



Fall foliage and a winding road.

Vermont's Rural Health Transformation Program Update

October 2026

Stevens Amendment

The following projects are supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$195,053,740.44 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CMS/HHS, or the U.S. Government.

RHT Program Goals

Vermont's RHT Plan uses work from past years to **identify the state's main health care problems and set goals for improving health care**. Vermont has set concrete goals and a comprehensive approach for how to leverage this funding opportunity. These goals include:

1. Strengthening Vermont's Rural **Health Care Workforce**
2. Increasing **Access to Timely Care** Across Rural Communities
3. Leveraging Innovative Strategies to **Increase Quality and Reduce Health Care Costs**

RHT investments support Vermont's broader health care reform goals by advancing three key priorities:
Affordability | Access to timely services | Sustain essential health care providers

Year 1 in numbers

\$195,053,740.44
fully obligated

~3 dozen
projects/programs

28 RFP/NOFOS

Hundreds of
applications

~250 individual
agreements to
awardees and
contractors

How RHT Funding Decisions are Made



All grant and contract processes follow applicable state and federal requirements, including Bulletin 3.5 and Bulletin 5.

Vermont RHTP Initiatives & Activities, Y1 Award Totals

	Regionalization and Innovative Care Strategies	Establishing a Clinically Integrated Network of Shared Services	Strengthening Primary Care	Health Care Workforce Development	Price Transparency and Insurance Competition
ACTIVITIES	Facility upgrades to support regionalization: \$36.5M	Grant funds to providers to adopt telehealth technology: \$9.7M	MH and community support integration into primary care teams: \$9.2M	Health care workforce conditional financial assistance program: \$9M	Green Mountain Care Board health care data platform modernization and transparency initiative: \$2.6M
	Transformation, innovation and regionalization support grants: \$28.1M	Incentivizing adoption of a shared Electronic Health Record/Electronic Medical Record Platform: \$8.4M	(Community Health Teams) Providing enhanced capacity for team-based care: \$8.6M	Expand pharmacists' scope to include test-to-treat in more scenarios: \$8.7M	Statewide assessment of options to improve health coverage affordability: \$500k
	Mobile units offering medical, dental and integrated Mental Health and Substance Use Disorder Treatment: \$6.6M	Statewide e-Consult expansion and workforce capacity building: \$5.6M	Expanding access to recovery housing for individuals with SUD needs: \$8M	Health care professions training and mentorship program: \$6.1M	
	Community paramedicine/Mobile Integrated Health model: \$5.2M	Grants to providers to adopt Artificial Intelligence (AI) transcription/scribe technology: \$5.2M	Incentivizing access to primary care: \$6.1M	Expand access to LNA training programs: \$1.4M	
	Transformation analytics and support: \$5.1M	Creating a centralized tool to guide interfacility transfers: \$3M	Specialty and primary care performance payments: \$4.3M	Health care workforce development tuition assistance program: \$641K	
	Mental Health and Substance Use Disorder urgent care expansion: \$4.1M	Grants to providers to adopt remote patient monitoring (RPM): \$1.8M	Enhancing primary care-focused data and analytics infrastructure: \$2.3M	Establish the Maple Mountain Consortium Family Medicine Residency program: \$572k	
	Development of a statewide health care delivery strategic plan: \$1.4M	Supporting a statewide closed-loop referral system: \$425k	Workforce support and system integration development: \$1.2M	Health care "critical occupations" no-cost tuition program (Y2)	
	Improve availability and access to high-acuity services for nursing home residents including dialysis services and ventilators: \$1.3M	Establishing a shared Human Resources Information System (HRIS) (Y2)	Enhancing Blueprint transformation network capacity: \$300k		
			Expanding access to FQHC primary care services: \$226k		
	\$88.3M	\$34.2M	\$40.3M	\$26.6M	\$3.1M

Examples of RHT Funded Projects



The Right Care, at the Right Time

- Expand access to high-acuity care in nursing homes by funding **dialysis equipment and a ventilator unit**
- Reduces transportation barriers and helps Vermonters receive needed care in their communities

3 awards totaling \$1.3M: Springfield Center for Living and Rehabilitation; St. Johnsbury Center for Living and Rehabilitation; and The Pines.



