

## **RHT Program Annual Report**

The purpose of this workbook is to facilitate the State's annual reporting requirements as a recipient of RHT. Do not adjust row height or column width if needed. The sections marked CMS Review are for CMS review only. The workbook has been pre-populated with initiative and State policy action commitment data. Please refer to the State Reporting Guide for additional guidance. The tabs are organized as follows:

**Checkpoint Guidance Tab:** This tab includes guidance for the State for each of the checkpoints to assist in the weight assigned to each checkpoint, which checkpoints belong to each stage, and information on the type of documentation required for completion.

**Initiative Tabs:** Forms for the State to complete that include initiative names, numbers, narratives, numbers, and metrics. There is a tab for each State initiative with the initiative name/number and associated metrics pre-populated. For each metric, there is a date for which the reported value is current (for example, a metric pertaining to data that is reported as of the analysis date listed). If a metric is listed as "UNDER REVIEW" it may change in the future as CMS and the State provide clarifications. The State should indicate "Yes" for the initiative checkpoints completed. Checkpoints within a stage will not be scored until every checkpoint within the current stage is complete. Every checkpoint requires documentation for each checkpoint to the State's Project Officer (PO) for review.

**State Policy Actions Tab:** Form for the State to report the current status of their State policy action commitments identified in their application and for which they received credit; therefore, only those specific rows are pre-populated and are grayed out. For State policy action commitments that the State is attesting to a change in status, it is required to provide a link to the legislation on the State register. The State may instead indicate the name of an attachment to the checkpoint evidence described above. The State is encouraged to point to the relevant section of the legislation.

**Obligated and Spent Funds Reporting Tabs:** Forms for the State to report how RHT Program funds were obligated, Funds, and Downstream Reporting tabs. Please see the Obligated and Spent Funds Reporting Guide for details.

**Additional Information Tab:** Form for the State to share success stories and updates to their sustainability plan. It includes a field for the State to provide the 'rural area' definition that was used to determine whether subgrants were collected in the first annual report.

| Stage                         | Checkpoint                                     |
|-------------------------------|------------------------------------------------|
| Stage 0 – Planning            | 0.1 Establish governance                       |
|                               | 0.2 Submit project plan to CMS                 |
| Stage 1 – Project Preparation | 1.1 CMS approval of project plan               |
|                               | 1.2 Launch initiative                          |
| Stage 2 – Early               | 2.1 Continue initiative activities             |
|                               | 2.2 Achieve at least one post-launch milestone |

|  |                                      |     |                                              |
|--|--------------------------------------|-----|----------------------------------------------|
|  | Stage 2 – Early Implementation       | 2.3 | Establish metric reporting methodology       |
|  |                                      | 2.4 | Submit updated project plan to CMS           |
|  | Stage 3 – Midway Implementation      | 3.1 | CMS approval of updated project plan         |
|  |                                      | 3.2 | <b>Complete Q2 2028 milestones</b>           |
|  |                                      | 3.3 | <b>Report initial metric progress to CMS</b> |
|  | Stage 4 – Preparation for Completion | 4.1 | Share final deliverables plan with CMS       |
|  |                                      | 4.2 | CMS approval of final deliverables plan      |

|                               |     |                                       |
|-------------------------------|-----|---------------------------------------|
|                               | 4.3 | Complete post-program planning        |
| Stage 5 – Full Implementation | 5.1 | Submit final deliverables to CMS      |
|                               | 5.2 | Complete all 2030 milestones          |
|                               | 5.3 | Report updated metric progress to CMS |

**<sup>1</sup> Change Control and CMS Review:**

Submission and CMS review/approval of project plan, milestones changes must be submitted to CMS for review and approval. Revisions due to implementation experience, funding adjustments

**<sup>2</sup> Milestone Review Considerations:**

CMS review of milestones is intended to ensure milestones initiative and project plan, reflect meaningful implementation. Change Control and CMS Review. CMS would not expect milestones

