

New York State Department of Health

Funding Guidance



Rural Community Health Integration

Key Dates

Release Date: June 11, 2026

Questions Due: June 18, 2026

Questions, Answers, Updates Posted: June 25, 2026
(on or about)

Applications Due: July 9, 2026

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New York State Rural Health Transformation Program Rural Community Health Integration

Introduction

The New York State Department of Health (herein referred to as the Department) announces the availability of Rural Health Care Transformation Program funds to support Rural Community Health Integration.

This funding guidance is to allocate \$76,190,022 for Budget Period 1 of the Rural Health Transformation Program. Contracts resulting from this announcement will begin on September 1, 2026 and end on June 30, 2027.

Background/Intent

The Department received an award of \$212 million from the Centers for Medicare and Medicaid Services (CMS) for the first Budget Period of the five-year Rural Health Transformation Program (RHTP) to provide support to rural communities to improve health care access, quality, and outcomes by transforming the health care delivery system. The RHTP focuses on promoting innovation, strategic partnerships, infrastructure development, and workforce investment in rural communities. Funding is allocated across four initiatives to build a rural health system where every resident has timely access to high-quality, coordinated care. This funding announcement focuses on Initiative 1: Rural Community Health Integration.

The purpose of the Rural Community Health Integration initiative is to establish coordinated rural health partnerships that facilitate comprehensive care coordination and enhance patient access to a wide range of providers across the care continuum, effectively addressing both health and social needs. This initiative will assist rural hospitals and community providers to build or grow integrated health networks to enhance health care delivery, coordination, and outcomes in rural areas while increasing financial sustainability through collaborative partnerships.

Key results for Rural Community Health Integration include:

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 preventive care spanning primary and specialty care

- Colorectal screening

Eligibility

Applications should demonstrate a community-focused collaborative approach to rural health integration. Each application must consist of a Lead Applicant, Partner Organization(s), and at least one General Hospital or Rural Emergency Hospital. The hospital can be either the Lead Applicant or the Partner Organization.

Lead Applicants should be those institutions that possess strong institutional capacity, deep community ties, and a record of demonstrable commitment to serving their constituents.

Lead Applicants must meet the following minimum qualifications by completing the Attestation in Attachment 3 and submitting it with application.

- Lead Applicant is a registered not-for-profit 501(c)(3) organization or municipal hospital.
- Lead Applicant has a three-year or more history of regulatory compliance including adherence to Department rules and other direction.
- Lead Applicant is an eligible entity located in counties defined as rural in New York's Rural Health Transformation Program application and listed in Attachment 1.
- Funded projects will be completed by June 30, 2027.
- At least one hospital located in the counties listed in Attachment 1 is included in the application.

Additionally, applicants must address at least one key area specified in New York's RHTP application:

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

Eligible Lead Applicants and Partner Organization(s) include but are not limited to the following:

- Local Health Departments (The Department strongly encourages the inclusion of County Public Health Departments as Partner Organizations.)

- Hospitals including safety net hospitals, general hospitals, sole community hospitals, rural emergency hospitals, and critical access hospitals;
- Federally Qualified Health Centers (FQHC);
- Certified Community Behavioral Health Clinics (CCBHC);
- Rural Health Networks;
- Primary care or multi-specialty practices;
- Diagnostic and treatment centers;
- Urgent care centers;
- Office of Mental Health - licensed facilities
- Office of Addiction Services and Supports - licensed facilities
- Developmental disability service providers;
- Long-term care providers;
- Hospice and palliative care providers;
- Ambulatory surgery centers;
- Independent Practice Associations;
- Emergency Medical Service (EMS) providers.

The minimum geographic unit for any application is the county. County-level geography is required for all applications. Multi-county applications are permitted and encouraged where regional collaboration supports the goals of the project. Funding levels will reflect the scope of the geographic area proposed.

Project Scope – Planning

Each county will be allocated up to \$500,000 to develop collaborative plans resulting in integrated health networks that enhance health care delivery, coordination, and outcomes in rural areas. Activities should focus on community engagement, assessing community needs using County Community Health Needs Assessments, conducting feasibility studies, developing a governance structure, building integrated partnerships, and developing an implementation ready plan. Activities may also include, but are not limited to, clinical workflow design, financial modeling, and developing plans for technology integration, care coordination, population health improvement, and workforce development.