A More Efficient & Connected Health System

- Create a shared, real-time **interfacility transfer tool** to track bed capacity, availability, and transportation resources.
- Improve patient transfers and care coordination by reducing ED boarding and avoiding unnecessary out-of-state transfers.

1 award totaling \$3M: University of Vermont Health.



A Stronger Health Care Workforce

- Launch the **Maple Mountain Consortium Family Medicine Residency Program**, Vermont's first rural teaching health center family medicine residency program
- Strengthens rural health care workforce by training physicians in community-based settings

1 award totaling \$572k; Maple Mountain Vermont.

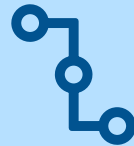
Examples of RHT Funded Projects



The Right Care, at the Right Time

- Invest in technology to expand **telehealth, e-consult, and remote patient monitoring**
- Expand local care capabilities and access to expertise so rural providers can deliver more care locally, connect with specialists, and better support patients between visits.

28 awards totaling \$17.2M across the system including primary care, nursing homes, and home health and hospice.



A More Efficient & Connected Health System

- **Transformation grant** to support shared billing, coding, and legal support for FQHCs while planning shared credentialing and staffing
- Improves efficiency, strengthens compliance, and reduces the cost of back-end administrative services

1 award totaling \$557k: Bi-State Primary Care.

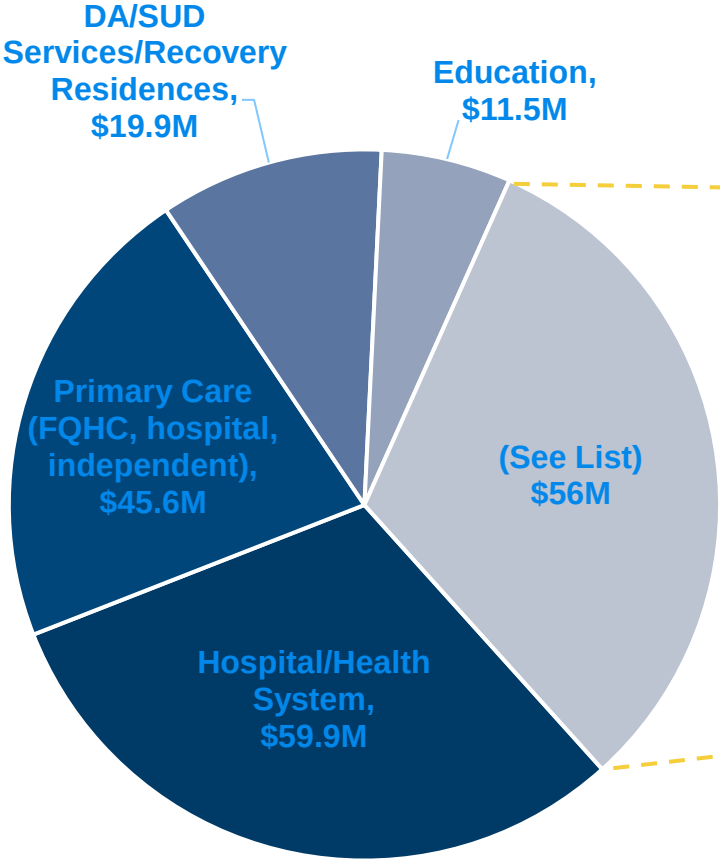


A Stronger Health Care Workforce

- Expand pharmacy-based **test-to-treat** for common illness
- Improves timely access by leveraging pharmacists as community based providers, increasing primary care capacity and reducing avoidable emergency visits

2 Test-to-Treat awards totaling \$8.7M: Kinney Drugs and Little Rivers Health Care. 1 Facility Upgrade \$1.6M: Kinney Drugs.

