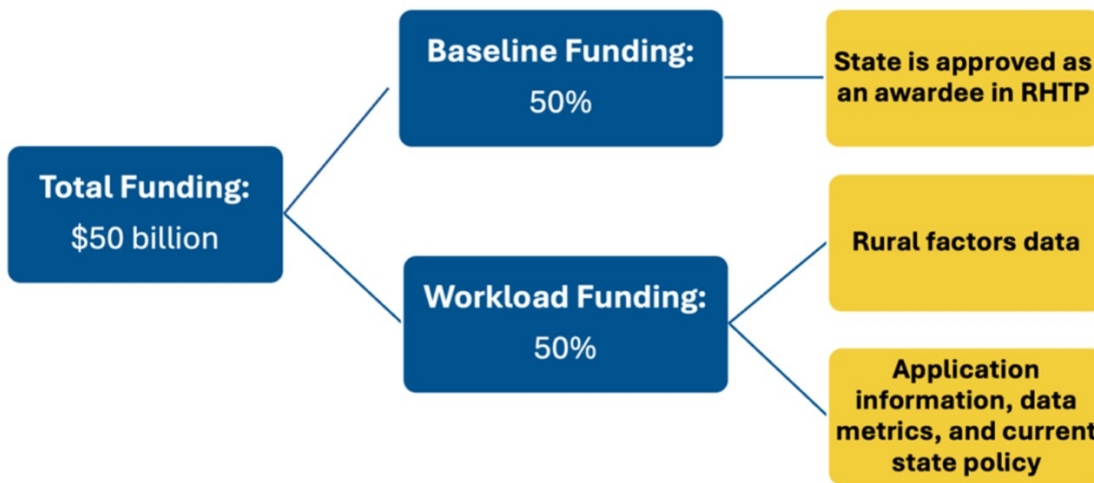




## RURAL HEALTH TRANSFORMATION PROGRAM GREAT HEALTH – WHAT HOSPITALS NEED TO KNOW

The State of Georgia, along with 49 other states, has submitted an application for funding under the Centers for Medicare and Medicaid Services (CMS) **Rural Health Transformation Program** (RHTP) created by the *One Big Beautiful Bill Act*.<sup>1</sup> Congress has allocated \$50 billion in RHTP funding to approved States over five fiscal years, with \$10 billion of funding available each federal fiscal year (FFY), beginning in FFY 2026 and ending in FFY 2030. Fifty percent (50%) of the funds will be distributed equally amongst all approved States, and fifty percent (50%) will be allocated by CMS based on a variety of factors including rural population, the proportion of rural health facilities in the State, the situation of certain hospitals in the State, and the strength of the State’s proposed initiatives to transform rural health. CMS is required to issue funding awards by Dec. 31, 2025, with project implementation beginning in early 2026.



Georgia’s **proposal**, deemed the Georgia Rural Enhancement and Transformation of Health (GREAT Health) program, was submitted by the Department of Community Health on Nov. 4 and includes over \$1.4 billion in funding requests for twenty-nine (29) projects or strategies across five (5) major initiatives summarized below. These initiatives, each of which includes specific outcome metrics, will be focused on the 126 Georgia counties designated as rural or partially rural by the Health Resources and Services Administration (HRSA). See the map of designated counties in [Exhibit 1](#).

<sup>1</sup> [Section 71401](#) of Public Law 119-21.



## Transforming for a Sustainable Health System in Rural Georgia

The first initiative seeks \$428,350,000 to focus on preparing rural providers for a new *voluntary* payment model, including the transition to value-based care through the CMS **Achieving Healthcare Efficiency through Accountable Design** (AHEAD) innovation model.<sup>2</sup> According to the state, AHEAD aligns incentives across payers to support “innovative healthcare by transforming how care is paid for, delivered, and measured, especially at the state, hospital, and primary care levels.” This includes transitioning participating hospitals to global budgets whereby payers, including Medicare, Medicaid, and participating private payers, pay hospitals based on a pre-determined, fixed annual budget. Under this initiative, the state proposes to:

- Conduct a statewide financial and technological assessment of all eligible participants;\*
- Provide grants to bring on technical support and project management for two (2) to five (5) years;\*
- Initiate projects to ensure the long-term success of AHEAD model participation;\*
- and
- Provide risk mitigation funds for hospitals during the first two (2) years of the AHEAD model to allow for real-time experiential learning and encourage the long-term success of global budgeting.\*

To receive funding under this initiative, hospitals will be required to sign a Letter of Intent to participate in the AHEAD model. Hospitals that sign a Letter of Intent will also be given priority for funding opportunities under the other four (4) GREAT Health initiatives.

