

GlobalMed.

The Rural Hospital Leader's Guide to Securing RHTP Funding

**Application Toolkit and
Resource Directory**

*Everything your facility needs to
access \$50 billion in federal rural
healthcare transformation funding*



Section 1: How to Use This Toolkit

The Rural Health Transformation Program represents the largest federal investment in rural healthcare infrastructure in U.S. history. Navigating the application process, however, requires more than understanding the funding. It requires documentation, strategic alignment with state priorities, technology planning, and a clear case for ROI.

This toolkit was built for the people responsible for making that case: hospital administrators, CFOs, grant writers, and IT directors at rural hospitals, Critical Access Hospitals, FQHCs, and Rural Health Clinics.

Inside, you will find:

- A program overview with key funding figures and CMS strategic goals
- A curated directory of official CMS and federal resources
- A step-by-step application checklist
- A technology qualification worksheet to map your needs to RHTP funding categories
- An ROI calculator template to build your financial case
- A sample implementation timeline from award to go-live
- A prioritized action plan to get started immediately

Work through each section in order if you are new to RHTP, or jump directly to the sections most relevant to your current stage of the application process.

A note before you begin: RHTP funds are distributed and administered at the state level, which means deadlines, priority categories, and application requirements vary significantly. Before submitting any application, contact your state's designated implementing agency to confirm current requirements. The CMS Resource Directory in Section 3 will help you find the right contact.

Section 2: RHTP At a Glance

Program Overview



How Funding Is Distributed

Fifty percent of annual RHTP funds are distributed equally among all 50 states. The remaining fifty percent is allocated based on state-specific factors including rural demographics, existing healthcare infrastructure gaps, and proposed program design. First-year awards averaged \$200 million per state.



The Five CMS Strategic Goals

States must align their RHTP programs with at least one of the following CMS strategic goals. Most state plans address multiple goals simultaneously.

1. Make Rural America Healthy Again

Support rural health innovations that improve prevention and management of chronic disease

2. Sustainable Access

Stabilize rural providers and expand access to high-quality care for underserved populations

3. Workforce Development

Recruit, train, and retain clinical workforce talent committed to serving rural communities

4. Innovative Care

Develop value-based and alternative payment models suited to rural healthcare delivery

5. Technology Innovation

Deploy telehealth, remote monitoring, AI, and other advanced technologies to extend care reach

Key Program Timeline

Sept-Nov 2025
State application period open

Dec 29, 2025
CMS announces first-year awards to all 50 states

Early 2026
States begin distributing funds to eligible providers

FY 2027-2030
Annual funding cycles continue

Now
Your state is actively distributing funds. Contact your implementing agency immediately to confirm current deadlines.

Section 3: CMS Resource Directory

Navigating RHTP requires working across multiple federal, state, and nonprofit sources. The resources below are organized by how you will use them throughout the application process.

Finding Your State Contact

RHTP is administered at the state level. Implementing agencies vary by state and include state Medicaid agencies, Departments of Health, and state Offices of Rural Health. Use the two resources below to identify your state's contact before beginning your application.

Resource	URL
NOSORH State Office Directory Complete directory of all 50 State Offices of Rural Health with contact information	ruralhealthinfo.org/organizations/state-office-of-rural-health
SHVS State Implementation Tracker Tracks which state agencies are leading RHTP implementation and current program status by state	shvs.org/from-planning-to-action-tracking-which-state-agencies-are-leading-rhtp-implementation

Official CMS Program Resources

Resource	Content	URL
RHTP Program Overview	Official CMS program page with strategic goals, funding structure, and program requirements	cms.gov/priorities/rural-health-transformation-rht-program/overview
CMS First-Year Award Announcement	Press release with state-by-state award amounts and program details	cms.gov/newsroom/press-releases/cms-announces-50-billion-awards-strengthen-rural-health-all-50-states
RHTP Application Instructions (PDF)	Full program guidance document, including eligible uses of funds and application criteria	apply07.grants.gov/apply/opportunities/instructions/PKG00291485-instructions.pdf

Program Guidance and Analysis

Resource	Content	URL
NRHA RHTP Resource Center	National Rural Health Association's curated library of RHTP guidance, tools, and updates	ruralhealth.us/programs/center-for-rural-health-innovation-and-system-reesign/rural-health-transformation-program
ASTHO Application Guide	Step-by-step guide for understanding and applying for RHTP funding	astho.org/communications/blog/2025/understanding-and-applying-for-the-rural-health-transformation-program
CCAM-TAC Rural Health Transformation Toolkit	Compiled toolkit of RHTP resources for rural providers and state planners	ccam-tac.org/rural-health-transformation-toolkit
KFF State Award Data	Per-state and per-rural-resident award breakdowns with interactive data tools	kff.org/state-health-policy-data/first-year-rural-health-fund-awards-range-from-less-than-100-per-rural-resident-in-ten-states-to-more-than-500-in-eight
NASHP Award Analysis	State-level analysis of RHTP award factors and implementation considerations	nashp.org/cms-announces-rural-health-transformation-awards-to-states

Section 4: RHTP Application Checklist

Important: Requirements vary by state. Confirm specifics with your state implementing agency before beginning your application.