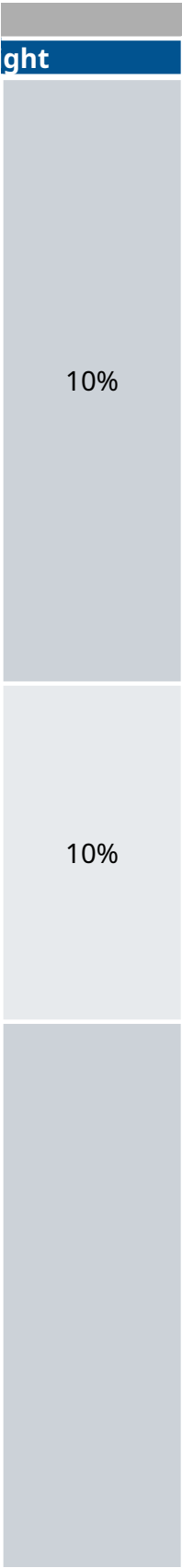
| Examples of Acceptable Evidence                                           |  | Weight |
|---------------------------------------------------------------------------|--|--------|
| Organizational chart                                                      |  | 5%     |
| Project plan                                                              |  | 5%     |
| CMS approval                                                              |  | 5%     |
| Go-live memo, public announcement, evidence of payment, executed contract |  | 5%     |
| In-progress project plan or similar implementation tracking document      |  | 5%     |
| In-progress project plan or similar implementation tracking document      |  | 5%     |

|                                                                      |            |
|----------------------------------------------------------------------|------------|
| Metric targets, baseline, and data collection methodology            | 5%         |
| Updated project plan                                                 | 5%         |
| CMS approval                                                         | 5%         |
| In-progress project plan or similar implementation tracking document | <b>10%</b> |
| Report with initial metric progress and/or reporting methods         | <b>10%</b> |
| Draft report, reporting template/outline                             | 5%         |
| CMS approval                                                         | 5%         |

|                                                                     |            |
|---------------------------------------------------------------------|------------|
| Sustainability plan, lessons learned, external funding, legislation | <b>10%</b> |
| Final report, dashboards                                            | 5%         |
| Project plan or similar implementation tracking document            | 5%         |
| Report with values and reporting method for all metrics             | 5%         |

tone, and metric changes are program requirements under the NOFO and are not limited before being finalized or operationalized. Updates may be submitted during checkpoints, or extenuating circumstances consistent with the NOFO.

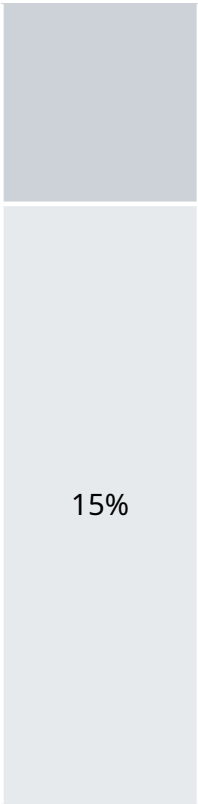
provide a reasonable framework for tracking implementation progress over the period of on activities, are reasonably timed and achievable, and are supported by sufficient justification to change absent implementation experience, funding adjustments, extenuating circumstances



20%

25%

20%



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## Guidance

Provide a simple organizational chart showing the governance and oversight structure for the initiative. The chart should identify oversight and reporting relationships across the program structure, including the State, subrecipients, and sub-subrecipients, as applicable.

States should present the structure at an appropriate level for initiative oversight and are not expected to list every individual subrecipient entity where groups or categories can be reasonably consolidated. Submissions should remain concise and focused on oversight roles and reporting relationships relevant to program administration.

Provide operational information in a structured format consistent with industry-standard project planning practices. The State should submit a project plan for each initiative. The initiative project plans should include each milestone from the approved State application and the respective completion dates. The State may choose to include additional tasks beyond the required milestones in the project plans, if desired. States may leverage the project plan template provided by CMS to create their initiative project plans or may use their preferred format as long as it accurately maps the application milestones to completion dates. Industry-standard project planning is typically performed in Excel or a similar structured format rather than in narrative form, and the State should include data fields similar to those in the project plan template (e.g., milestone/task, start and end dates, status, task owner, etc.).

CMS approval means the project plan is complete enough for implementation and aligns with the NOFO, standard and program terms and conditions, and the approved State application.<sup>2</sup> The State should retain the CMS approval communication for its records.

Provide evidence that the initiative has moved from planning to execution. Evidence should show that at least one program, activity, subaward, contract, payment, go-live action, or equivalent implementation step is underway; issuing a NOFO or RFP alone is not sufficient. At least one executed contract may serve as evidence that the initiative has launched.