## Strengthening the Continuum of Care in Rural Georgia

The second initiative includes nine (9) projects totaling \$239,904,250 focused on improving the overall health of children and families by strengthening integration

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<sup>2</sup> Earlier this year, CMS **announced** changes to the AHEAD model with additional details to be announced in 2026. According to CMS, these changes will “help to advance the CMS Innovation Center’s strategic pillars of: 1) choice and competition, with states implementing at least two policies focused on promoting choice and competition in their health care markets and 2) prevention, with a new Population Health Accountability Plan focused on preventive care, including chronic disease prevention.”

\*Indicates projects that may provide funding opportunities or other direct benefits to hospitals.



between schools, community behavioral health, and primary care providers. Additional projects include strategies to reduce wait times for care, preserve the availability of care, expand capabilities of emergency medical services (EMS), and improve health outcomes through newborn screenings, prevention, and nutrition services.

**2.1 Public Health Investments: Georgia Newborn Screening Program (\$3,750,000)** – The state proposes to expand the capabilities of the state public health laboratory in Waycross.

**2.2 Public Health Initiative: Inter-Hospital Transportation\* (\$10,500,000)** – The state proposes to provide ambulances to hospitals to use when transferring patients between hospitals.

- Six (6) rural hospitals each year will apply and be selected to receive Type 2 ambulances, for a total of 30 rural hospital participants and 180 new ambulances over five (5) years.
- Hospitals will bill for ambulance services provided and use payments to cover the ongoing operation and maintenance costs.

**2.3 Support for Acquired Brain Injury (ABI) Survivors (\$3,475,000)** – The state proposes to open rural ABI Side-by-Side Clubhouses to expand access to vocational training, life skills counseling, caregiver support, and community support for ABI survivors.

**2.4 Transportation to Treatment Pilot for Mental Health Crisis\* (\$3,750,000)** – The state proposes to expand its ongoing pilot program that places mental health professionals, rather than law enforcement, in charge of the transportation of patients in mental health crisis to emergency receiving facilities.

**2.5 Building Bridges: School-Based Health Care Services Infrastructure (\$30,000,000)** – The state proposes expand access to school-based health services, including behavioral health services and create a customized health information exchange (HIE) to support communication and referrals.

**2.6 Emergency Preparedness: Shelter-in-Place (SIP)\* (\$175,150,000)** – The state proposes to establish a comprehensive infrastructure assessment and strengthening program to enhance the capacity of rural hospitals and skilled nursing facilities (SNFs) to safely shelter-in-place or act as designated receiving facilities for evacuees from other locations.

\*Indicates projects that may provide funding opportunities or other direct benefits to hospitals.



- Infrastructure improvements will be based on assessment findings and may include electrical grid enhancements, generator purchases, roof repairs, and environmental improvements.
- No new construction or patient care-related expansions are authorized by CMS.

**2.7 Regional Nursing Home Transportation Enhancement\* (\$7,500,000)** – The state proposes leveraging community partners to establish regional transportation hubs to coordinate with non-emergency transportation (NEMT) brokers.

**2.8 Rural Provider Nutrition Training for Autism Spectrum Disorder (ASD) (\$279,000)** – The state proposes to create a centralized training platform to deliver accredited continuing medical education (CME) modules with online toolkits and clinical resources focused on the special nutritional challenges of children with ASD.

**2.9 Planning for Health Babies: Nutrition and Weight Management Eligibility Category (\$500,000)** – The state proposes to add a new eligibility category under the existing Medicaid **Planning for Healthy Babies** (P4HB) program for women between the ages of 19 to 44 who meet certain clinical criteria (e.g., weight or body mass index (BMI)). Women who qualify under this new category will have access to additional services, including nutritional support, case management, and weight loss drugs, to decrease the likelihood of dangerous pregnancy complications.

## Connecting to Care to Improve Healthcare Access in Rural Georgia

The third initiative includes six (6) projects totaling \$217,036,750 aimed at closing geographic, economic, and systemic gaps in access to timely, high-quality healthcare by leveraging innovation, technology, and targeted investments.

**3.1 Care to Consumer: Point of Care Telepods and Mobile Clinics\* (\$17,180,000)** – The state proposes to provide grants to rural hospitals and clinics for the development and implementation of mobile health units and telepods.

\*Indicates projects that may provide funding opportunities or other direct benefits to hospitals.



- Services will be tailored to the specific needs of the community with follow-up systems and opportunities for undergraduate and graduate medical education clinical rotations.
- The telepod units are intended to offer rural residents 24/7 access to providers.
- The cost of operating the units will be sustained through billing and payment for services provided.