Phase 1: Pre-Application (6-8 Weeks Before Deadline)

Research and Orientation

- Identify your state's designated RHTP implementing agency (use NOSORH directory or SHVS tracker in Section 3)
- Locate your state's Request for Applications (RFA) or Notice of Funding Opportunity (NOFO)
- Confirm your organization's eligibility as a qualifying entity
- Review your state's three chosen RHTP priority investment categories
- Attend any state-hosted informational webinars or pre-application meetings
- Identify internal staff responsible for application development (administrator, CFO, IT director, grant writer)

Needs Assessment Preparation

- Document current patient access barriers (travel distances, transfer rates, specialist availability)
- Quantify annual patient transfer costs
- Calculate revenue lost to outbound referrals outside your facility
- Identify specialist shortages by service line
- Survey staff on technology and training gaps
- Gather community health data supporting your access claims

Phase 2: Application Development

Program Design

- Define specific services or programs your RHTP funds will support
- Map your proposed activities to at least one of your state's three priority investment categories
- Identify technology solutions and confirm they meet RHTP qualifying criteria
- Document how proposed technology operates in low-bandwidth environments if applicable
- Develop a detailed implementation timeline from award to go-live
- Identify technology vendor partners and confirm their implementation support capabilities

Financial Documentation

- Complete ROI projections for proposed technology investments (see Section 6)
- Develop a detailed budget with line-item justifications
- Document how RHTP funds will supplement, not supplant, existing expenditures
- Build a sustainability plan demonstrating ongoing operations beyond the grant period
- Include projected revenue capture from services previously lost to referrals

Community and Partnership Documentation

- Secure letters of support from community partners, local government, or patient advocacy groups
- Document any regional partnerships or consortium arrangements with other rural providers
- Identify workforce training and technical assistance components to include

Phase 3: Submission

- Review complete application against state RFA checklist
- Confirm submission deadline and portal (state portals vary)
- Verify all required attachments are included and properly formatted
- Obtain authorized organizational signature
- Submit application and retain confirmation of receipt
- Save a complete copy of the submitted application for your records

Phase 4: Post-Submission

- Track application status through your state implementing agency
- Respond promptly to any requests for additional information
- Begin preliminary vendor conversations to accelerate implementation upon award
- Prepare board and leadership for implementation planning
- Review reporting and compliance requirements upon award notification

Common Application Mistakes to Avoid

- Applying without contacting your state first. Many states have competitive or limited funding pools. Early engagement demonstrates commitment and helps you align with state priorities before investing time in a full application.
- Underestimating the sustainability section. States consistently flag weak sustainability plans as a reason for lower scores or denial. Include specific revenue projections, not general statements about long-term commitment.
- Choosing technology without confirming RHTP eligibility. Not all telehealth products qualify under all funding categories. Confirm that your proposed solutions map to approved uses of funds before committing to a vendor.
- Missing partnership opportunities. Consortium applications from multiple rural providers often score higher than individual hospital applications. Identify regional partners early.



Section 5: Technology Qualification Worksheet

How to use this worksheet: Work through each step in order. Your completed worksheet will serve as the foundation for the technology sections of your RHTP application, including your needs narrative, budget justification, and qualifying use of funds.

Step 1: Identify Your Facility's Access Gaps

Check all that apply to your facility and add specifics in the notes column.

Access Gap	Applies to Your Facility	Notes
Patients travel more than 60 minutes for specialist care	<input type="radio"/>	
High volume of preventable patient transfers	<input type="radio"/>	
No on-site specialist for one or more key service lines	<input type="radio"/>	
Limited behavioral health or substance use disorder services	<input type="radio"/>	
Difficulty recruiting and retaining clinical staff	<input type="radio"/>	
Unreliable or limited broadband connectivity	<input type="radio"/>	
Legacy EHR systems limiting care coordination	<input type="radio"/>	
Patients unable to access care due to transportation barriers	<input type="radio"/>	
High rates of chronic disease with limited management capacity	<input type="radio"/>	
Inadequate cybersecurity infrastructure	<input type="radio"/>	

Step 2: Map Your Gaps to CMS Strategic Goals

Using the five CMS strategic goals from Section 2, map each access gap you identified in Step 1 to its most relevant goal. More than one goal may apply.