Providers are encouraged to collaborate to maximize the use of these funds for planning. Multiple applications for planning funds from the same county will either be asked to collaborate or awards will be reduced accordingly.

Funding opportunities to implement activities identified during the Budget Period 1 planning period will be available in Budget Periods 2 – 5. It is anticipated that grants covering a two-year period will be available to implement activities in Budget Periods 2 – 3 and Budget Periods 4 – 5.

Project Scope - Implementation

In addition to planning, applicants may submit up to three implementation projects for consideration in Budget Period 1. Implementation activities that lay the groundwork for future program iterations to transform care delivery will be considered if they are slated for completion by June 30, 2027.

The total budget for all proposed implement projects should not exceed \$3,000,000. These projects must be able to be completed within the Budget Period 1 contract period, which begins on September 1, 2026 and ends on June 30, 2027. Projects not able to be fully vouchered by July 31, 2027 will not be considered for Budget Period 1.

Grant contracts resulting from this announcement will be cost reimbursable based on achieving deliverables that are described in the Planning Activities and Implementation Activities section of the Application. Advance payments, which the state in its sole discretion may make to not-for-profit grant recipients, shall be made and recouped in accordance with State Finance Law Section 179-u. Federally funded contract advances will be made as set forth by the Federal award requirements and applicable Federal regulations.

Additionally, Budget Period 1 funding recipients should plan to provide demonstrative progress towards meeting their target(s) through reporting by June 30, 2027. Demonstrative progress means that sufficient data and information are provided to the Department by June 30, 2027 to indicate that targets have been met.

Applicants should consider the following when requesting implementation funding:

- How requested funding will position providers to meet RHTP goals to transform and sustain the health care system.
- Activities that will be implemented to engage the community.
- Achievable outcomes specific to each activity.
- How the activity will be sustainable following implementation.

All applications must address at least one key area specified in New York’s RHTP application:

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 preventive care spanning primary and specialty care
 - Colorectal screening

Applications addressing maternity services and maternal child health, behavioral health integration, and substance abuse disorder prevention will be given priority. Proposed activities should result in interventions that will address maternal and infant mortality, behavioral health integration, and/or substance abuse disorder prevention. These activities should be evidence based and include baseline measures and targets for improvement. Activities may include, but are not limited to, the following.

- Conduct an assessment of current need including an analysis of relevant data.
- Conduct an assessment of community capacity.
- Identify gaps in service delivery.
- Develop programs to meet need.
- Identify appropriate network partners and/or providers to implement programs.
- Identify resources to implement programs.

Use of Funds - Allowable Costs

All awarded grant-funded activities must be either entirely new or expansions of existing activities. When expanding a program or initiative, grantees may only apply RHTP funds to costs associated with the new population and/or new activities. The costs of the original program must continue to be funded by their current funding sources. RHTP funds are intended to support transformational investments and should be feasible, measurable, and sustainable.

Budgets for planning and implementation projects will be deliverable-based. Expenses will be reimbursed upon the completion of deliverables and the submission of a voucher and accompanying expenditure and progress reports.

Examples of allowable costs include, but are not limited to, the following.

Funding Category	Use of Funding
Collaboration and Integration	Initiating, fostering, and strengthening local and regional strategic partnerships between rural facilities, providers, and community-based organizations to

	expand access to care, promote quality improvement, and improve financial sustainability.
Appropriate Care Availability	Optimizing rural care delivery systems across service lines.
Behavioral health	Access to opioid use disorder treatment services, other substance abuse disorder treatment services, and mental health services.
Capital Expenditures and Infrastructure Minor Renovations	<p>Minor renovations or alterations if they are clearly linked to program goals and receive Department and CMS prior approval. For example, minor renovations to repurpose a hotel for short-term trainee housing or a commercial building for a health care training facility may be eligible.</p> <p>Examples of minor renovations or alterations include, but are not limited to, installing or relocating interior walls and partitions; upgrading lighting to more energy-efficient systems; replacing vents and thermostats for better climate control; installing automatic door openers to enhance accessibility; and converting private offices to a more open office layout.</p> <p>New York’s RHTP award has an overall limit on infrastructure and capital expenditures. Review of requests for prior approval of minor renovations or alterations will consider the limit on this type of spending.</p>
Consumer Tech Solutions	Promoting consumer-facing, technology-driven solutions for the prevention and management of chronic diseases.
Emergency Medical Services	Forming regional collaboratives to share resources, developing new services to meet community need, and training staff.
Information Technology Advances	Technical assistance, software, hardware for information technology advances to improve efficiency and patient health outcomes.
Maternal Health and Maternity Services	Training, technology deployment to implementing remote prenatal monitoring and artificial intelligence-enabled coaching, expanding access, deploying mobile clinics for prenatal and postpartum care.
Prevention & Chronic Disease	Evidence-based interventions to improve prevention and chronic disease management.
Training and Technical Assistance	Training and technical assistance for the development and adoption of technology-enabled solutions that

