

Vermont’s Rural Health Transformation (RHT) Program Application Activity Details

Posted March 4th, 2026

Vermont’s publicly posted [narrative](#) (and [summary](#)) describe the various work the state plans to accomplish through the federal RHT Program funding opportunity. Vermont’s RHT Program vision will be executed through thirty grant opportunities (also called subrecipients) as well as procurement of two consultants and four contractors (including an independent evaluator). The state’s key initiatives include: (1) Regionalization and Innovative Care Strategies (“Regionalization”); (2) Establishing a Clinically Integrated Network of Shared Services (“Shared Services”); (3) Strengthening Primary Care (“Primary Care”); (4) Health Care Workforce Development (“Workforce Development”); and (5) Price Transparency and Insurance Competition. A note that the items listed in the tables below are subject to change pending forthcoming negotiations with the Centers for Medicare and Medicaid Services.

| Grants (Subrecipients) | | | |
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| Number | Title | Description | Initiative |
| 1 | Community paramedicine/Mobile Integrated Health model | Establish a mobile integrated health care and community paramedicine model that uses specially trained paramedics, Advanced Emergency Medical Technicians (EMTs), and EMTs working under physician/nurse practitioner (NP) oversight, to deliver protocol driven care in patients’ homes, shifting care out of the hospital. A phased statewide rollout will establish the legal framework, pilot and refine care protocols, and expand to all regions with standardized data, training, and quality assurance infrastructure. Core services will focus on post-discharge and primary-care follow-up, with the flexibility to add modules for surgical recovery, substance use, or other locally prioritized needs. This project will also include changes to the Emergency Medical Services (EMS) scope of practice and associated reimbursement model, such as flexibility to “triage and treat” in the community. | Regionalization |
| 2 | Facility upgrades to support regionalization | Support renovations or upgrades to existing buildings and equipment in hospitals and clinics, so they can better serve their communities. Investments may include heating, ventilation, and air conditioning (HVAC) and sewer system upgrades, reconfigured office or clinical areas, and other limited physical modifications to support service realignment, shared operations, and integrated care delivery envisioned under Vermont’s regionalization strategy. | Regionalization |

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| 3 | Mental Health (MH) and Substance Use Disorder (SUD) urgent care expansion | Support targeted expansion of urgent care centers to enable immediate, walk-in access to MH and SUD care as a lower-cost, community-anchored alternative to Emergency Departments (EDs). Investments in urgent care expansion will include minor renovations within the blueprint of existing buildings to improve service capacity. This project aims to create new and long-term access points to preventive care at the community level. | Regionalization |
| 4 | Transformation, innovation, and regionalization support grants | Support health care providers in adopting tactical regional care strategies that will shift appropriate services from hospitals to nonhospital settings and create regional hospital services or centers of excellence. Grants will be made by AHS to health care providers to support the implementation of regional care changes that sustain high-quality, cost-effective care for Vermonters, and the grants will primarily be provided to non-hospital providers to strengthen the continuum of care, encourage care delivery innovation, and better align services with population needs. AHS will allocate a proportion of grant funding to provider proposals to implement innovative care models in line with the state’s regionalization and transformation goals (e.g., hospital-home health partnerships, regional workforce sharing models, maternity care network development). Grants may also be used to purchase tools and technical assistance to enable interoperability between electronic medical record (EMR) systems. | Regionalization |
| 5 | Mobile units offering medical, and integrated MH and SUD treatment | Support mobile clinic units to provide medical care (including integrated MH and SUD services) to remote areas in the state. Several of the state’s Designated Agencies (DAs) have already piloted the model and lessons learned will inform deployment of new mobile units to rural areas where schools and homes do not have the necessary supportive services available. | Regionalization |
| 6 | Mobile units offering dental care | Dental mobile units will deliver oral health services to schools and residential facilities. | Regionalization |

