,
- Maternal and infant care,
- Chronic disease indicators, and
- Expand Telehealth and Teleconsult to increase healthcare access.

2.E. Eligibility

2.E.1. Regions

The Regional Grants divide the state into eight regions, which collectively serve all rural and partially rural counties in the state. The State created the regional structure to facilitate the planning and implementation of initiatives by identifying service gaps, reducing duplication, finding opportunities for shared cost savings, and proposing innovative ways to deliver care.

Figure 2: Indiana’s Eight (8) Regions



- **Shaded counties** indicate a full rural designation by the Health Resources and Services Administration (HRSA), and entities in these counties may fully participate in the receipt of funding from the Regional Grants.
- **Striped counties** are designated as partially rural counties per HRSA, and entities in these counties may be eligible to receive funding from the Regional Grants. Counties without a rural designation may be included in this group if there is a Critical Access Hospital (CAH) in that county. Funding, however, should be directed to rural communities within the county, not to metropolitan areas.
- **Unshaded counties** are not designated as rural counties per HRSA's Rural Health Grants Eligibility Analyzer tool. Entities in these counties may be eligible for funding if they demonstrate how they're providing services for individuals within a fully or partially rural county.

2.E.2. Regional Coalitions

The State expects for providers and stakeholders in each region to organize themselves into a singular **Regional Coalition** — a broad network of entities that serve Hoosiers in the rural counties within each defined region — that submits one (1) comprehensive regional application and administers a coordinated, regional program with awarded funds over the five (5)-year grant term.

The Regional Grants structure requires intentional collaboration and coordination among healthcare entities and community organizations in the Regional Coalition. Regional Coalitions must demonstrate how investment in their proposed Initiatives will serve the greater needs of Hoosiers in their region, rather than individual organizational interests. The relationships established through the Regional Coalitions are intended to outlast the grant period, serving as a durable foundation for ongoing regional health planning and sustained impact. In the Narrative Response, each Regional Coalition must specify how they will ensure continued collaboration, decision-making, and accountability throughout the duration of the grant period.

Eligible entities that may participate in a Regional Coalition include, but are not limited to, local health departments (LHDs), Federally Qualified Health Centers (FQHCs), rural hospitals, critical access hospitals, dentists, and Indiana Health Coverage Programs (IHCP) enrolled providers. Key Stakeholders that may be consulted during application development include, but are not limited to:

- Healthcare Delivery Organizations (CAHs, FQHCs, rural health clinics, behavioral health organizations, EMS);
- Local health departments (LHDs) and Community-based Organizations (CBOs);
- Educational and Workforce Development Entities (clinical training programs and preceptorship sites);
- State Agencies and Support Organizations (IDOH, FSSA including Medicaid, Department of Children’s Services, State Office of Rural Health, Indiana Hospital Association, Indiana Rural Hospitals Association);
- Patients and Community Members (patient advisory councils, community advisory boards, chambers of commerce);
- Medicaid MCOs;
- Commercial payers; and
- Members of the Indiana General Assembly (IGA)

2.E.3. Primary Subrecipients

The five (5)-year Regional Grants are structured as subawards of Indiana’s federal RHTP award from CMS, effectively positioning Indiana as the “pass-through entity” of federal RHTP funds in accordance with [2 CFR 200.332](#). Each Regional Coalition will be comprised of individual Primary Subrecipients, defined as an eligible entity within the Regional Coalition that will use Regional Grant funds to carry out the activities proposed in the application over the five (5)-year grant term. Primary Subrecipients within a region are expected to coordinate with one another from application development through the duration of the grant. The State will distribute funding directly to each Primary Subrecipient within the Regional Coalition to carry out activities in alignment with the goals and priorities of the overall federal RHTP, as well as Indiana’s Program. As

such, Indiana will enter into subaward agreements with each Primary Subrecipient.

The number of Primary Subrecipients will vary per region and will be dependent on the identified healthcare gaps, proposed activities, and organizational structure in each region. As such, the State will not put a cap on the number of Primary Subrecipients per region.

2.E.4. Technical Assistance Providers

The Indiana Hospital Association (IHA), the Indiana Primary Health Care Association (IPHCA) and the Indiana Rural Health Association (IRHA) comprise the Rural Health Transformation Technical Assistance Network (RHT-TAN), which serves as a statewide technical assistance providers and administrative support model across the eight Regional Coalitions.

The RHT-TAN will assist Coalitions in organizing regional stakeholders, developing proposed activities, and assembling all five (5) required application components as detailed in [Section 4](#).

Once Subrecipient Agreements are fully executed, RHT-TAN will provide ongoing implementation support, technical assistance, and cross-regional learning support.

Additional details on the RHT-TAN are provided in [Appendix 5 – Governance Structure](#).

3. Funding Overview

3.A. Budget Overview

All eight (8) regions will receive funding, but award size will vary. The State will determine funding level based upon the criteria described in [Section 3.B Determination of Regional Grant Award](#).

Expected total funding: \$120 million per budget period, totaling \$600 million over five (5) budget periods, is available for all eight regions combined. This is a one-time

application opportunity. This funding opportunity does not have a cost-share requirement, meaning regions are not required to contribute to the implementation costs of approved initiatives. Regions’ annual reporting requirements will be further defined in Primary Subrecipients’ Grant Agreements.