Provide evidence that a broad range of initiative activities have continued after launch. Evidence should demonstrate implementation beyond initial startup activities and should reasonably reflect continued implementation across the initiative, rather than only a single activity or small selection of activities. An in-progress project plan or similar implementation tracking document showing multiple tasks in progress during the reporting period may support this checkpoint.

Provide evidence that at least one post-launch milestone from the approved State application has been completed. The milestone should reflect substantive implementation progress tied to the approved project plan, and the documentation should clearly connect the evidence to the milestone achieved. This milestone must directly relate to the substance of the initiative, as opposed to administrative or project management milestones such as issuing RFPs, establishing governance, etc. An in-progress project plan or similar implementation tracking document showing the milestone as complete may support this checkpoint, provided the milestone is tied to the approved project plan and reflects substantive implementation progress.

Submit this update after subrecipients have been selected and established. At this stage, States are expected to provide a more developed and operational metric reporting and analysis methodology than what was proposed in the application. Submissions should reflect finalized metric approaches, including how methodologies are being implemented in practice, rather than projections or planned models.

Submit an updated project plan reflecting implementation progress and any refinements to activities, timelines, milestones, responsible parties, or dependencies, as appropriate to the State's approach. The updated plan should continue to operationalize the milestones approved by CMS and demonstrate how implementation has evolved since the initial project plan submission.

The plan should continue to follow a structured format consistent with standard project planning practices. States may reference provided examples to inform format and level of detail.

CMS approval means the updated project plan adequately reflects implementation experience and remains aligned with the NOFO, terms and conditions, and approved State application. The State should retain the CMS approval communication for its records.

Provide evidence that all milestones scheduled for completion by Q2 2028 have been completed, unless CMS has approved an adjustment. Submissions should confirm that milestone activities have been carried out and are complete. Evidence should clearly reflect fulfillment of the specified milestones and be supported by appropriate documentation.

Report initial progress for each initiative metric. The report should explain the direction and meaning of progress, including whether data are delayed, unavailable, stagnant, improving, or declining, and should describe the reason for any limited or unexpected results.

Share the plan for final deliverables with CMS. The plan should describe what the State will submit at the end of the initiative, the expected format, responsible parties, timeline, and how the deliverables will demonstrate appropriate use of funds and initiative outcomes.

CMS approval means the final deliverables plan is complete, feasible, and aligned with program requirements. The State should retain the CMS approval communication for its records before proceeding toward final deliverable submission.

Provide post-program planning that explains how each activity or benefit of the initiative will be sustained, transitioned, completed, or responsibly closed out after RHT Program funding ends. Evidence may include sustainability plans, funding strategies, transition plans, partner commitments, or closeout plans.

Submit the final deliverables described in the CMS-approved final deliverables plan. Deliverables should be complete, organized, and clearly aligned with the approved plan and any required final reporting expectations.

Provide evidence that all milestones scheduled for completion by 2030 have been completed. Submissions should confirm that milestone activities have been carried out and are complete. Evidence should clearly reflect fulfillment of the specified milestones and be supported by appropriate documentation.

Report final progress for each initiative metric. The report should include complete metric results, the methodology used to calculate them, any validation or quality-control steps, and explanations for trends, limitations, or delayed data where relevant.

it scoring activities. States should notify CMS as soon as material changes are anticipated. Material (quarterly/annual), or at another time determined appropriate by CMS and the State. States may propose

e. When reviewing milestones, CMS may consider whether milestones are aligned with the approved plan with the NOFO. Changes to approved milestones remain subject to Footnote <sup>1</sup> regarding Change her sufficient justification consistent with the NOFO.