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| 7 | Improve availability and access to high-acuity services for nursing home residents, including dialysis services and ventilators | Provide funding support for new grants to providers to purchase dialysis and nursing home ventilator equipment. Funds would also cover equipment installation for dialysis services with necessary upgrades to facility infrastructure to serve patients—the state will also consider a mobile unit in place of facility units based on review of business plans. | Regionalization |
| 8 | Establishing a shared Human Resources Information System (HRIS) system | Invest in the development of a unified HRIS that will centralize core human resources functions, including benefits administration, payroll, recruitment, onboarding, licensure tracking, and compliance, while allowing each participating hospital and community partners to securely manage organization specific tasks, such as performance evaluations and regulatory reporting. The system will streamline workforce management, reduce administrative costs, and support staff scheduling flexibility, allowing clinical teams to be shared or shifted to meet fluctuating patient volumes across regions. | Shared Services |
| 9 | Incentivizing adoption of a shared EMR platform | Build upon Vermont’s existing health data infrastructure, including Vermont’s Health Information Exchange (VHIE), to strengthen data sharing and care coordination across the state. This initiative would implement a shared EMR that complements and continues to contribute data to the VHIE. Participation would be voluntary and designed to achieve seamless data exchange, support improved image and lab sharing, enhance cybersecurity, and allow advanced data analytics. Leveraging the VHIE’s existing infrastructure for state-wide sharing, while promoting a shared EMR, would reduce administrative burden, improve care coordination— particularly for rural populations—and advance statewide health system integration. | Shared Services |

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| 10 | Statewide e-Consult expansion and workforce capacity building | Support the implementation of a statewide e-Consult platform to ensure an interoperable means of access for primary care providers to consult with specialists. Grants will be provided to providers to enable purchase of technologies to support the build and function of an eConsult platform. Funding will also be used for technology upgrades as well as startup program coordination costs that do not have an alternative funding source. Lastly, funding will be used to build capacity for pediatric and perinatal providers through a program that provides real-time psychiatric consultation, training, and resources, so they can confidently care for patients with mild to moderate MH needs in their primary care hub. Access to e-Consult services will save patients from having to travel to separate appointments and help strengthen local primary care capacity. | Shared Services |
| 11 | Grants to providers to adopt Remote Patient Monitoring (RPM) equipment | Provide grants to provider organizations for the purchase of RPM equipment. RPM would be used in home health, primary care/specialty, and community paramedicine settings. RPM enables earlier interventions and ongoing monitoring for chronic conditions (e.g., Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), diabetes, hypertension, asthma for pediatric populations, etc.) in the home to prevent hospital admissions or readmissions. | Shared Services |
| 12 | Grant funds to providers to adopt telehealth technology | Provide grants to rural independent medical practices to purchase and implement telehealth technology solutions statewide. Funds would support investments in secure telehealth platforms, connected diagnostic tools, and related infrastructure necessary to deliver high-quality virtual visits (Note: funds will not be used for broadband). Funds will be used to provide technical assistance and training to grantees on technology selection, implementation, cybersecurity, and compliance. By enabling smaller and independent practices to fully participate in Vermont’s evolving digital health ecosystem, this initiative will reduce barriers to access, improve continuity of care, and enhance the overall resilience of the state’s rural health system. | Shared Services |

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| 13 | Grants to providers to adopt Artificial Intelligence (AI) transcription/scribe technology | Provide grants to providers to purchase AI scribe technology. Currently, smaller and more rural and independent practices are struggling with access to the same technology that larger practices can afford. Scribes automate an average of over two hours of daily administrative work, transcribing and processing clinician-patient conversations, producing clinical notes and follow-up materials so clinicians can focus on delivering quality care to their patients. Investing in these services will produce clinical and administrative efficiencies for providers that will lead to improvements in the quality of care. | Shared Services |
| 14 | Providing enhanced capacity for team-based care | Fund payments to improve team-based care implementation to support care coordination and prevention-focused interventions such as chronic disease management, nutrition, and exercise programs. This payment will be a prospective Per Member Per Month (PMPM) amount to support community health team staff. Practices will receive payment based on agreeing to implement new standards and their performance on these standards. The PMPM will help increase access to services, including provision of evidence-based chronic disease prevention and management for all Vermonters. | Primary Care |
| 15 | MH and community support integration into primary care teams | Funds expanded staffing recruitment efforts at primary care practices to provide comprehensive, team-based care for activities that are not otherwise reimbursable. Embedding MH and community support specialists within existing clinical teams will strengthen coordination between physical, MH, and social services. This allows patients to access timely, whole-person support in a familiar setting. The model will enhance screening, early intervention, and care planning for patients with intertwining needs, reduce barriers to care access, and improve outcomes through closer collaboration between clinicians, care coordinators, and community-based partners, including transportation partners. | Primary Care |
| 16 | Enhancing Blueprint transformation network capacity | Invest in the Vermont Blueprint for Health's statewide network of practices to allow for the modernization of the model. The project will support technical assistance, training, and practice transformation resources that help providers implement new care standards and evidence-based approaches. Priority areas include chronic disease prevention and management, integration of MH/SUD and physical health, and improved use of data to drive quality and outcomes. | Primary Care |