Funding Timeline: Indiana will provide funding in five (5) Budget Periods of 23 months for each Budget Period (note the first Budget Period is shorter), and for each Budget Period funding release, Primary Subrecipients will have until the end of the following fiscal year to spend awarded funding. See [Figure 3](#) below for the estimated dates, by Budget Period, that Primary Subrecipients have to start and stop spending funds.

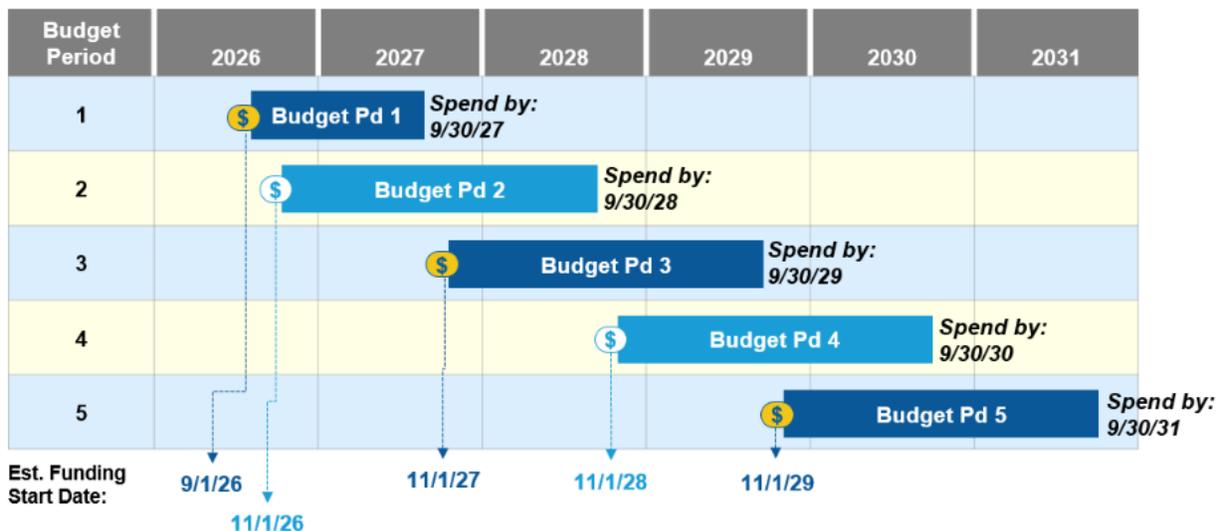
Awarded Primary Subrecipients will be able to begin spending their Budget Period 1 funds in September 2026 following the execution of Subrecipient agreements. Budget Period 1 funds must be spent by the end of Budget Period 1 (September 30, 2027) as highlighted in [Figure 4](#) below.

Any funds unexpended by their associated Budget Period spending deadlines, as listed below, will be returned to CMS and redistributed to other states in accordance with 42 U.S.C 1397ee(h)(1)(B).

Figure 3: Regional Grant Funding Budget Periods

Budget Period	Funding Start Date (estimated)	Deadline to Spend Funds
1	9/1/2026	9/30/2027
2	11/1/2026	9/30/2028
3	11/1/2027	9/30/2029
4	11/1/2028	9/30/2030
5	11/1/2029	9/30/2031

Figure 4: Regional Grant Funding Timeline



3.B. Determination of Regional Grant Award

The State will review each Regional Coalition’s application for completion to ensure it meets the basic requirements summarized in [3.B.2. Base Funding Allocation Methodology](#) and [3.B.3. Evaluation Criteria](#), and is compliant with all State and federal rules.

The State retains the right to adjust award amounts based on inadequate applications (e.g., lack of sustainability, improper use of funds) or failure to comply with State and CMS requirements. Additionally, CMS will evaluate Indiana’s RHTP progress annually and the State and CMS may adjust allocations each project year.

The State may re-calculate each approved region’s funding amount for each subsequent Budget Period based on the information and data the region provides in annual reporting, as well as the total amount of funding the State receives each year. Indiana will focus on assessing progress towards the goals and commitments that an approved region makes as documented in the Subrecipient Agreement with each Primary Subrecipient in the Regional Coalition. The methodology for calculating future Budget Periods will remain the same as described in this RFF.

3.B.1. Overview of Funding Structure

The Regional Grant Awards will be determined by two (2) factors: a Base Funding Allocation and funding awarded on Evaluation Criteria.

Figure 5: Allocation Summary

Category	Approximate Total Amount, Budget Period 1	% of Regional Grants Budget	Determination Method
Base Funding Allocation	\$96,000,000	80%	Population, health need, and current availability of care. See Section 4.A.2. below for specific criteria.
Funding Awarded on Evaluation Criteria	\$24,000,000	20%	Application Evaluation Criteria. See Section 4.A.3. below for specific criteria.

Regions will receive 100% of their portion of the **Base Funding Allocation** based on the Determination Method listed in [Figure 6](#).

Regions should develop their budget assuming they receive one-eighth ($\frac{1}{8}$) (\$3 million per region) of the total funds awarded based on the **Evaluation Criteria** listed in [Section 3.B.2.](#)'s [Figure 6: Criteria for Base Allocation](#) and [Figure 7: Application Evaluation Criteria](#).

Please see [Section 3.B.4.](#) below for each region's projected Budget Period 1 award amount.