| #                                          | Initiative Name                            |               |         |
|--------------------------------------------|--------------------------------------------|---------------|---------|
| 1                                          |                                            |               |         |
| Narrative                                  |                                            |               |         |
|                                            |                                            |               |         |
| Number of People Served                    |                                            |               |         |
| Please provide the number of people served |                                            |               |         |
| Metrics                                    |                                            |               |         |
| #                                          | Metric                                     | Current Value |         |
| 1                                          |                                            |               |         |
| 2                                          |                                            |               |         |
| 3                                          |                                            |               |         |
| 4                                          |                                            |               |         |
| Stage 0 - Planning                         |                                            |               |         |
|                                            | Checkpoint                                 | Yes/No        | Attachr |
| 0.1                                        | Establish governance                       | No            |         |
| 0.2                                        | Submit project plan to CMS                 | No            |         |
| Stage 1 - Project Preparation              |                                            |               |         |
|                                            | Checkpoint                                 | Yes/No        | Attachr |
| 1.1                                        | CMS approval of project plan               | No            |         |
| 1.2                                        | Launch initiative                          | No            |         |
| Stage 2 - Early Implementation             |                                            |               |         |
|                                            | Checkpoint                                 | Yes/No        | Attachr |
| 2.1                                        | Continue initiative activities             | No            |         |
| 2.2                                        | Achieve at least one post-launch milestone | No            |         |
| 2.3                                        | Establish metric reporting methodology     | No            |         |
| 2.4                                        | Submit updated project plan to CMS         | No            |         |
| Stage 3 - Midway Implementation            |                                            |               |         |
|                                            | Checkpoint                                 | Yes/No        | Attachr |
| 3.1                                        | CMS approval of updated project plan       | No            |         |
| 3.2                                        | Complete Q2 2028 milestones                | No            |         |
| 3.3                                        | Report initial metric progress to CMS      | No            |         |
| Stage 4 - Preparation for Completion       |                                            |               |         |
|                                            | Checkpoint                                 | Yes/No        | Attachr |
| 4.1                                        | Share final deliverables plan with CMS     | No            |         |

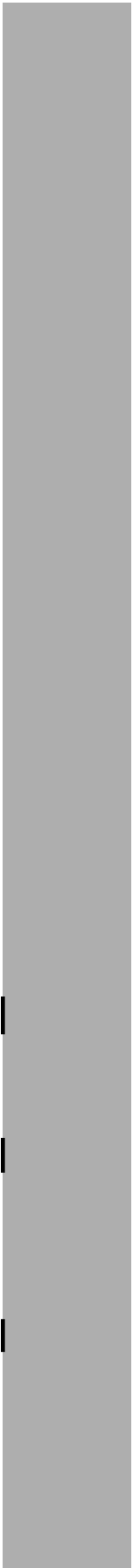
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| 4.2                                  | CMS approval of final deliverables plan | No     |         |
| 4.3                                  | Complete post-program planning          | No     |         |
| <b>Stage 5 – Full Implementation</b> |                                         |        |         |
| Checkpoint                           |                                         | Yes/No | Attachr |
| 5.1                                  | Submit final deliverables to CMS        | No     |         |
| 5.2                                  | Complete all 2030 milestones            | No     |         |
| 5.3                                  | Report updated metric progress to CMS   | No     |         |



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| ment(s) | CMS Status Evaluation |
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| CMS Review (CMS Use Only)            |
| Stage 0 - Planning                   |
| Comments                             |
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| Stage 1 - Project Preparation        |
| Comments                             |
|                                      |
|                                      |
| Stage 2 - Early Implementation       |
| Comments                             |
|                                      |
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|                                      |
| Stage 3 - Midway Implementation      |
| Comments                             |
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| Stage 4 - Preparation for Completion |
| Comments                             |
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| Stage 5 - Full Implementation |
| Comments                      |
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| #                                          | Initiative Name                            |               |         |
|--------------------------------------------|--------------------------------------------|---------------|---------|
| 2                                          |                                            |               |         |
| Narrative                                  |                                            |               |         |
|                                            |                                            |               |         |
| Number of People Served                    |                                            |               |         |
| Please provide the number of people served |                                            |               |         |
| Metrics                                    |                                            |               |         |
| #                                          | Metric                                     | Current Value |         |
| 1                                          |                                            |               |         |
| 2                                          |                                            |               |         |
| 3                                          |                                            |               |         |
| 4                                          |                                            |               |         |
| Stage 0 - Planning                         |                                            |               |         |
|                                            | Checkpoint                                 | Yes/No        | Attachr |
| 0.1                                        | Establish governance                       | No            |         |
| 0.2                                        | Submit project plan to CMS                 | No            |         |
| Stage 1 - Project Preparation              |                                            |               |         |
|                                            | Checkpoint                                 | Yes/No        | Attachr |
| 1.1                                        | CMS approval of project plan               | No            |         |
| 1.2                                        | Launch initiative                          | No            |         |
| Stage 2 - Early Implementation             |                                            |               |         |
|                                            | Checkpoint                                 | Yes/No        | Attachr |
| 2.1                                        | Continue initiative activities             | No            |         |
| 2.2                                        | Achieve at least one post-launch milestone | No            |         |
| 2.3                                        | Establish metric reporting methodology     | No            |         |
| 2.4                                        | Submit updated project plan to CMS         | No            |         |
| Stage 3 - Midway Implementation            |                                            |               |         |
|                                            | Checkpoint                                 | Yes/No        | Attachr |
| 3.1                                        | CMS approval of updated project plan       | No            |         |
| 3.2                                        | Complete Q2 2028 milestones                | No            |         |
| 3.3                                        | Report initial metric progress to CMS      | No            |         |
| Stage 4 - Preparation for Completion       |                                            |               |         |
|                                            | Checkpoint                                 | Yes/No        | Attachr |
| 4.1                                        | Share final deliverables plan with CMS     | No            |         |

