Georgia Department of Community Health

GREAT Health, GREAT Teamwork!

DCH & SORH: Looking Back, Looking Forward

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State Office of Rural Health

August 2026

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Our Purpose

Shaping the future of *A Healthy Georgia* by improving access and ensuring quality to strengthen the communities we serve.

How do the Rural Health Transformation Program (RHTP) and State Office of Rural Health (SORH) Connect for GREAT Health?

- Rural Health Transformation team spans many offices, all with unique responsibilities
- Grant Management divided into two categories: Hospital awards and Non-hospital awards
  - Based on initial grant, not end recipient
  - Hospitals can be grantee or beneficiary

SORH-managed RHTP Grants

- Pre-Implementation
- Rural Stabilization Grants
- Telepods and Mobile Clinics

GEORGIA RURAL HEALTH TRANSFORMATION

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Dedicated GREAT Health Staff

DCH GREAT Health Team

- Phillip Williams, Manager
  - Denys Fluitt, Rural Health Specialist
  - Astrid Palmer, Rural Health Specialist
  - Sima Razi, Rural Health Specialist

SORH GREAT Health Team

- Dawn Waldrip, Senior Manager
  - Stacy Cooper, Program Operations Specialist
  - Chimere Taylor, Program Operations Specialist
  - Angelica Lewis, Program Operations Specialist

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GREAT Health Vendors and Primary Roles

AHEAD Preparation

Who: Deloitte (and Sellers-Dorsey)

What: Surveys, Actuarial Analysis, Model Application and Coordination

Grants Management

Who: RSM

What: Application System, Budget Review, Federal & State Compliance

Project Management

Who: Guidehouse

What: Subgrantee Project Plans, Timeline Monitoring, Communications, Reporting

Evaluation

Who: Georgia Health Policy Center

What: Overall program evaluation, effectiveness, and impact

Hospital & Vendor Interaction for RHTP Grants

- RSM will approve budgets, invoices/purchase orders
  - Actions taken in RSM grant portal as needed
- Guidehouse will collect metrics for reporting and track timeline progress against implementation plans
  - Actions taken in Microsoft Form biweekly
- Assigned SORH GREAT Health Grant Specialists will assist with all else: technical assistance, CMS approvals, scope changes, creating implementation plans, etc.

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Upcoming Funding Opportunities

Grant Applications Available

- Inter-hospital Transportation
  - DCH/DPH Collaborative
  - Applications available through RSM portal
- Graduate Medical Education Development Grants
  - GBHCW managed
  - Applications available through GBHCW

Current Projects with Hospital Beneficiaries

- Cybersecurity Enhancements
  - Augusta University
- Emergency Preparedness
  - UGA Institute of Disaster Management
- Perinatal Systems of Care
  - GHA

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How Far We've Come: August 2025

Looking Back: Year 1 Updates

- DCH has awarded $218.6M of $218.8M in Year 1 award
- Office is officially fully staffed as of August 1
- Budget Period 1 ends in October
  - Annual Report due August 31
  - State Obligations
- Grant Awards all extended to spend through September 30, 2027
- Lessons learned
  - Budget details will be collected up front
  - Requests for Grant Applications will include more specific detail
  - Centralized point of contact per grantee

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Looking Forward: GREAT Health Year 2

Important CMS Dates

- Non-Competing Continuation (NCC) Application due August 31
- Guidance to states has been to plan on same budgets in Year 2, so DCH is actively working on aligning Year 2 priorities with dollars for submission
- Year 2 awards to states from CMS in October so budget reconciliations can occur prior to BP 2 start date of October 31, 2026

Funding in Year 2

- Applications for Year 2 will be available in Winter 2026
- Utilizing lessons learned to make Year 2 smoother for all

Looking Forward: Future AHEAD Plans

Important CMS Dates

- Awaiting release of CMS NOFO to apply for model
- Once released, DCH will solicit input from LOI hospital leadership

Assessment Follow Up

- Plans for in-person assessment follow up per hospital/system are still planned
- Awaiting NOFO drop and RHTP grant slowdown
- Review with each hospital findings of their combined technical, financial, and operational readiness assessments to determine what support is needed in Year 2 to further prepare for transition to value-based care
- Estimated start date for meetings: December 2026