3.B.2. Base Funding Allocation Methodology

Base allocations for the Regional Grant Awards were calculated using a weighted, multi-data scoring approach, each of which was assigned a specific weight in the

overall allocation formula. Within each category, individual data elements were also weighted to calculate the overall category measure.

Figure 6: Criteria for Base Allocation

Criteria	Factor Weight
<p>Population of Region</p> <p>Population was used as the primary data point for base funding to ensure allocations reflect the number of people being served within each region.</p>	80%
<p>Access to Healthcare</p> <p>The access to healthcare category incorporates federally recognized measures of workforce shortages and medical underserved areas.</p> <ul style="list-style-type: none"> • These two measures were combined to create the regional access score, with higher scores indicating there is a need for more healthcare access. ○ Health Professional Shortage Area (HPSA) designation – 60% ○ Medically Underserved Area/Population (MUA/P) designation – 40% 	10%
<p>Health Indicators</p> <p>These five (5) measures were combined to create a regional health score.</p> <ul style="list-style-type: none"> • Percentage of the regional population enrolled in Medicaid – 25% • Infant mortality rate – 25% • Type II diabetes prevalence – 20% • Adult obesity prevalence – 15% • Life expectancy – 15% 	10%

3.B.3. Evaluation Criteria

Please refer to [Figure 7](#) below for the Application Evaluation Criteria, which will determine a portion of the Regional Grant Award in alignment with the methodology described in [Section 3.B.1.](#)

Figure 7: Application Evaluation Criteria

Category	Weak Response	Acceptable Response	Strong Response	Exceptional Response
Strategy	Investments would lead to small, incremental changes to existing rural health care delivery system and facilities.	Investments would modestly support measurable changes to rural health care delivery.	Major Investments with significant transformative potential for rural health care delivery.	Robust investment plan to structurally transform rural health care delivery.
Workplan and Collaborative Structure	Timeline, milestones, and budget breakdown are not clear, feasible, or directly linked to initiative. Explanation of stakeholder engagement and Initiative oversight is unclear.	Detailed workplan that reflects serious thought about obstacles and potential delays. Explanation of stakeholder engagement and Initiative oversight is provided but does not have details.	Workplan reflects a considered, thoughtful operating and Strategic framework with clear and feasible timelines, milestones, and budget breakdown. Explanation of stakeholder engagement and initiative oversight is clear and implementable.	In addition to prior points categories, workplan includes creative and clear approaches to maximizing the immediate impact of the five (5)-year additional federal funds. Explanation of stakeholder engagement and Initiative oversight is detailed, implementable, and thoughtful.
Outcomes	Outcomes to be tracked are vague,	Outcomes are reasonable and specific, can	Outcomes are well-supported	Outcomes are ambitious, well



	cannot be readily measured, and/or do not support improvement of patient outcomes, access to care, and/or reduction of healthcare costs.	be reliably measured, and/or support improvement of patient outcomes, access to care, and/or reduction of healthcare costs.	by credible literature, are specific, and can be reliably measured. They directly relate to improvement of patient outcomes, access to care, and/or reduction of healthcare costs.	supported by credible literature, and specific. They can be reliably measured. They directly relate to a variety of improvements in patient outcomes, access to care, and/or reduction of healthcare costs.
Projected Impact	Impact on rural residents is limited. Unclear how Initiative and outcomes impact rural residents.	Impact on rural residents is fair. Feasible how Initiative and outcomes impact rural residents, but the explanation is not substantiated or clear.	Impact on rural Residents is significant. Clear explanation on how initiative and outcomes Directly impact rural residents.	Impact on rural residents is structurally transformative. Clear explanation on how Initiative and outcomes directly impact rural residents across the State, and how scale of impact is transformative.
Sustainability of Initiative Beyond RHTP Funding Period	Sustainability is not sufficiently supported or plausible.	Sustainability is somewhat plausible but without a detailed plan.	Sustainability is clearly plausible but without a detailed plan.	Sustainability is planned in detail or is not needed

				given the nature of the Initiative.
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3.B.4. Projected Regional Awards

Based on the criteria described above, the State has calculated projected Budget Period 1 award amounts for each region. [Figure 8](#) details the Regional Base Allocations determined based on the data factors listed in [Figure 6](#). [Figure 9](#) details Projected Total Award Amounts for each region based on the Base Allocation amounts listed below and the assumption that each region receives one eighth of the funds awarded on evaluation criteria. The exact amount of funds awarded to each region based on evaluation criteria may not equal the values in [Figure 10](#) and will be based on application evaluation. Applications should utilize the Budget Period 1-2 Projected Award Amounts in [Figure 9](#) when completing the **Budget Workbook Templates**.

Figure 8: Regional Base Allocations

Region	Allocation
1	\$9,774,250
2	\$19,853,219
3	\$8,483,059
4	\$14,937,322
5	\$8,991,431
6	\$12,189,931
7	\$10,967,488
8	\$10,803,299
Total	\$96,000,000

As noted in Figure 7 above, a region's Population accounts for 80% of the Regional Base Allocation calculation. The State utilized census tract data in the HRSA rural health grants eligibility analyzer to determine the rural population of each county, which accounts for residents of rural census tracts in partially rural counties. 100% of the population of rural counties is considered rural and is accounted for in this population calculation.