	improve care delivery in rural facilities, including remote monitoring, robotics, artificial intelligence, and other advanced technologies
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Use of Funds - Ineligible Expenses

Ineligible expenses include the following.

- Administrative costs, including direct and indirect costs, exceeding the 5% limit for Budget Period 1.
- Pre-award costs.
- Supplanting existing state, local, Tribal, or private funding of infrastructure or services, such as staff salaries.
- Construction or building expansion, purchasing or significant retrofitting of buildings, cosmetic upgrades, or any other costs that materially increased the value of the capital or useful life as a direct cost. Funds also may not be used to supplant funding for in-process or planned construction projects or directing funding towards new construction builds. Funds may not be used for demolition.
- Purchase of covered telecommunications and video surveillance equipment or financial assistance to households for installation and monthly broadband internet costs.
- Using RHTP funds for any project or initiative that is currently funded (or planned to be funded) by other sources.
- Payment for direct health care services including replacing payment for clinical services that could be reimbursed by insurance or another form of health coverage.
- Clinician salaries or workforce development initiatives where the clinicians or initiative beneficiaries (e.g. new clinicians in a rural area because of a funded workforce development initiative) are subject to a noncompete agreement.
- Meals, including food costs for community meetings and medically tailored meals in schools or in any other context. Initiatives that focus on developing the infrastructure for healthy living, such as funding the infrastructure necessary to facilitate nutrition improvement programs at schools in rural communities, would be allowed. Meals are allowed as part of a per diem or allowance in conjunction with allowable travel.
- Meeting matching requirements for any other funding source.

- Services, equipment, or supports that are the legal responsibility of another party under federal, state, or Tribal law, such as vocational rehabilitation or education services.
- Services, equipment, or supports that are the legal responsibility of another party under any civil rights law, such as modifying a workplace or providing accommodations that are obligations under law.
- Ongoing operating expenses with no path to sustainability. RHTP funds are intended to support transformational investments.
- Goods or services not allocable to the project.
- Solicitating donations.
- Taxes, except sales tax on goods and services.
- Lobbyists, political contributions.
- Bad debts, late payment fees, finance charges, or contingency funds.
- Independent research and development.
- Electronic Medical Record (EMR) systems if a previous HITECH-certified EMR system is in place as of September 1, 2025.
- Activities prohibited under 2 CFR 200.450 and the Health and Human Services Grants Policy Statement, including but not limited to:
 - Payments related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before the Congress or any state government, state legislature, local legislature or legislative body, including but not limited to paying the salary or expenses of any grant recipient or agency acting for such recipient for such activity
 - Lobbying, but recipients can lobby at their own expense if they can segregate federal funds from other financial resources used for lobbying

Outcomes & Metrics

Applicants should outline the specific outcomes that will be achieved and the metrics that will be used to measure progress. Examples include, but are not limited to, the following:

- Integration: Collaborative plans to develop and strengthen partnerships between providers to enable delivery of expanded services in rural areas through shared learning, collaborative approaches, and advanced technology interventions

- Access: reduced travel times, increased primary care visits, creating new access points for community-based screenings, preventive care, and chronic disease management
- Quality: lower readmission rates, improved maternal-child health indicators
- Financial: improved operating margins & reduced uncompensated care and increasing viability through strategic investments in technology, data infrastructure, and collaboration
- Workforce: increased clinician-to-resident ratios, reduced vacancy rates
- Technology: expanded telehealth utilization, improved electronic health record interoperability
- Admissions and Readmission: quarterly tracking of inpatient admission and readmission rates, benchmarked against county-level baseline data.