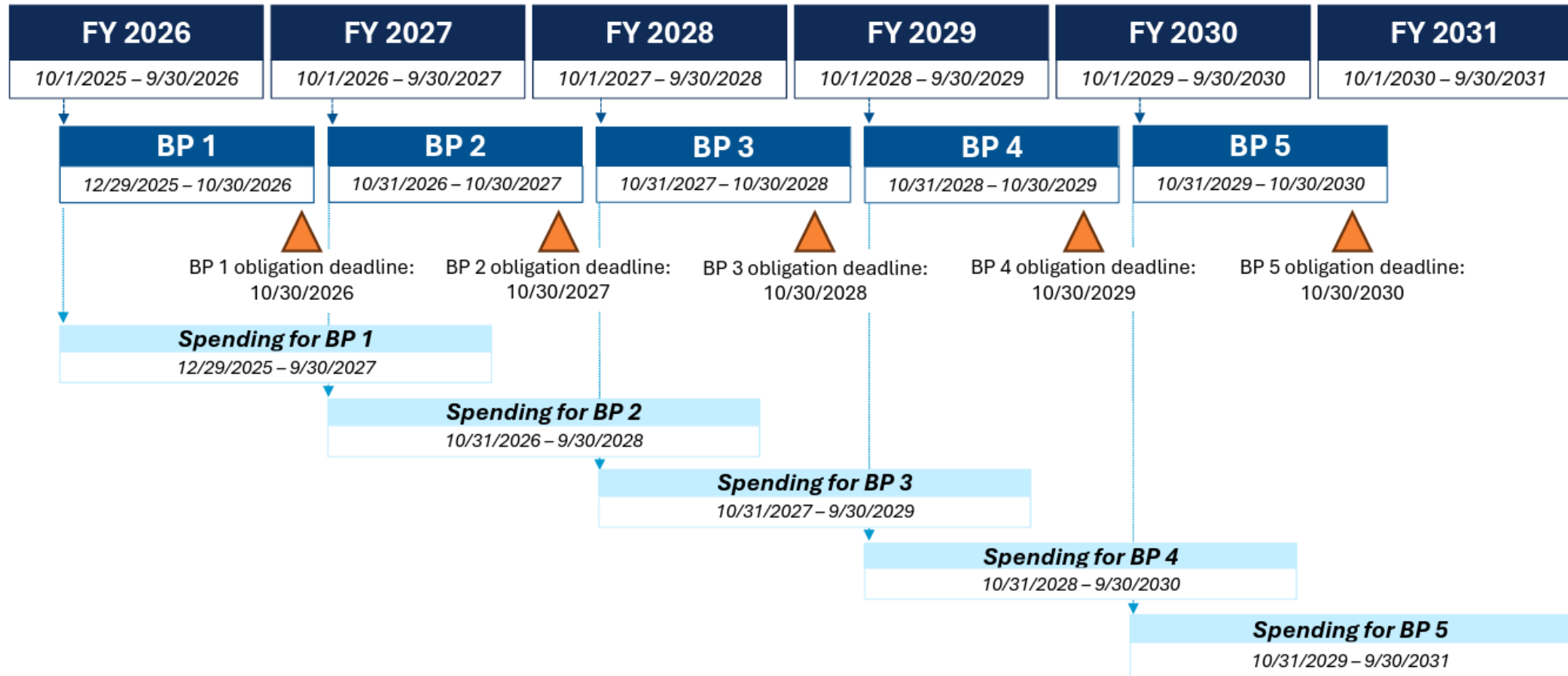
Y1 Awards by Provider Type



Category	Total
Community Action/Social Services/Non-Profit	\$5.6M
Consultant/Contractor	\$10.6M
EMS	\$7.9M
HHA	\$6.2M
Nursing home/LTC	\$7.6M
Other	\$5.1M
Pharmacy	\$10.2M
Specialty/Dental	\$2.9M

Fiscal Years and RHT Budget Periods

Obligation and Spending Deadlines



Year 2 Timeline



Planning for Year 2 RHT Awards



Assess and Engage

- Gather feedback on the Year 1 process and adjustments for Y2.
- Assess who participated, identify underrepresented providers or communities.
- Identify common challenges and opportunities to improve the process.
- Refine focus; consider how projects can scale, address unmet needs, and complement other initiatives.



Inform and Support

- Host public webinars on Year 2 awards and application guidance.
- Share tips for preparing strong applications.
- Use the RHT website and listserv to announce funding opportunities and updates.

Resources



VERMONT
RURAL HEALTH TRANSFORMATION

Main RHT Website

<https://healthcarereform.vermont.gov/hr1rural-health-transformation-fund>

List of current year 1 executed agreements

<https://healthcarereform.vermont.gov/rht-year-1-executed-agreements-and-contracts>