**3.2 Telehealth Enhancements\* (\$125,000,000)** – The state proposes to form a statewide telehealth network through a multi-hub architecture. This network will support subspecialty telemedicine consults, remote patient monitoring for chronic disease management, a 24/7 patient-facing digital platform, AI integration for real-time advanced analytics, and workforce development and education.

- The first hub will include a local hospital as the primary anchor for patient care.
- The second hub will include an interconnected network of rural hospitals.
- The third hub will create a digital ecosystem to provide a framework for patient placement, clinical education, and training for scalability.
- Digital infrastructures provided to rural facilities will include servers, storage, and modernized networks.

**3.3 Rural Stabilization Grants\* (\$40,000,000)** – The state proposes to add a second track of rural stabilization grants through the [State Office of Rural Health](#) focused exclusively on preparing rural hospitals and primary care for transitioning to the AHEAD model.

**3.4 Strengthening Perinatal Systems of Care\* (\$12,606,750)** – The state proposes to provide rural hospitals without labor and delivery services with fully stocked, mobile, color-coded obstetrical emergency carts to aid in urgent or unexpected delivery needs. The carts will include essential medications and supplies for hemorrhage management and preeclampsia/eclampsia treatment, neonatal resuscitation equipment, and visual job aids.

**3.5 Public Health Telehealth Infrastructure (\$7,500,000)** – The state proposes to enhance the telehealth capabilities of local health departments via baseline assessments, equipment procurement, infrastructure expansion, integrated billing, and public communication.

\*Indicates projects that may provide funding opportunities or other direct benefits to hospitals.



**3.6 Rural Telepsychiatry (\$14,750,000)** – Consultations and Primary Care Provider Training – The state proposes implement the **Project ECHO** model with the Department of Behavioral Health and Developmental Disabilities (DBHDD) and pediatric psychiatrists and scale the Department of Public Health’s (DPH’s) existing **PEACE for Moms** program.

## **Growing a Highly Skilled Healthcare Workforce in Rural Georgia**

The fourth initiative includes five (5) projects totaling \$220,519,00 focused on strengthening Georgia’s healthcare workforce pipeline in rural and underserved areas, including strategies to address distinct stages of healthcare education, training, and retention.

**4.1 Rural Medical Workforce and Graduate Medical Education (GME) Enhancements\* (\$148,000,000)** – The state proposes to expand GME residencies and fellowships and develop programs to recruit doctoral-level providers to rural areas.

- Seventy-five (75)<sup>3</sup> new GME residency slots will be funded per year in family medicine, obstetrics, internal medicine, pediatrics, psychiatry, and gerontology.
- Twelve (12) new fellowship opportunities per year will be funded.
- A rural recruitment incentive grant program will be established to recruit doctoral-level providers (e.g., physicians, optometrists, audiologists, and clinical psychologists) to rural areas for at least five (5) years. This incentive program will include up to \$250,000 for relocation costs, equipment, technology, or clinic expansion.
- Existing GME programs will be enhanced by providing funding to two (2) programs to expand primary care residencies to rural Georgia.

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<sup>3</sup> The project narrative portion of the state’s application indicates it will fund 75 new residency slots per year. However, the implementation timeline states it will fund 25 new residency slots per year for four (4) of the five (5) grant years. GHA will update this document as needed when clarification is provided.

\*Indicates projects that may provide funding opportunities or other direct benefits to hospitals.



**4.2 Nursing Care Improvements (\$22,375,000)** – The state proposes to create sustainable pathways for recruiting, training, and retaining nursing faculty and students.

- Work release time and tuition assistance will support faculty advancement through an Advancing Nursing Degrees program.
- The creating of a clinical faculty orientation toolkit will standardize training and improve instruction.
- The GA-CARE (Commitment to Assist in Recruitment of Educators) Tuition Reimbursement and Stipend program will provide financial support for nurses wishing to earn teaching degrees.
- Nurse Summer Camps will inspire students to pursue nursing careers.
- The expansion of simulation training at the Georgia College & State University will provide rural nursing schools with simulated patient mannequins and grow the [Healthcare Simulation Certification Program](#).

**4.3 Telehealth Mentoring for Dementia (\$10,394,001)** – The state proposes to establish a Dementia Training Hub that will deploy micro learning modules and virtual convenings and expand access to online training platforms.

**4.4 Area Health Education Center (AHEC) Training and Housing (\$650,000)** – The state proposes increase student exposure to rural health opportunities, increase engagement for rural students, expand training, recruitment and continuing education efforts, and enhance professional satisfaction for preceptors.