Figure 9: Projected Award Amounts – Budget Period 1

Region	Base Allocation Funding	Projected Evaluation Criteria Funding	Projected Regional Award per Budget Period	Projected Regional Award, Budget Periods 1-2	Projected Five-Year Regional Awards
1	\$9,774,250	\$3,000,000	\$12,774,250	\$25,548,500	\$63,871,250
2	\$19,853,219	\$3,000,000	\$22,853,219	\$45,706,438	\$114,266,095
3	\$8,483,059	\$3,000,000	\$11,483,059	\$22,966,118	\$57,415,295
4	\$14,937,322	\$3,000,000	\$17,937,322	\$35,874,644	\$89,686,610
5	\$8,991,431	\$3,000,000	\$11,991,431	\$23,982,862	\$59,957,155
6	\$12,189,931	\$3,000,000	\$15,189,931	\$30,379,862	\$75,949,655
7	\$10,967,488	\$3,000,000	\$13,967,488	\$27,934,976	\$69,837,440
8	\$10,803,299	\$3,000,000	\$13,803,299	\$27,606,598	\$69,016,495
Total	\$96,000,000	\$24,000,000	\$120,000,000	\$240,000,000	\$600,000,000

Data Note: Totals may not match sums of individual values due to rounding. The projected funding in the Periods 3-5 columns is provided in this RFF for planning purposes only and is subject to change based on CMS approvals for future grant budget periods.

The projects for permissible expenses as described in [Appendix 4. Allowable and Unallowable Uses of Funds](#).

3.C. Payment Methodology

Grant payments will be disbursed directly to Primary Subrecipients per the terms of each entity's grant agreement. It is each Primary Subrecipient's responsibility to distribute the funding to any contractors. Please note that only eligible entities may utilize grant funding to support their proposed Initiatives. All funding must be used to fulfill the objectives of Indiana's RHTP.

Funds from the grant will be provided as reimbursements for approved grant budget items. Funds will not be disbursed via up-front payments.

3.D. Sustainability

A key focus of the federal RHTP opportunity is the sustainability of initiatives beyond the five (5)-year grant period. In determining the initiatives to include in Indiana's application to CMS, the State selected Initiatives that would be sustainable after federal funding was exhausted and the State described its sustainability plans in its application.

Similarly, Regional Coalitions must propose Initiatives and uses of funding that the regions will be able to sustain beyond the grant period. The State may deny any funding requests it determines will not be sustainable. Regional Coalitions must clearly describe their sustainability plan for each proposed Initiative in the Project Narrative Response ([Template F](#)) as well as the overall approach to Sustainability across all proposed Initiatives.

4. Application Requirements

Regional Coalitions must submit their application **no later than 11:59 p.m. Eastern Time (ET) on July 1, 2026, to be eligible for award**. Any Regional Coalition that does not submit a complete and timely grant application may not be considered. Your Technical Assistance Provider will provide guidance on how to submit your completed application. [Figure 10](#) below provides an overview of key dates.

The State will verify that applications meet the requirements specified in this RFF. The State will not consider an application that:

- Is submitted after the deadline.
- Is not submitted via approved methods.
- Does not include all components required in the application checklist.
- Does not use the formatting requirements, including spacing, font size, etc.

Minor error corrections may be submitted if there is time before the decision deadline but not guaranteed.

Figure 10: Indiana’s Regional Grants Application Timeline

Date	Milestone
March 2, 2026	Request for Funding applications released to public
March – July 1, 2026	Technical Assistance Providers are available for Coalition formation and application development
May 1, 2026	Letters of Intent are due to the State
July 1, 2026	Applications are due to the State
July – September 2026	Applications under review; Scoring and award determinations under way, State developing Subrecipient Grant Agreements to support timely distribution of funds once the Grant period begins
September 1, 2026	Grant agreement period begins; Funding distribution to individual entities commences

Regional Coalitions will be required to submit the following components, further detailed in the Application “checklist” in [Figure 11](#).

4.A. Application Overview

The Regional Grants Application consists of five (5) templates, all of which are required for a complete and fulsome Regional Grants application. [Figure 11](#) provides an overview of each required element of the Regional Grants application and [Appendix 6](#) provides a recommended approach for

completing all required elements. [Figure 11](#) provides an overview of each required element of the Regional Grants application and [Appendix 6](#) provides a recommended approach for completing all required elements. It is imperative that Regional Coalitions review the directions in this document as well as the directions within each template to ensure a correct and complete submission. It is the responsibility of the Regional Coalitions that proposed Initiatives and activities are labeled consistently across all five (5) templates to track budget, implementation workplan, outcomes, and narrative responses by the same Initiative.

Prior to the submission of the Regional Grants Application on July 1, 2026, each Regional Coalition must submit a Letter of Intent no later than May 1, 2026. Your Technical Assistance Provider will provide guidance on how to submit this document. The purpose of the Letter of Intent is to demonstrate sign-off from key stakeholders and partners indicating a commitment to regional collaboration, including documentation that all counties in the region are accounted for. Please see [Template A](#) for full instructions on how to complete the Letter of Intent.