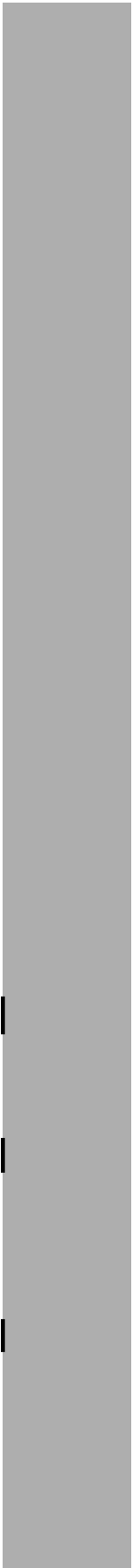
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| 4.2                                  | CMS approval of final deliverables plan | No     |         |
| 4.3                                  | Complete post-program planning          | No     |         |
| <b>Stage 5 – Full Implementation</b> |                                         |        |         |
| Checkpoint                           |                                         | Yes/No | Attachr |
| 5.1                                  | Submit final deliverables to CMS        | No     |         |
| 5.2                                  | Complete all 2030 milestones            | No     |         |
| 5.3                                  | Report updated metric progress to CMS   | No     |         |



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| ment(s) | CMS Status Evaluation |
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| Stage 5 - Full Implementation |
| Comments                      |
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| Score Factor | Workload Funding Score Factor Criterion |
|--------------|-----------------------------------------|
| B.2.         | Presidential Fitness Test               |
| B.3.         | SNAP Food Restriction Waiver Policy     |
| B.4.         | Nutrition Continuing Medical Education  |
| C.3.         | Overall CON Score                       |
|              | CON - Behavioral Outpatient             |
|              | CON - Medical Outpatient                |
|              | CON - Behavioral Inpatient              |
|              | CON - Imaging                           |
|              | CON - Medical Inpatient                 |
|              | CON - Day Services                      |
|              | CON - Long-term Care Facilities         |
|              | CON - Ancillaries                       |
|              | CON - Other                             |
| D.2.         | Physician - Medical Licensure Compact   |
|              | Nurse - Nurse Licensure Compact         |
|              | EMS - EMS Compact                       |
|              | Psychology - PSYPACT                    |
|              | Physician Assistant - PA Compact        |
|              | PA - Scope of Practice                  |
|              | NP - Scope of Practice                  |
|              | Pharmacist - Overall Score              |

|      |                                                                      |
|------|----------------------------------------------------------------------|
| D.3. | Pharmacist - Drug Administration                                     |
|      | Pharmacist - Lab Testing                                             |
|      | Pharmacist - Independent Prescribing                                 |
|      | Dental Hygienist - Overall Score                                     |
|      | Dental Hygienist - Dental Hygiene Diagnosis                          |
|      | Dental Hygienist - Prescriptive Authority                            |
|      | Dental Hygienist - Local Anesthesia                                  |
|      | Dental Hygienist - Supervision of Dental Assistants                  |
|      | Dental Hygienist - Direct Medicaid Reimbursement                     |
|      | Dental Hygienist - Dental Hygiene Treatment Planning                 |
|      | Dental Hygienist - Provision of Sealants                             |
|      | Dental Hygienist - Direct Access to Prophylaxis                      |
|      |                                                                      |
| E.3. | Short-term, limited-duration insurance (STLDI)                       |
| F.1. | Medicaid Payment for at Least One Form of Live Video                 |
|      | Medicaid Payment for Store and Forward                               |
|      | Medicaid Payment for Remote Patient Monitoring (RPM)                 |
|      | In-State Licensing Requirement Exception                             |
|      | Telehealth License/Registration Process (including special licenses) |