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| 17 | Workforce support and system integration development | <p>To standardize care and ensure consistency across the state, providers will adopt clear, Vermont-specific guidelines aligned with national best practices and guidelines promoted by the U.S. Department of Health and Human Services. Training and competency-building for the treatment team will promote evidence-based care, while enhanced patient education will strengthen self-management skills and confidence. Centralized resources and shared learning will ensure community health teams use the most current, effective interventions to achieve measurable outcome goals.</p> <p>This initiative is distinct from workforce pipeline development efforts under Initiative 4 and is focused on transforming care delivery among currently practicing providers.</p> | Primary Care |
| 18 | Enhancing primary care-focused data and analytics infrastructure | <p>Provide funding to expand statewide access to Electronic Clinical Quality Measures (eCQM) calculation tools, risk stratification modules, referral tracking, and team-based care documentation. This will strengthen data-driven care coordination and performance improvement. Investments will support practices in leveraging these tools to identify high-risk populations, monitor outcomes, and streamline reporting. Further, investments will enable primary care practices to harness data and technology to furnish high-quality health care services.</p> | Primary Care |
| 19 | Expanding access to Federally Qualified Health Center (FQHC) primary care services | <p>Provide funding to an FQHC to adapt existing clinical sites through minor infrastructure renovations/refurbishments and equipment upgrades to expand access to care. Funds will also be used to pay for resources related to formal onboarding and training of staff and investments in information technology. In addition, funding will support costs related to health data information transfer and community engagement and public relations activities.</p> | Primary Care |
| 20 | Incentivizing access to primary care | <p>As part of the modernized Blueprint for Health model, primary care practices that meet access requirements will receive a PMPM capacity payment. Enhanced access requirements will improve patients' ability to receive the care they need when and where they need it. Examples of the types of requirements needed to earn the capacity payments include waitlist reduction for new patients; ensuring availability of after-hours and/or weekend appointments; adoption of RPM, mobile health or home-visiting, telehealth; and same-day appointments for existing patients.</p> | Primary Care |

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| 21 | Specialty and primary care performance payments | Funds will provide performance payments, as PMPM payments, that will be shared between specialty and primary care providers to incentivize consultation, co-management, and coordination of care for the following conditions: diabetes, MH/SUD, COPD, CHF, and hypertension (additional conditions may be added in future years). These payments are intended to incent providers to work together differently, facilitated by technology (e.g., e-Consults, telehealth). These payments will depend on the shared performance of providers. | Primary Care |
| 22 | Expanding access to recovery housing for individuals with SUD needs | Provide grants for the minor renovation and refurbishment of existing housing to increase capacity to support individuals in recovery. Through this investment, the state will ensure that individuals provided primary care through the Blueprint for Health's community health teams will be able to access recovery housing. Recovery housing's evidence-based model will provide a stable environment for individuals with SUD and co-occurring conditions to focus on recovery through encouraging peer support, personal growth, and long-term recovery skills. | Primary Care |
| 23 | Health care workforce housing program | Fund a new workforce housing program to increase the amount of housing stock available to health care workers in rural parts of the state. This program would provide grants of up to \$50,000 per unit to property owners for minor renovations and refurbishments needed to bring vacant rental units up to Vermont Rental Housing Health Code guidelines, add new units to an existing building within the current building footprint, or convert commercial or retail space into housing. Property owners are required to provide a 20% match for project grants and maintain the Department of Housing and Urban Development Fair Market Rent prices. More specifically, funds will (1) rehabilitate existing vacant units; (2) rehabilitate structural elements affecting multiple units, such as the lighting/electrical/plumbing/HVAC systems of a multi-family property, interior modifications, and accessibility improvements; and (3) create new units within an existing structure or convert commercial or retail space to residential. Health care organizations may apply to AHS to receive an allocation. The health care organizations will partner with one of the five Vermont Homeownership Centers based on their region, which will be the fiscal agent and administrator of the agreements. Property owners will submit an application to their regional Center. Recipients of the grants must agree to only allow qualifying health care providers to occupy the unit. | Workforce Development |