Figure 11: Regional Grants Application Overview

Template	Name	Purpose	How to Complete
Due by May 1, 2026			
A	Letter of Intent Template	Provide documentation of Primary Subrecipients who will be engaged in the Regional Coalition, and rural regions throughout the full, 5-year grant period.	Complete the yellow boxes in Template A .
Due by July 1, 2026			

B	Needs Assessment Template	Demonstrate how proposed activities are responsive to documented needs.	Complete Section 1 in Template B . Optionally complete tables in Section 2.
C	Logic Model Templates	Provide an overview of process metrics and intermediate-term outcomes to measure success by each Initiative for the full, 5-year grant period.	Complete one Logic Model per Initiative in Template C .
D	Implementation Workplan Template	Provide a detailed breakdown of the implementation plan for each proposed Initiative, for Budget Period 1 and 2 (through 9/30/2028) .	Complete the tables in Template D .
E	Budget Workbook Templates	Provide all proposed costs across the Regional Coalition, and for each Primary Subrecipient, for Budget Period 1 and 2 (through 9/30/2028) .	Complete the tables in Template E.1 . and Template E.2 , which will require budgets per Primary Subrecipient and across the full Regional Coalition.
F	Initiative Narrative Response Template	Provide an overview of all grant activities, outcomes, collaboration and sustainability plans, and explanation for	Complete the yellow boxes in Template F . Regional Narrative Responses shall not exceed 30 pages.

		how the budget was made for the full five (5)-year grant.	
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To support build-up of all required components, the State is also including for reference a number of Appendix items, which are intended to help facilitate completion of the Regional Grants Application. [Figure 12](#) provides a breakdown of how each tool can be used to inform the corresponding Application Template deliverable.

Figure 12: Supporting Appendix Documents for Reference

Appendix	Name	Purpose	Use Case
1	CMS Rural Health Transformation Program Notice of Funding Opportunity	This is the source of truth for the Rural Health Transformation Program	Please read carefully to understand the Regional Grants opportunity and Indiana’s obligations to CMS
2	Example Initiatives and Associated Activities	Provides a few examples of how Regional Coalitions could approach proposing Initiatives and activities	Inform Initiatives and associated activities as proposed in the Initiative Narrative Response, Workplan Template, and Budget Workbook Templates and in response to the Needs Assessment
3	Outcome Measures	Provides pre-approved outcome measures and metrics for consideration	Inform the process metrics and Intermediate-Term Outcomes in the Logic Models
4	Allowable and Unallowable Uses of Funds	Provides an overview of federal statute as it relates to what funds can and cannot be used for	Inform Initiatives as proposed in the Initiative Narrative Response, Workplan Template, and Budget Workbook Templates and in

			response to the Needs Assessment
5	<u>Governance Structure</u>	Provides an overview of the Governance Structure for oversight and monitoring of the Regional Grants and overall Program	Inform the Project Narrative Response, which calls for the Regional Coalitions to outline how they will collaborate internally, as well as overall awareness on touchpoints with the State
6	<u>Regional Grants Recommended Completion Flow and Checklist</u>	Provides a recommended completion flow for how to complete the Regional Grants application, as well as a checklist	Consult at the beginning and end of the application development period

Instructions are provided on how to build a Regional Application, including document formats in the following sections.

4.B. Needs Assessment Template

A Regional Coalition’s proposed activities must be rooted in documented community needs and aligned with opportunities for meaningful transformation, particularly addressing a region’s most pertinent rural health challenges. To ensure direct connection between your region’s rural health needs, proposed activities, and State-mandated KPO outcomes, a complete Needs Assessment Template must be submitted. The Needs Assessment should be completed first (see [Appendix 6](#) for a checklist with recommended order of applicant activities). **Applicants are strongly encouraged to begin working on the Needs Assessment early in the process of preparing an application.** As the foundational assessment that will determine prioritization of activities to meet regional gaps, the Needs Assessment focuses on defining the Regional Background and unique health landscape, assets, and readiness. This assessment encourages a synthesis of the state-provided [Rural Health Regional Data summaries](#) and local community health needs assessments. The State identified pre and postnatal care, chronic disease

prevention, and access to care as the most critical levers for regional change. In the Narrative Response ([Template F](#)), Regional Coalitions must explain how these issues impact regional health outcomes and this should inform the Initiatives and associated Activities that will comprise the Regional Proposals. Please see [Template B](#) for full instructions on how to complete the Needs Assessment.

4.C. Logic Model Template

The Regional Grants, receiving approximately 60% of Indiana’s total RHTP funding, are a critical mechanism for achieving Indiana’s Key Performance Objectives (KPOs). Regional Coalitions serve as the on-the-ground partners driving critical progress toward KPOs. Regional Coalitions should build their proposed Initiatives to contribute meaningfully to advancing the KPOs, and proposals must clearly describe how proposed activities, investments, and partnerships will advance progress toward the KPOs.

Additionally, Regional Coalitions must also show Initiative-specific outcomes, including how success will be measured throughout the duration of the five (5)-year grant. To that end, Regional Coalitions must submit one (1) logic model per proposed Initiative, with all known Primary Subrecipients and associated activities included.

Please note the optional activity and Indiana RHTP KPO Alignment Matrices are included if helpful to support tying together identified needs, Initiatives and associated activities, and Indiana RHTP KPO targets. While these Matrices are not required for application submission nor Logic Model completion, they may be helpful to complete prior to Logic Model population.