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## CMS Review (CMS Use Only)

| CMS Confirmed Status |     |
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| 1                    | 2   |
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Note: States should use the definition of 'rural area' that  
area' for the

| Entity Type                           |
|---------------------------------------|
| <b>Healthcare Providers</b>           |
| Critical Access Hospital              |
| Rural Emergency Hospital              |
| Other Rural Hospital                  |
| Rural Health Clinic                   |
| Rural Community Health Center         |
| Rural Behavioral Health Provider      |
| Rural EMS Provider                    |
| Rural SNF/Long-Term Care Facility     |
| Rural Pharmacy                        |
| Rural Independent or Group Practice   |
| Rural Dental Professional or Practice |

|  |                                        |
|--|----------------------------------------|
|  | Other Rural Provider                   |
|  | Non-Rural Healthcare Provider          |
|  | Health System                          |
|  | <b>State Government Agencies</b>       |
|  | State Health and Human Services Agency |
|  | State Education Agency                 |
|  | State Labor Agency                     |
|  | Other State Agency                     |
|  | <b>Local Government Agencies</b>       |
|  | County/Municipal Health Department     |
|  | Area Agency on Aging                   |
|  | Other Local Government                 |
|  | <b>Tribal Entities</b>                 |
|  | Tribal Government                      |
|  | Tribal Healthcare Provider             |
|  | Other Tribal Organization              |
|  | <b>Education Organization</b>          |

|                                                      |
|------------------------------------------------------|
| Community College/Technical School                   |
| University/Medical School/Post-Secondary Institution |
| Other Academic Institution                           |
| Area Health Education Center (AHEC)                  |
| Rural Graduate Medical Education (GME)               |
| Other Rural Healthcare Workforce-Training            |
| <b>Health IT Vendors</b>                             |
| EHR/EMR Vendor                                       |
| Telehealth Platform Vendor                           |
| RPM Vendor                                           |

|  |                                                 |
|--|-------------------------------------------------|
|  | AI Vendor                                       |
|  | Other Health IT Vendors or Health IT Consultant |
|  | <b>Other Consulting</b>                         |
|  | Technical Assistance Provider                   |
|  | Quality Improvement Organization                |
|  | Program Evaluation Consultant                   |
|  | Grants Management Vendor                        |
|  | Other Consulting                                |
|  | <b>Other Entity Types</b>                       |
|  | Construction or Specialty Trade Contractor      |
|  | Community-Based Organization                    |
|  | Faith-Based Organization                        |
|  | Rural Technology Catalyst Fund Initiative       |

Other

t they provide to CMS on the Additional Information tab of the first Annual Report to determine what county purpose of determining the most appropriate entity type in their reporting.

| Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A rural hospital designated by CMS as a CAH, which meets the requirements at 42 U.S.C. § 1395i-4(c)(2).                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| An entity that meets the requirements at 42 U.S.C. § 1395x(kkk)(2).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| An acute care hospital located in a rural area that is not a Critical Access Hospital (CAH) or Rural Emergency Hospital (REH).                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| An outpatient clinic that meets the requirements at 42 U.S.C. § 1395x(aa)(2). Hospital-based Rural Health Clinics should be categorized as an RHC.                                                                                                                                                                                                                                                                                                                                                                                                             |
| A community-based outpatient clinic located in a designated rural area, and meets the requirements at 42 U.S.C. § 1395x(aa)(4). Federally qualified health centers (FQHCs) and FQHC "Look-Alikes" located in designated rural areas should be categorized as Rural Community Health Centers.                                                                                                                                                                                                                                                                   |
| A licensed professional or facility operating in a designated rural area and specializing in mental health, behavioral health, opioid use disorder treatment services (as defined at 42 USC § 1395x(jjj)(1)), or other substance use disorder treatment services. This category includes Community Mental Health Centers (as defined at 42 USC § 1395x(jjj)(2)), Opioid Treatment Programs (as defined at 42 USC § 1395x(jjj)(2)), and Certified Community Behavioral Health Clinics (as defined at 42 USC § 1396d(jj)(2)) located in a designated rural area. |
| An emergency medical services agency or emergency medical service vehicle agency providing services in a designated rural area. Hospital-based EMS agencies providing services in a designated rural area should be categorized as rural EMS provider. This category includes air ambulance agencies that cover rural areas.                                                                                                                                                                                                                                   |
| A certified Skilled Nursing Facility (SNF) (meeting requirements at 42 U.S.C. § 1395i-3(a)), nursing home, or long-term care facility located in a designated rural area. These facilities may provide post-acute, rehabilitative, and/or long-term care. Note: certified long-term care hospitals (LTCHs) located in designated rural areas should be categorized as "other rural hospitals".                                                                                                                                                                 |
| A licensed retail, community, or independent pharmacy operating in a designated rural area. Hospital-based pharmacies operating in a designated rural area should be categorized as a rural pharmacy.                                                                                                                                                                                                                                                                                                                                                          |
| Healthcare practices located in a designated rural area that are either owned and operated as an independent entity/solo practice by a single healthcare provider or those entities that are owned by two or more physicians who share facilities, staff, expenses, and income under a unified legal structure as defined at 42 CFR Part 425.                                                                                                                                                                                                                  |
| Includes licensed dental professionals and practices located in a designated rural area that provide dental services as defined at 42 CFR § 440.100.                                                                                                                                                                                                                                                                                                                                                                                                           |