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| 24 | Expand access to Licensed Nursing Assistant (LNA) training programs | Invest in new LNA training opportunities across Vermont through hybrid education models and coordinated clinical partnerships. Today, Vermont offers several accessible, work-based training options for LNA candidates, allowing them to gain paid experience while completing required coursework. However, these programs are fragmented. RHT Program funds would support creation of a new centralized training hub and shared clinical placement opportunities for small and rural providers that lack the capacity to host their own programs. This project will help strengthen Vermont’s long-term care and hospital workforce pipeline while supporting career advancement within the nursing profession. | Workforce Development |
| 25 | Workforce development tuition assistance program | Funds would extend new coverage of licensing renewal fees, exam costs, continuing education unit training, and stipends to pay interns for community-based providers, including but not limited to MH, SUD, and intellectual and developmental disability providers. This project is crucial toward promoting access to essential community services. | Workforce Development |
| 26 | Invest in Vermont’s “critical occupations” no-cost tuition program | Fund new activities to expand a “critical occupations” no-cost tuition program to enable access to education and training for high-demand health professions, including registered nursing, radiologic science, respiratory therapy, dental hygiene, and others. The program will provide last-dollar tuition support, covering any remaining tuition and fees after institutional, state, and federal gift aid is applied. Combined aid would not exceed a student’s total cost of attendance, ensuring responsible use of funds. | Workforce Development |
| 27 | Establish the Maple Mountain Consortium Family Medicine Residency Program | Invest in startup and the first four years of operations for Vermont’s first rural teaching health center family medicine residency programs. [Note: The state will be contributing from its own funds to support startup in collaboration with but not supplanted by RHT’s funds.] RHT funds may also support the program’s efforts to expand training for additional health professionals (e.g., dental residents and Advanced Practice Registered Nurses (APRNs)). | Workforce Development |

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| 28 | Expand pharmacists' scope to include test-to-treat in more scenarios | Fund a pilot program to broaden access to timely diagnosis and treatment through enhanced utilization of pharmacists operating at the top of their license. Funds will support the development of training modules, the establishment of necessary infrastructure (including technology and equipment), and pilot reimbursement mechanisms for expanded pharmacy-based services. By leveraging pharmacists as accessible, community-based providers, this initiative will enhance primary care capacity, reduce unnecessary emergency visits, and strengthen Vermont's integrated rural care delivery system. | Workforce Development |
| 29 | Vermont conditional financial assistance program | Invest in attracting and retaining qualifying students (e.g., nurses, radiology technicians, medical technicians) through the provision of financial assistance. The program will reduce financial barriers to entering and remaining in provider organizations within the state. Scholarships are granted once participants sign a promissory note and fulfill their required in-state service obligation | Workforce Development |
| 30 | Health care professions residency program | Provide grant funding to support the ability of providers, such as rural home health agencies, rural hospitals, and other health care organizations, to identify preceptors, recruit residents, conduct training and education, and incentivize program participants to remain employed at the provider organization. Funds will enable statewide promotion of the program to educational institutions and prospective residents, provide recruitment materials, coordinate peer learning and support groups among residents, create preceptor support structures, provide curriculum support and materials, and assist with program reporting to state. | Workforce Development |