- Short-term (less than six months) housing for job shadowing and professional learning will expand opportunities in rural areas.
- The expansion of the [Preceptor Tax Incentive Program](#) (PTIP) will support rural rotations and provide continuing education for preceptors.
- Students will be trained as Digital Health Navigators to teach in the community.

**4.5 Emergency Services Scholarships (\$39,100,000)** – The state proposes to develop a scholarship program for Emergency Medical Technicians willing to commit to serving rural communities for at least five (5) years.

\*Indicates projects that may provide funding opportunities or other direct benefits to hospitals.



## Leveraging Technology for Healthcare Innovations in Rural Georgia

The fifth initiative includes eight (8) projects aimed at enhancing healthcare technology and data sharing in rural Georgia to improve population health, increase the number of rural Georgians utilizing health technology, and keep healthcare data secure.

**5.1 Cybersecurity Enhancements\* (\$14,200,000)** – The state proposes to strengthen security systems within rural hospitals.

- The state will collaborate with academic institutions and private-sector partners to implement a comprehensive and scalable strategy to deliver cybersecurity risk assessments, managed threat detection, and strategic cyber support services to high-risk rural healthcare providers.
- Services will be provided by an end-degree internship pipeline via partnerships with accredited academic institutions.
- A two-phase support model will be developed to provide foundational assessments and continuous, long-term security management.

**5.2 Advancing Access to Robust Care and Health in Rural Georgia (ARCHER) Tech Catalyst Fund (\$45,000,000)** – The state proposes to establish an investment fund dedicated to rural health technology that is high-impact, consumer-facing, care-enabling, and tailored to rural needs.

**5.3 Electronic Medical Record (EMR) Enhancements\* (\$44,000,000)** – The state proposes to assess hospital EMR capabilities and support the transition to value-based care and the AHEAD model by ensuring rural hospitals have access to population health modules.

- Rural hospitals with the greatest need of support will be identified based on poor health outcomes and limited financial resources.
- Hospital assessments will be provided in Year 1.
- Assessments will be expanded to rural health clinics and federally qualified health centers (FQHCs) in Years 2 to 5.
- Providers that receive funding will develop a population health strategic plan with a process for selecting and purchasing EMR enhancements in line with the AHEAD model reporting and quality metrics.
- The state will hold quarterly stakeholder meetings to promote interoperability with upgrades to EMRs.

\*Indicates projects that may provide funding opportunities or other direct benefits to hospitals.



**5.4 Workforce Retention Technology\* (\$20,000,000)** – The state proposes to provide grant funding opportunities to rural hospitals for the initial costs of surgical robots that will allow surgeons to perform more complex procedures.

- Costs beyond initial funding will be funded by the hospital pursuant to plans provided in the grant application, along with an analysis of baseline case volume/predicted revenue metrics with demonstrated financial stability.
- Two (2) robots will be funded each year for five (5) years.

**5.5 Eligibility System Enhancements (\$30,000,000)** – The state proposes to modify its eligibility system to automate approval for applicants who meet Medicaid eligibility requirements. The enhanced system will interface [Georgia Access](#), (the state-based health insurance exchange) so consumers found to be Medicaid eligible will have their approved application automatically transferred and those who are ineligible will be referred to an exchange plan.

**5.6 Consumer Engagement Enhancements (\$51,000,000)** – The state proposes to extend the State Health Benefit Plan (SHBP) wellness platform to the full population anticipated to participate in the AHEAD model.

**5.7 Behavioral Health State Assessment of Technology (\$25,000,000)** – The state proposes to conduct an assessment of technology and create a real-time system to enable the aggregation and analysis of data across multiple regions to identify critical gaps in technology that support mental health, substance use disorder, autism spectrum disorder, and primary care services.

**5.8 EMS Treat vs. Transport (TVT)\* (\$4,149,384)** – The state proposes to integrate telehealth into emergency response for non-emergency/low acuity 911 calls. Enabled with Starlink satellite technology, this will allow EMS to conduct real-time, on-scene evaluations to help direct care for rural patients while receiving telehealth feedback from licensed healthcare providers.

Once awards are made by CMS, we anticipate DCH will provide significant further guidance on each project and how hospitals can participate. GHA will continue working with DCH and other state agencies to educate our members on program implementation and funding opportunities, track and answer member questions, and support the development of a stakeholder engagement framework. Please send questions or feedback about the RHTP or GREAT Health program to GHA's Chief Health Policy Officer, [Keri Conley](#).

\*Indicates projects that may provide funding opportunities or other direct benefits to hospitals.

# Attachment C: Georgia Rural Counties