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| All other licensed healthcare professionals or facilities located in a designated rural area. Note: healthcare professionals or facilities operated by Tribal government should be categorized as "Tribal healthcare providers."                                                                                                                                                                                                                                                                                                  |
| All licensed healthcare professionals and facilities that are not located in a designated rural area and are not part of a rural health system.                                                                                                                                                                                                                                                                                                                                                                                   |
| An interconnected network of jointly managed or jointly owned healthcare organizations (e.g., physician practices, hospitals, skilled nursing facilities).                                                                                                                                                                                                                                                                                                                                                                        |
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| State government agency responsible for administering a wide spectrum of health and/or social service programs including but not limited to those related to aging, public health, and health care.                                                                                                                                                                                                                                                                                                                               |
| State government agency responsible for administering, regulating, and overseeing the public education system within the State. Acts as the primary authority to ensure that State and federal education laws, standards, and policies are properly implemented.                                                                                                                                                                                                                                                                  |
| State government agency responsible for enforcing employment laws, promoting workforce development, administering unemployment insurance, and protecting worker rights.                                                                                                                                                                                                                                                                                                                                                           |
| Any other state government agency that oversees functions/programs outside of those administered by the agencies/departments of education, labor/workforce development, and health and human services.                                                                                                                                                                                                                                                                                                                            |
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| The local municipality responsible for local health regulations and public health oversight.                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| A public or private nonprofit agency designated by a State to address the needs and concerns of older persons and family caregivers at the regional and local levels. See 45 CFR 1321.55(a).                                                                                                                                                                                                                                                                                                                                      |
| Any other local governmental agency that is not a county/municipal health department or Area Agency on Aging.                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| The recognized governing body overseeing an Indian Tribe, group, or community, including Alaska Native Village Governments possessing sovereign authority and recognized as a domestic dependent nation.                                                                                                                                                                                                                                                                                                                          |
| A healthcare facility or service owned or operated by a federally recognized Indian tribe or Tribal organization, including Tribally-owned IHS-funded facilities, under an Indian Self-Determination and Education Assistance Act (PL 93-638) contract or compact. Tribally-owned facilities funded by Title I or III of the ISDEAA (PL 93-638) include facilities under contract, compact, or receiving grants from the IHS. The Tribal facility is operated by a Federally recognized Tribe under a funding agreement with IHS. |
| Other Tribal organizations include any legally established organization of Indians under the Tribal government which is democratically elected by the adult members of the Indian community to be served by such organization; which includes the maximum participation of Indians in all phases of its activities; or any Tribal nonprofit corporation (34 U.S. Code § 12291(a)(43-45)).                                                                                                                                         |
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A community college is a public institution of higher education, which awards an associate's degree (15 USC § 1001).

A technical school is an educational institution that is approved by a State agency or accredited by a State accrediting body to provide technical, trade or vocational training (20 CFR § 411.167).