| Consultants | | | |
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| Number | Title | Description | Initiative |
| 1 | Development of a statewide health care delivery strategic plan | Cover costs associated with hiring a consultant to develop and implement a Statewide Health Care Delivery Strategic Plan for Vermont. The plan will provide a roadmap for health care delivery system reform and promote access to high-quality, cost-effective services across the system. Key elements of the plan may include a shared statewide vision, goals, and objectives; annual total cost of care targets and related spending targets for primary and preventive care; identification of the resources, infrastructure, and supports necessary for implementation/monitoring. AHS intends for this plan to build on prior transformation and regionalization initiatives to ensure a coordinated, data-driven approach to organizing and sustaining Vermont’s health care delivery system statewide. | Regionalization |
| 2 | Statewide assessment of options to improve health coverage affordability | Invest in a statewide assessment and associated technical assistance to identify and advance policy options to improve access and affordability in Vermont’s Marketplace (Vermont Health Connect). The assessment will explore options to promote marketplace sustainability for insurers and consumers, including small businesses. The assessment will identify what the state can do now, what requires near-term analysis, and what could be implemented in 2028. Funds will provide technical support to analyze reinsurance and Basic Health Program affordability options, prepare federal waiver applications, and support marketplace plan design innovation. The Department of Vermont Health Access (DVHA) and AHS will undertake a Request for Information or other pre-procurement vehicle(s) to collect information from the national issuer community on perceived barriers to entering the Vermont market. | Price Transparency and Insurance Competition |

| Contractors | | | |
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| Number | Title | Description | Initiative |
| 1 | Independent evaluator | Vermont will select an external evaluator through a competitive procurement that will be initiated during the first budget period. The selected vendor will be responsible for overall assessment and evaluation of the program, including: Understanding the context of Vermont’s RHT program; Developing a deep knowledge of the activities undertaken as part of each initiative described above; Designing the evaluation; Using existing data sources and collecting additional data and information, as needed; Analyzing the data and information; and Presenting results, conclusions, and recommendations. Vermont will fully cooperate with Centers for Medicare and Medicaid Services-led evaluation, monitoring, and reporting requirements. | Evaluator |
| 2 | Transformation analytics and support | Hire a vendor(s) to gather and study data that will inform hospital and regional transformation planning over the next five years; and provide project management support. The vendor(s) will provide modeling to assess the impacts of proposed reforms on cost, quality, access, and sustainability across Vermont’s hospitals and regions. Analytics support will be made available to hospitals and non-hospital providers to support transformation and regionalization efforts (e.g., identifying areas most in need of enhanced maternity care capacity). The selected vendor(s) will also support onsite transformation activities with providers throughout the state in alignment with Vermont’s regionalization goals, including backend office support, efficiency studies, and other administrative functions that can be streamlined. The state may require the vendor(s) to provide project management or other transformation support to the other Initiatives in this application, as needed. | Regionalization |
| 3 | Creating a centralized tool to guide interfacility transfers | Develop a shared subscription to a real-time digital tool that tracks bed capacity and service availability across Vermont’s hospitals and health care facilities. The system will enable more efficient and appropriate patient transfers by providing up-to-date visibility into available beds, specialty services, and transportation resources. Improved coordination would reduce ED boarding, prevent unnecessary transfers out of state, and ensure patients receive timely | Shared Services |

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| 4 | Support a statewide closed-loop referral system | Purchase a digital care coordination platform to strengthen communication and collaboration among health care, MH/SUD, and social service providers. The system will ensure patients successfully connect to needed community supports, such as housing, food assistance, and transportation. By enabling real-time data sharing and tracking of referral outcomes, the platform will reduce duplication of services, improve accountability, and promote cost efficiency while ensuring more seamless, person-centered care across Vermont’s health and social service systems. | Shared Services |
| 5 | Statewide health care data platform modernization and transparency initiative | This project aims to modernize how cost, quality and access data is managed and used in Vermont by scaling existing infrastructure. Funds will support development of a scaled solution that will replace older tools and make it easier for state leaders, health care providers, and the public to see how well the health care system is working according to defined metrics. Additionally, the solution will use dashboards and reports to show important facts and trends, like how much health care costs are rising, the quality of care provided, and access to care. By using modern technology, the project will help people make smarter decisions about health care and track progress toward improving health services across the state. | Price Transparency and Insurance Competition |