CMS Strategic Goal	Related Access Gaps from Step 1
Make Rural America Healthy Again	
Sustainable Access	
Workforce Development	
Innovative Care	
Technology Innovation	

Your primary strategic goal alignment: _____

Step 3: Match Solutions to RHTP Qualifying Funding Categories

RHTP funds must be used for at least three approved categories. The categories most relevant to telehealth and digital health investments are listed below.

RHTP Funding Category	Does Your Proposed Technology Qualify?	GlobalMed Solution
Consumer-facing, technology-driven solutions for chronic disease prevention and management	<input type="radio"/> Yes <input type="radio"/> No	eNcounter® Direct-to-Patient
Training and technical assistance for technology-enabled care delivery, including remote monitoring, AI, and advanced technologies	<input type="radio"/> Yes <input type="radio"/> No	All GlobalMed platforms (training included)
IT advances for efficiency, cybersecurity, and improved patient health outcomes	<input type="radio"/> Yes <input type="radio"/> No	eMDR (eNcounter Medical Data Router)
Direct payments to providers for health care items or services	<input type="radio"/> Yes <input type="radio"/> No	Applicable to reimbursable telehealth encounters
Innovative care models including value-based and alternative payment arrangements	<input type="radio"/> Yes <input type="radio"/> No	eNcounter® Care Management tools

Confirmed qualifying categories for your application (minimum 3):

1. _____
2. _____
3. _____

Step 4: Build Your Application Narrative

Use this language framework to connect your technology investment to RHTP outcomes in your application narrative. For ROI projections and financial figures to complete this narrative, see Section 6.

GlobalMed Product	Primary Rural Use Case	GlobalMed Solution
eNcounter® Direct-to-Patient	Home-based virtual visits for chronic disease, behavioral health, and primary care	Consumer-facing technology solutions
ClinicalAccess® Pro Connect	High-acuity specialty consultations at rural clinic or hospital	Technology-enabled care delivery
WallDoc®	Space-efficient telehealth for exam rooms, school-based health centers, and correctional facilities	Technology-enabled care delivery
ClinicalAccess® Kiosk	Flexible in-clinic telehealth without permanent installation	Technology-enabled care delivery
Transportable Exam Backpack	Community outreach, home visits, and locations without fixed infrastructure	Mobile and technology-enabled care
Transportable Exam Station	Mobile clinics, disaster response, and austere environments	Mobile and technology-enabled care
Mobile Medical Unit	Rapidly deployable emergency and temporary care facilities	Mobile and technology-enabled care
eMDR (eNcounter Medical Data Router)	EHR integration and seamless data flow across all GlobalMed systems	IT advances for efficiency and outcomes
AI Healthcare Solutions	Clinical decision support and triage efficiency for limited rural staff	Technology Innovation / AI and advanced technologies

Section 6: ROI Calculator Template

How to use this calculator: Enter your facility's current figures in the input fields. The formula column explains how each output is calculated. Use the completed calculator as the financial justification section of your RHTP application. Pull transfer data from your previous 12 months of billing and patient records for the most accurate projections.

Part A: Current Annual Cost Baseline

Cost Category	Your Current Annual Figure	Notes
A1. Total patient transfers per year	\$_____	Pull from patient transport and billing records
A2. Average cost per transfer	\$_____	Include transport, receiving facility fees, and staff time. National average: \$10,000-\$50,000 per transfer
A3. Total annual transfer costs	\$_____	Formula: $A1 \times A2$
A4. Annual revenue lost to outbound referrals	\$_____	Estimate downstream services lost: lab, pharmacy, imaging, follow-up visits
A5. Annual specialist recruitment and locum tenens costs	\$_____	Include advertising, placement fees, and temporary coverage
A6. Total annual cost baseline	\$_____	Formula: $A3 + A4 + A5$

Part B: Projected Telehealth Implementation Costs

Cost Category	Estimated Amount	Notes
B1. Technology platform and hardware	\$_____	Initial equipment and software licensing
B2. EHR integration	\$_____	One-time integration cost
B3. Staff training	\$_____	Include backfill costs during training period
B4. Ongoing annual maintenance & support	\$_____	Recurring annual cost after Year 1
B5. Total Year 1 implementation cost	\$_____	Formula: B1 + B2 + B3 + B4
B6. Total Year 2-3 annual cost	\$_____	Formula: B4 only (one-time costs excluded)

Part C: Projected Annual Savings and Revenue

Savings Category	Estimated Annual Amount	Notes
C1. Transfers prevented by telehealth	_____ transfers	Conservative estimate: 20-40% reduction in Year 1
C2. Transfer cost savings	\$_____	Formula: C1 x A2
C3. Recovered downstream revenue	\$_____	Revenue retained from patients who no longer travel to outside facilities for follow-up care
C4. Specialist recruitment savings	\$_____	Reduction in locum tenens and recruitment costs through virtual specialist access
C5. New telehealth visit revenue	\$_____	Billable telehealth encounters x average reimbursement per visit
C6. Total projected annual savings and revenue	\$_____	Formula: C2 + C3 + C4 + C5