The purpose of the Logic Models is to provide a 5-year view of the Regional Coalition’s plan, connecting a region’s identified needs, proposed Initiatives and associated activities, and projected outcomes to demonstrate progress towards the State’s goals for improving health outcomes. Regional Coalitions will be required to demonstrate progress on Initiative-specific outcomes, as well as how the Initiative will help advance the overall KPOs. The Logic Model should provide a

five (5)-year view connecting identified needs, activities, projected outcomes, and linked to the State's goals for improving health outcomes. Please see [Template C](#) for full instructions on how to complete the Logic Model Template.

4.D. Workplan Template

The Workplan Template is intended to capture Budget Period 1 (through 9/30/27) and Budget Period 2 (through 9/30/2028) activities by Initiative, which will support each Region's planning efforts, the State's review of applications and subsequently, the development of Subrecipient Agreements. A Workplan **must** be submitted for each Initiative. Please see [Template D](#) for full instructions on how to complete the Workplan Template.

4.E. Budget Workbook Templates

Regional Coalitions must include a completed Regional Grant Budget Workbook ([Template E.2.](#)) with budget details for proposed Initiatives and associated activities across the entire Regional Coalition. The Regional Grant Budget Workbook must include budget details for all Primary Subrecipients for Budget Period 1 and 2 (through 9/30/2028).

Regional Coalitions must also include completed Primary Subrecipient Budget Workbooks ([Template E.1.](#)) for each Primary Subrecipient in their Regional Coalition. Regional Coalitions should collaborate with Technical Assistance Providers to ensure that each Primary Subrecipient's budget details are accurately reflected in the Regional Grant Budget Workbook.

4.E.1. Budget Preparation Guidance

Regions should build their budgets assuming they receive the Projected Regional Awards detailed in [Section 3.B.4.](#)

Costs will be reimbursable once Primary Subrecipient grant agreements start on September 1, 2026 (projected start date). As noted above, pre-award costs prior to this date are not allowable.

4.F. Initiative Narrative Response Template

The Narrative Response is one of the most important components of the application, as this will include the details of the Regional Coalition’s proposed activities, sustainability plan, collaboration plan, and budget narrative. The Narrative Responses must address the following health outcomes either through (a) newly proposed Initiatives and associated activities as part of the Regional Grants application **OR** (b) regions may forgo addressing these health outcomes **ONLY** if they can provide strong justification within the narrative that their Regions are already addressing these outcomes through existing efforts and/or interventions within their region: pre- and post-natal care, chronic disease prevention and management, and needs related to access (e.g. transportation, access to affordable healthy food, health education and literacy, etc.). Please see [Template F](#) for full instructions on how to complete the Initiative Narrative Response.

5. Regional Grants Requirements

5.A. Primary Subrecipient Responsibilities

The State will work with each Primary Subrecipient once the Indiana Notice of Award to Subrecipients has been shared with each Primary Subrecipient following the application review period, as well as on an ongoing basis, to provide guidance on all State and CMS-mandated grant requirements. This may include the following:

1. Comply with the terms and conditions of CMS’ Notice of Award to the State of Indiana. Please see [Appendix 4](#) for important provisions contained within the CMS Notice of Award. The State will provide further guidance on CMS requirements that impact Subrecipients.
2. Comply with the terms and conditions of the Primary Subrecipient Grant Agreement.
3. Collaborate with the State to implement and monitor approved Initiatives.

4. Collaborate with the State to implement statewide initiatives at the regional level, as defined initially in [Section 5.A.1.](#) and as further clarified by the State once statewide Initiatives are rolled-out.
5. Collaborate with the State in alignment with the Regional Grants Governance Structure (see [Appendix 5](#)) and as further identified by the State.
6. Submit the performance measures agreed upon in respective Subrecipient Agreement, Indiana Notice of Award (NOA) to Subrecipients, and subsequent revisions to the workplan as approved by the State.
7. Submit all required performance assessments, evaluations, and financial reports required for reporting to CMS.
8. Participate in calls with the Regional Grant State Contractor to discuss Subrecipient's Initiative progress and challenges, and other staff as needed as designated by the State.
9. Understand the State's overall goals and implementation plan as it relates to all twelve (12) initiatives, including how the State's eleven (11) statewide initiatives impact the Regional Coalitions. Please refer to the [official state narrative](#) describing the twelve (12) initiatives, or Indiana's Program [website](#).
10. Participate in TA Provider- led in-person or virtual meetings.

5.A.1. Statewide Initiative-specific Regional Coalition Responsibilities

Regional Coalitions and individual Subrecipients, where applicable, will be asked to participate in the implementation of Statewide Initiatives as defined below initially, as continually directed by the State once the implementation of statewide initiatives are underway.

Funding Category 1: Tech Innovation

Statewide Initiative 3: Growing Improved Patient Outcomes through Enhanced Interoperability and Technology

Subrecipients are encouraged to collaborate with the state-implemented health information exchange (HIE) vendor(s) to support provider engagement and uptake efforts and actively participate in the statewide HIE Environment Needs Assessment which will evaluate resource capacity and the current state of technology in use at provider facilities today to identify gaps and determine needed improvements (e.g., infrastructure upgrades and system integrations) to participate in health data exchange. The outcomes of this HIE Environment needs assessment may impact the implementation of **Initiative 7** and **Initiative 8**. This assessment will be critical to support the onboarding of new providers to the State's HIE, by identifying priority rural communities and effective strategies for HIE integration. Collaboration for this effort may include but is not limited to:

- Involvement in interviews,
- Qualitative meetings, and
- Sharing detailed information about resources and current systems in use with the feasibility study vendor and HIE vendor(s).

