

**New York State Rural Health Transformation Program
Rural Community Health Integration
Planning Application**

Amount Requested:

County or Counties Served:

SECTION 1. Planning Project Summary

1.1 Planning Goals

Describe overall goals for the use of planning funds and briefly summarize the proposed project. Describe how the project meets the goals of the Rural Health Transformation Program (RHTP).

1.2 Partnership Statement

Describe the current or planned partnership structure between the lead applicant and partner organization(s), including the following, and provide a draft organizational chart:

- governance approach,
- roles and responsibilities of members,
- existing agreements.

1.3 Planning Objectives and Activities Overview

All planning activities should result in implementation ready strategies to transform rural health care. Provide an overview of proposed planning objectives and activities. This section should correspond with the objectives listed under the Planning Activities section of this application described on page 3 of the Funding Guidance.

Areas of consideration should include, but are not limited to, the following:

- engaging the community,
- assessing community needs using County Community Health Needs Assessments and other data sources,
- conducting feasibility studies,
- developing a governance structure,
- building integrated partnerships,
- designing clinical workflow improvements,
- modeling for financial sustainability,
- developing technology integration plan,
- coordinating care,
- improving population health,
- developing and sustaining workforce.

SECTION 2. Community Needs and Engagement

2.1 Community Health Needs Assessment

Describe community needs and determination methods used to determine including, but not limited to:

- existing data reviewed;
- community health priorities;
- known service gaps;
- social determinants of health needs.

2.2 Community Engagement Strategy

Describe how the community has been, and will be, engaged in transformation efforts including, but not limited to, the following:

- stakeholder engagement methods;
- planned listening sessions;
- provider engagement, including applicable County Public Health Departments;
- how planning input will shape future implementation projects.

SECTION 3. Planning Activities

Provide the following information for each planning objective using the format below. This section should be consistent with the objectives described under Planning Objectives and Activities Overview. This information will be used as the basis for the contract work plan for funded projects.

Please note that the timeline should be given for objective and deliverable completion. Some objectives will require multiple tasks. List all tasks that are necessary for objective and deliverable completion. Each task should include a Performance Measure.

Objective:

Deliverable:

Timeline:

Task:

Performance Measure:

Responsible Party:

SECTION 4. Budget

4.1 Budget Summary

List each deliverable described in the above Planning Activities section and the amount of funding needed to achieve it. Add as many rows as needed to list all deliverables.

Deliverable	Amount
Total	

4.2 Budget Narrative

Describe how the amount was determined for each deliverable listed in the Budget Summary. Allowable and ineligible expenses are listed in the Application Guidance on pages --.

SECTION 5: Attachments

- Attachment 1: Eligible Counties
- Attachment 2: Application Cover Sheet
- Attachment 3: Application Checklist
- Attachment 4: Attestation

SECTION 6: Application Submission

Applications, including the Application Cover Sheet, Application Checklist, and Attestation must be submitted to rchi@health.ny.gov by 4:00 pm EST on July 9, 2026.

Rural Health Community Integration Implementation Application

Use this format for each proposed implementation project. Applicants may submit up to 3 implementation projects for consideration.

Implementation Project:
Amount Requested:
County or Counties Served:

SECTION 1. Executive Summary

1.1 Implementation Goals

Describe overall goals for the use of implementation funds and briefly summarize the proposed project. Describe how the project meets to the goals of the Rural Health Transformation Program.

1.2 Partnership Statement

Describe the current or planned partnership structure between the lead applicant and partner organization(s), including the following, and provide a draft organizational chart:

- governance approach,
- roles and responsibilities of members,
- existing agreements,
- how the partnership will lead to successful project completion.

1.3 Implementation Objectives and Activities Overview

All implementation activities should result in transformation of health care delivery in the communities served. Provide an overview of proposed implementation objectives and activities and how they will lead to health system transformation. This section should correspond with the objectives listed under the Implementation Activities section of this application described on pages 4-5 of the Funding Guidance.

As appropriate, explain how the activity:

- improves health outcomes;
- expands access to care;
- reduces inpatient admissions/readmissions;
- supports financial sustainability;
- addresses social determinants of health;
- strengthens care coordination;
- encourages shared services or infrastructure.

Describe how the project meets at least one of the following key results:

1. Increased access to the right care at the right time
 - Potentially Preventable Emergency Visits
2. Decreased readmissions due to high quality discharge planning and post-acute supports
 - Hospital-wide all-cause unplanned readmission
3. Increased preventative care spanning primary and specialty care
 - Colorectal screening

SECTION 2. Community Health Integration Plan

2.1 Community Health Needs Assessment

Describe community needs and determination methods used to determine including, but not limited to:

- existing data reviewed;
- community health priorities;
- known service gaps;
- social determinants of health needs.

2.2 Community Engagement Strategy

Describe how the community has been, and will be, engaged in transformation efforts including, but not limited to, the following:

- stakeholder engagement methods;
- planned listening sessions;
- tribal/community engagement;
- provider engagement, including applicable County Public Health Departments;
- how community input will shape transformation project.

SECTION 3. Implementation Activities

Provide the following information for each implementation objective using the format below. This section should be consistent with the objectives described under Planning Objectives and Activities Overview. This information will be used as the basis for the contract work plan for funded projects.

Please note that the timeline should be given for objective and deliverable completion. Some objectives will require multiple tasks. List all tasks that are necessary for objective and deliverable completion. Each task should include a Performance Measure.

Objective:

Deliverable:

Timeline:

Task:
Performance Measure:
Responsible Party:

SECTION 4. Data Collection, Reporting, and Performance Metrics

Describe how the progress towards completing objectives and activities will be monitored and how mid-course corrections will be made if needed. Include the following in this section:

- reporting capacity;
- data collection systems;
- metrics to be tracked;
- quarterly reporting processes.

SECTION 5. Transformative Impact

Describe how the proposed project will achieve innovative and transformative impact on the delivery of health care in the communities served.

SECTION 6. Sustainability

Describe plans to sustain the activities and health system changes achieved with RHTP funding following the end of the program.

SECTION 7. Budget

7.1 Budget Summary

List each deliverable described in the above Planning Activities section and the amount of funding needed to achieve it. Add as many rows as needed to list all deliverables.

Deliverable	Amount
Total	

7.2 Budget Narrative

Describe how the amount was determined for each deliverable listed in the Budget Summary. Allowable and ineligible expenses are listed in the Application Guidance on pages --.

SECTION 7: Application Submission

Applications, including the Application Cover Sheet, and Attestation must be submitted to rchi@health.ny.gov by 4:00 pm EST on July 9, 2026.