Part D: Net ROI Summary

Period	Calculation	Your Projected Figure
Year 1 Net ROI	C6 minus B5	\$_____
Year 2 Net ROI	C6 minus B6	\$_____
Year 3 Cumulative ROI	$(C6 \times 3)$ minus B5 minus $(B6 \times 2)$	\$_____
Break-even point	B5 divided by C6	_____ months

Benchmark: Copper Queen Community Hospital Copper Queen Community Hospital, a 14-bed Critical Access Hospital in Bisbee, Arizona, saved \$1.4 million within the first six months of implementing GlobalMed's telehealth platform. Savings came primarily from the telecardiology program, which eliminated costly patient transfers to Phoenix and Tucson while retaining downstream lab, pharmacy, and follow-up revenue within the facility.

[Read the full case study](#)

Your completed calculator provides the financial data needed for the needs narrative, budget justification, and sustainability sections of your application.

Section 7: Sample Implementation Timeline

Note: This timeline reflects a typical GlobalMed implementation for a rural hospital deploying a multi-specialty telehealth program with EHR integration. Timelines vary based on facility size, solution complexity, and state contracting requirements.

Phase 1: Pre-Award Preparation (Months 1-2)

Begin this phase immediately after submitting your RHTP application.

Administration:

- Identify internal implementation lead (typically IT director or operations manager)
- Form an implementation working group including clinical, IT, and administrative staff
- Begin vendor evaluation and request demonstrations from qualified telehealth providers
- Request references from rural hospitals of similar size and patient population

Technology Planning:

- Conduct bandwidth and connectivity assessment at intended deployment sites
- Inventory existing hardware, EHR systems, and network infrastructure
- Identify service lines for initial telehealth launch (recommend starting with highest-transfer specialties)
- Confirm specialist partner availability for teleconsultation services



RURAL HEALTH TRANSFORMATION

Phase 2: Award & Contracting (Month 3)

Administration:

- Review award terms and confirm allowable uses of funds with state implementing agency
- Execute vendor contract and confirm implementation support scope
- Establish grant reporting schedule and assign staff responsible for documentation
- Notify board and clinical leadership of implementation timeline

Technology:

- Finalize solution configuration with GlobalMed implementation team
- Submit EHR integration specifications to your EHR vendor
- Order hardware and confirm delivery timeline
- Establish data security and HIPAA compliance protocols

Phase 3: System Configuration & EHR Integration (Months 3-4)

Technology:

- Configure GlobalMed eNcounter® platform to your facility's workflows and branding
- Complete eMDR integration with existing EHR system
- Install and test hardware at deployment sites (exam rooms, emergency department, mobile units)
- Conduct internal system testing with IT and clinical staff before patient-facing deployment
- Verify low-bandwidth performance at all deployment sites
- Complete cybersecurity review of all integrated systems

Clinical:

- Finalize telehealth protocols for each service line with clinical leadership
- Establish specialist referral pathways and response time agreements
- Develop patient consent and onboarding workflows

Phase 4: Staff Training (Month 4)

- Conduct administrator and IT staff training on platform management and reporting
- Train clinical staff on device operation, patient workflow, and documentation
- Train front desk and scheduling staff on patient intake and appointment management
- Complete pilot test with internal staff simulating patient encounters
- Address any workflow or technical issues identified during pilot
- Document training completion for grant reporting purposes

Phase 5: Go-Live and First Consults (Month 5)

- Launch telehealth services with initial patient cohort
- Schedule first teleconsultations across priority service lines
- Monitor technical performance and clinical workflows during first two weeks
- Collect patient and provider satisfaction data from first encounters
- Address any technical or workflow issues within 48 hours of identification
- Begin capturing encounter data for grant reporting metrics

Phase 6: Reporting, Optimization, & Expansion (Month 6 & Beyond)

Reporting:

- Submit first grant progress report to state implementing agency per reporting schedule
- Document patient encounters, transfer reductions, and financial outcomes
- Track metrics against projections from your ROI Calculator (Section 6)

Schedule Your RHTP Strategy Consultation

GlobalMed has spent over 20 years delivering high-acuity virtual care to rural hospitals, Critical Access Hospitals, FQHCs, and remote communities worldwide. Our team can help you identify which solutions qualify for RHTP funding, build your ROI projections, and develop an implementation plan ready for submission.

[Schedule a Consultation](#)

globalmed.com | 1-800-560-5020