Each Subrecipient's specific level of engagement and participation (e.g., data requested and data collection protocols) in the Needs Assessment may differ depending on the interoperability and technology infrastructure currently in place.

Subrecipients are encouraged to explore opportunities to leverage AI for collaborative quality improvement efforts, ensuring that regional strategies contribute to statewide goals for better outcomes and system efficiency.

Given the participation expectations for the technology statewide initiatives (**Initiatives 3, 7, and 8**), a high level of collaboration between the Subrecipient and the State is encouraged. Subrecipients should expect outreach from the vendor(s) supporting **Initiative 3** to attend Regional Grant Initiative planning and information sessions such as monthly virtual coordination meetings, quarterly workshops, and joint planning sessions with state vendors and regional IT leads to ensure alignment and progress. Additionally, to ensure sustainability, Subrecipients are encouraged to foster long-term adoption of telehealth

solutions, monitor performance metrics, and participate in continuous improvement efforts that align with statewide goals for quality and accessibility.

Funding Category 2: Sustainable Access

Statewide Initiative 1: Growing Care Coordination: Medical Operations Coordination Center and Alternate Payment Model Feasibility Study

Subrecipients are encouraged support Indiana's Medical Operations Coordination Center (MOCC) implementation by ensuring that continuum of care partners – from pre-hospital to rehabilitation:

- a. Are aware of the MOCC, and
- b. Understand how to utilize it for purposes of care coordination across the region and state.

Subrecipients will participate and remain engaged with MOCC implementation activities as they are identified.

Statewide Initiative 2: Growing Community Connections through Indiana 211

Regional Coalitions will participate in 211 expansion and utilization for social needs as the primary referral platform for connecting patients and clients to social needs, community services, and non-medical supports, unless another platform is already in use. Use of Indiana 211 would help ensure referrals are made to verified, up to date, and geographically appropriate resources, supporting consistent access, reduced duplication, and improved care coordination across regions.

To utilize Indiana 211, hospital Subrecipients are encouraged to integrate the Indiana 211 into referral workflows, discharge planning, and community navigation processes. Further, integrations into EMRs will evolve in Year One (1) and Year Two (2) of the Indiana's five (5)-year RHTP, and regions should consider necessary enhancements to EMRs to integrate 211 referrals, as builds, implementations, or enhancements of EMRs occur. If EMR integration is not available, Subrecipients are encouraged to integrate to a HIE where Indiana 211 resource data is available.

Funding Category 3: Innovative Care

Statewide Initiative 4: Growing Pediatric & Obstetric Readiness in Rural Emergency Departments

Subrecipients who are hospitals are encouraged to assist the State in the development of training materials in collaboration with **Initiative 4's** vendor(s), and once finalized, utilize training materials to enhance pediatric and obstetric clinical competencies and readiness. Training may include regional simulation-based opportunities. As part of this effort, Subrecipients are also encouraged to promote and recruit regional clinicians to participate in the training modules.

Statewide Initiative 5: Growing Cardiometabolic Health Standards of Care in Rural Indiana

Subrecipients will work closely with **Initiative 5's** vendor(s) and may support the State in identifying potential implementation sites within their region to stand up as a Cardiometabolic Center of Excellence. The vendors will provide training, peer support, all proprietary and evaluation materials associated with the model, and ongoing TA support.

Statewide Initiative 6: Growing Access to Hospital Post-Discharge Medications

Hospitals and pharmacies within the Subrecipient's region are encouraged to work collaboratively to implement the statewide Meds to Beds initiative specific to the needs and infrastructure in the region. As part of this effort, within Year One of their five (5)-year grant agreement, Subrecipients are encouraged to assist the State in identifying hospitals and pharmacies within their region that are well-positioned to participate in Meds to Beds implementation.

Statewide Initiative 7 & Initiative 8: Growing Specialty Provider Access through Expanded Teleconsult Capabilities and Growing Telehealth Access and Infrastructure

Subrecipients will play a key role in implementing statewide telehealth initiatives by actively participating in the initial Telehealth Feasibility Study and Teleconsult Network Needs Assessment conducted by the vendor(s) under statewide **Initiative 7** and **Initiative 8**, and providing detailed documentation of the current patient-to-provider telehealth solutions in their region. This includes identifying gaps such as teledentistry or remote biometric monitoring

or highlight use cases with known return on investment to inform statewide planning and ensure equitable access. Each participating entity's level of engagement and participation in the feasibility study and needs assessment may differ depending on the telehealth infrastructure currently in place.

Funding Category 4: Workforce Development

Statewide Initiative 9: Growing our Rural Health Paraprofessional Workforce

In support of statewide **Initiatives 9** and **11**, Subrecipients are encouraged to build connections with rural healthcare academies to serve as a pipeline for healthcare, behavioral and oral health credentialing, apprenticeships, and employment for rural students completing the academy. Subrecipients who are regional healthcare employers are encouraged to support identifying community health worker (CHW) integration opportunities in clinical and community-based care pathways.

Subrecipients who are regional healthcare employers are also encouraged to support identifying certified peer recovery specialist (CPRS) integration opportunities in clinical and community-based care pathways.