An educational institution that provides an educational program for which a bachelor's degree or any other degree is awarded, is accredited by a nationally recognized accrediting agency or association, and meets the requirements as defined at 7 USC § 3103(4)(A). This category would also include a school of medicine, osteopathy, dentistry, pharmacy or other health profession which provides training leading to a degree of doctor of medicine, doctor of osteopathy, doctor of dentistry, an advanced practice nursing credential (such as APRN), a physician assistant (PA) credential, or an equivalent credential for a particular health profession, and which is accredited by a body or bodies recognized for accreditation purposes by the Secretary of Education.

Any publicly or privately operated primary or secondary school, or other educational entity that is not a college/university, medical school, community college, or technical school.

A public or nonprofit organization that operates under a cooperative agreement or contract with an entity that receives federal grant awards, as described in 42 USC § 295p(12). It promotes initiatives designed to enhance access to health care, particularly primary and preventive care, for underserved populations by improving the supply and distribution of healthcare professionals via strategic partnerships with academic programs, communities, and professional organizations.

An ACGME-accredited medical residency training program in which residents/fellows train for the majority of their time in a designated rural location or rural clinic setting, with the goal of reducing physician shortages in rural areas (42 CFR 413.79(k)).

Education and training initiatives that provide for local training in rural areas such as healthcare professional development training, or training for community health workers, digital health navigators, care navigators, care coordinators, doulas, etc.

An entity that develops and/or markets electronic health/medical record technology, which meets mandated standards for interoperability, security and data exchange, for use in healthcare settings.

An entity that provides secure, HIPAA-compliant, and reliable electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, and public health and health administration. Technologies include videoconferencing, the internet, and forward imaging, streaming media, and landline and wireless communications.

A company or organization that develops or offers secure, HIPAA-compliant technology allowing providers to deliver care to patients outside of the traditional care setting using digital medical devices, such as weight scales, blood pressure monitors, pulse oximeters, and blood glucose meters.

A company or organization that develops or offers secure, HIPAA-compliant technology that uses artificial intelligence to support clinical care (e.g., diagnosis, treatment planning), administrative and revenue cycle management (e.g., coding, scheduling, and billing), and/or workflow automation (e.g., scheduling, patient intake, chart review). This category also includes FDA regulated AI diagnostic imaging and medical devices.

Note EHR/EMR, telehealth, and remote patient monitoring systems that embed AI functionality directly into their systems should be classified under other categories as appropriate.

Entities that provide health information technology products, platforms, or services - including consulting services - other than those associated with electronic health record (EHR), electronic medical record (EMR), telehealth, or remote patient monitoring (RPM) solutions.

Organizations that provide assistance, including the transfer of skills and knowledge, to State awardees or subrecipients on specific topics.

Quality Improvement Organizations (QIOs) are entities that include representatives of health care providers, representatives of consumers, which perform case reviews and quality improvement efforts to ensure care is appropriate, effective, and continuously improved. See 42 CFR 475.101.

An independent contractor or third-party advisor who provides an assessment of the effectiveness, efficiency, and impact of a program, policy, or initiative.

A company or organization that provides specialized software and/or consulting services to assist organizations in the execution of compliant grant administration activities throughout the award and funding lifecycle (e.g., training, applications, procurement/ contracting, compliance and reporting).

Any other independent professional or organization who provides valuable and pertinent advice or services drawn from a high degree of broad administrative, professional, or technical knowledge or experience for a grantee, but not a technical assistance provider, health IT consultant, program evaluation consultant, grants management organization, or quality improvement organization.

A company or organization engaged either in the overall management and/or the specialized execution (e.g., foundation, concrete, site preparation, plumbing, painting, and electrical work) of building construction, infrastructure development, alterations, or repairs.

A public or private nonprofit organization that are representative of a community or a significant segment of a community and provides support services that include but are not limited to education, transportation assistance, case management, and nutrition assistance. See 20 USC § 7801(5).

An organization, also referred to as “religious organization”, which is a nonprofit religious organization.

An initiative that supports the development and adoption of emerging health tech innovation focused on underserved populations to improve quality, expand access, and reduce cost of care; focused on promoting consumer-technology-driven solutions for prevention and management of chronic diseases. See NOFO (p. 115) for more information.

Any other entity not otherwise described.



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### **Success Stories**

Please share success stories that you want to highlight as result of your State's implementation of the RHT Program.

### **Sustainability Planning**

What are the most significant updates or changes to your sustainability plan based on the past year's experiences, successes, and challenges?

### **Rural Definition**

Please provide the definition of 'rural area' that the State used to determine whether subrecipients were considered to be rural.