Expectations

All grantees are expected to participate in statewide learning collaboratives. These learning collaboratives will provide opportunities to meet in person and virtually to share insights, best practices, and challenges related to implementing the RHTP. Learning collaboratives will convene grantees to focus on specific activities and to discuss more general issues such as strategic planning and evaluation. More information about learning communities will be shared with grantees.

Contracts for funded grantees will begin on September 1, 2026 and end on June 30, 2027. All contracts must be executed by October 30, 2026. Grantees will be expected to work directly with Department staff to prioritize contract development to ensure execution by October 30, 2026.

Reporting

Specific reporting guidelines and metrics will be distributed when contracts are developed. Evaluation metrics may evolve throughout the program based on grantee contributions, findings from ongoing work and evaluation, and CMS requirements.

Application Process

Interested and eligible organizations are requested to submit an application. Selection will be based on demonstration of eligibility, the merits of the proposed Rural Community Health Integration project(s), and the degree to which activities meet RHTP goals. All applications for this program must be jointly submitted by a Lead Applicant and a Partner

Organization(s). A hospital must be included as either the lead applicant or the partner organization.

Questions may be directed to rchi@health.ny.gov by June 18, 2026. Answers will be posted at: www.health.ny.gov/facilities/transforming_rural_healthcare/ on or about June 25, 2026.

Applicants who meet the eligibility criteria and wish to apply may access the application at www.health.ny.gov/facilities/transforming_rural_healthcare/ and submit completed materials to rchi@health.ny.gov by 4:00 pm EST on July 9, 2026.

Attachments

Attachment 1: Eligible Counties

Attachment 2: Application Cover Sheet

Attachment 3: Attestation

**New York State Rural Health Transformation Program
Attachment 1**

**Rural Community Health Integration
Eligible Counties**

Allegany	Oneida
Broome	Ontario
Cattaraugus	Orange
Cayuga	Orleans
Chautauqua	Oswego
Chemung	Otsego
Chenango	Putnam
Clinton	Rensselaer
Columbia	Schenectady
Cortland	Schoharie
Delaware	Schuyler
Dutchess	Seneca
Essex	St. Lawrence
Franklin	Steuben
Fulton	Sullivan
Genesee	Tioga
Greene	Tompkins
Hamilton	Ulster
Herkimer	Warren
Jefferson	Washington
Lewis	Wayne
Livingston	Wyoming
Madison	Yates
Montgomery	

**New York State Rural Health Transformation Program
Attachment 2**

**Rural Community Health Integration
Application Cover Sheet**

Lead Applicant

Legal Organization Name:
Facility Identifier/NPI/CCN (if applicable):
Organization Type:
Tax Identification Number (TIN/EIN):
Mailing Address:
Physical Address:
Rural Communities Served:

Partner Organization

For each partner organization provide:
Legal Organization Name:
Contact Person:
Title:
Facility Identifier/NPI/CCN (if applicable):
Organization Type:
Tax Identification Number (TIN/EIN):
Mailing Address:
Physical Address:
Rural Communities Served:

Project Contacts

Authorized Lead Applicant Representative

- Name:
- Title:
- Email:
- Phone:

Primary Project Contact:

- Name:
- Title:
- Email:
- Phone:

Total Planning Amount Requested:

Total Implementation Amount Requested:

**New York State Rural Health Transformation Program
Attachment 3**

**Rural Community Health Integration
Eligibility Requirements Attestation**

Attachment 3 is required to be completed and submitted with the application to attest to all minimum requirements.

Lead Applicant Name: _____

As an authorized signatory of the Lead Applicant, I hereby attest to the following minimum eligibility requirements stated in the Funding Guidance Eligibility section:

Lead Applicant is a registered not-for-profit 501(c)(3) organization or municipal hospital.

Lead Applicant has a three-year or more history of regulatory compliance including adherence to Department of Health rules and other direction.

Lead Applicant is an eligible entity located in counties defined as rural in New York’s Rural Health Transformation Program application and listed in Attachment 1 of the Funding Guidance.

Funded projects will be completed by June 30, 2027.

At least one hospital located in the counties listed in Attachment 1 is included in the application.

At least one of the following key area are included in the application:

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

As an authorized signatory of the Lead Applicant, I hereby also attest that the above information is true and accurate to the best of my knowledge.

Name of Authorized Official (printed)

Title

Signature of Authorized Official

Date