Statewide Initiative 10: Growing Clinical Training and Readiness

Subrecipients may support the State in identifying locations (hospital, clinic, or other facility) to establish a new rural residency rotation within their region.

Subrecipients may also support the State in identifying at least 10 clinicians willing to serve as community-based preceptors for their region for the State's consideration.

Statewide Initiative 11: Growing our Rural Behavioral Health Workforce

In support of statewide **Initiatives 9** and **11**, Subrecipients are encouraged to build connections with rural healthcare academies to serve as a pipeline for apprenticeships and employment for rural students completing the academy.

Subrecipients who are regional healthcare employers are also encouraged to support identifying certified peer recovery specialist (CPRS) integration opportunities in clinical and community-based care pathways.

Funding Category 5: Make Rural Indiana Healthy Again

Statewide Initiative 12: Growing Rural Opportunities for Well-being Regional Grants

Initiative 12 is the initiative under this RFF and is the initiative for which applicants are applying through this application. Regional Coalitions are expected to propose Initiatives and associated activities within their unified application that align with the GROW goals of preventing and reducing the burden of obesity and chronic disease in rural communities.

Figure 13: Funding Category Participation Checklist

Funding Category	Encouraged Support for Statewide Initiatives
Tech Innovation	<ul style="list-style-type: none"> Collaborate with the state-implemented health information exchange (HIE) vendor(s) to support provider engagement and uptake efforts and actively participate in the statewide HIE Environment Needs Assessment (Initiative 3)
Sustainable Access	<ul style="list-style-type: none"> Support Indiana's MOCC implementation by ensuring partners are aware of the MOCC and understand how to utilize it (Initiative 1) Integrate and utilize the Indiana 211 database as the primary referral platform unless another platform is already in use. (Initiative 2)
Innovative Care	<ul style="list-style-type: none"> Assist the State in the development of training materials in collaboration with the Pediatric and Obstetric Readiness vendors (Initiative 4) Utilize training materials to promote and recruit regional clinicians to participate in training (Initiative 4) Propose potential implementation sites within their region to stand up as a Cardiometabolic Center of Excellence (Initiative 5) Assist the State in identifying hospitals and pharmacies within their region that are well positioned to participate in Meds to Beds implementation (Initiative 6)

	<ul style="list-style-type: none"> Implement statewide telehealth initiatives by actively participating in the initial Telehealth Feasibility Study and Teleconsult Network Needs Assessment conducted by the vendor(s) (Initiative 7 & 8)
Workforce Development	<ul style="list-style-type: none"> Build connections with rural healthcare academies to serve as a pipeline for healthcare, behavioral and oral health credentialing, apprenticeships, and employment (Initiatives 9 and 11) Identify Community Health Worker (CHW) integration opportunities in clinical and community-based care pathways (Initiative 9) Propose new locations (hospital, clinic, or other facility) within your region to establish a new rural residency rotation (Initiative 10) for the State’s consideration Propose at least ten (10) clinicians willing to serve as community-based preceptors for your region for the State’s consideration Support identifying Certified Peer Recovery Specialist (CPRS) integration opportunities in clinical and community-based care pathways (Initiatives 9 and 11)
Make Rural Indiana Healthy Again	<ul style="list-style-type: none"> Meet all requirements outlined in this RFF

5.B. State of Indiana Responsibilities

- Monitor the Regional Coalitions’ performance and progress according to the processes outlined in Post-Award Requirements and Administration.
- Collaborate with Regional Coalitions and provide substantial Initiative planning and implementation input.
- Provide substantial input in evaluation activities.
- Make recommendations for continuing the Initiative.

- Maintain up-to-date website and appropriate earned media for public transparency to ensure Regional Coalitions are aptly informed.
- Review and approve all key personnel.
- Maintain regular communication with Regional Coalitions through at least monthly conference calls along with technical assistance and consultation.
- Review and provide feedback on all required performance assessment reports.
- Review and approve all required submitted data.
- Provide a structured approach to sharing, integrating, and actively applying improvement concepts, tactics, and lessons learned amongst approved award recipients.
- Evaluate changes to proposed activities in region specific workplans in extenuating circumstances. The State will evaluate the regional rural health transformation plan amendments as needed to approve use of funding for alternative activities not originally agreed upon in your application and annual reporting. The intent is not to change a region's allocated funding amount, but to accommodate funding of alternative activities not originally envisioned in rare and extenuating circumstances with existing allocated funding. Extenuating circumstances may include:
 - Drastic changes in the State healthcare delivery system that would make original activities not reasonably practicable nor beneficial to implement.
 - Catastrophic events that are not foreseeable when at time of application.
- Substantial State Initiative involvement relates to programmatic involvement, not administrative oversight.

At each stage of the planning and implementation process, Indiana will ensure Primary Subrecipients are compliant with all Regional Grant application

terms and any future updates and/or CMS guidance regarding allowable/unallowable expenses, expenditure timelines, and sub-grantee reporting, as well as all State rules pertaining to grant agreements. The State will provide public data reporting through dashboards and KPO tracking to foster transparency and community accountability for the success of each region's activities.

Cooperative agreements require substantial CMS project involvement with the State after an award is made. The same is required for Indiana's Regional Grants. There are specific roles for both the State and regions as described here. The State may be in contact at least once a month, and more frequently when appropriate.