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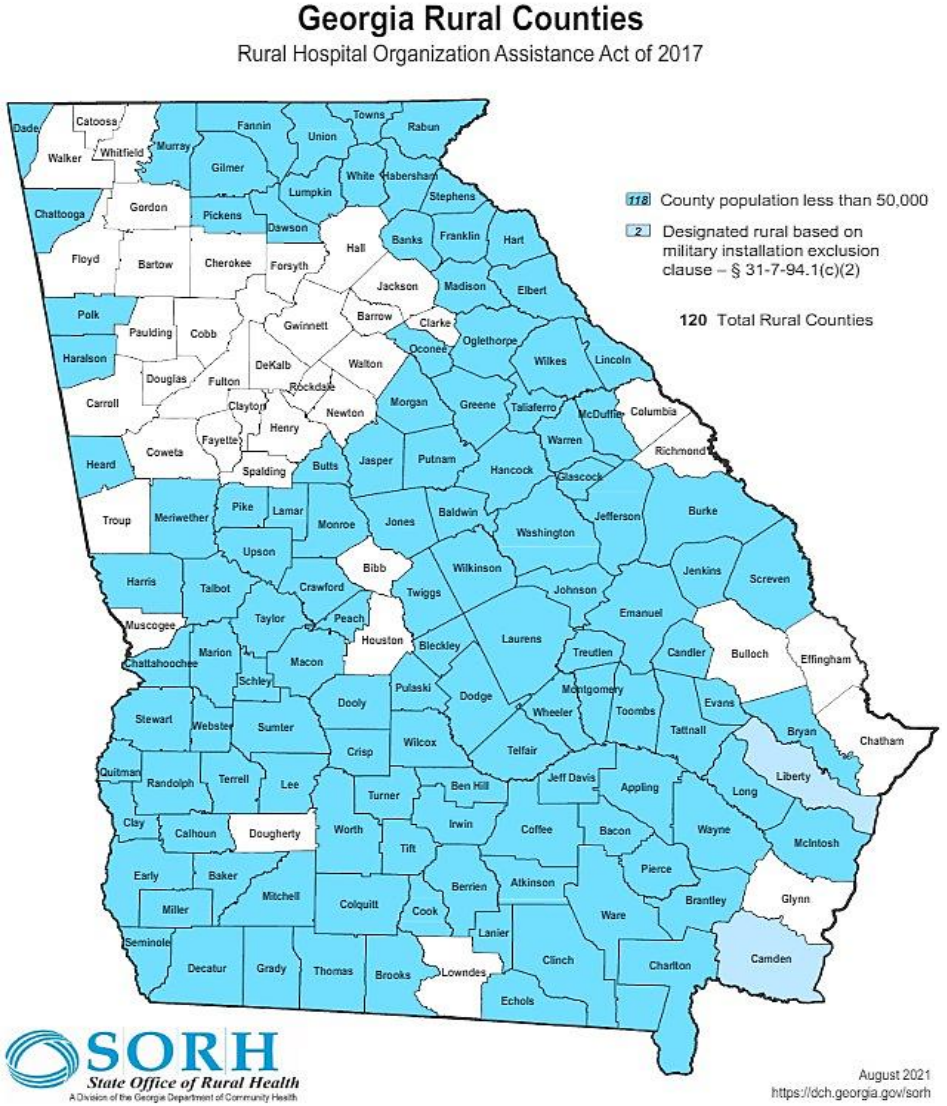
SORH at its CORE

Separating SORH from GREAT Health

- By state definition, “rural” is defined as counties with less than 50K population
- 120 counties (118 plus 2 based on military installation exclusion clause)
- 68 hospitals within these rural counties
  - Small rural PPS Hospitals (36)
  - Critical Access Hospitals (31)
  - Rural Emergency Hospital (1)



SORH at its CORE

Core Responsibilities of SORH

- Two Program Sections
  - Primary Care Office/Farmworker Health
  - Hospitals Services/SORH Program
- Ongoing management of 6 federal grant programs for which DCH/SORH is the Grantee
  - Provides funding for office administration, staff salaries, sub-awards for specific programs
- Ongoing management of multiple state funded grant programs
  - Wide variety of Grantees with specifically identified use-of-funds
    - As of today, 43 active grants
    - Managing Over $31M

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Upcoming SORH Opportunities

State Fiscal Year 2027

- Rural Hospital Stabilization Grants
  - Focus on financial stability for critical need
- Graduate Medical Education Grants for hospitals
  - Funding to off-set cost of ACGME accreditation
- New Rural Medical and Dental Clinic Grants
  - Start-up funding for new medical and dental clinics
    - Partnership with medical/dental schools

Application Process

- Request for Grant Application (RFGA) will be posted on DCH website as usual
  - **https://dch.georgia.gov/grant-announcements**
- Applications are submitted via email as directed within the RFGA
- These RFGAs are not associated with GREAT Health Program funding

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Thank you!

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Reference Slides

GREAT Health Eligible Counties

- SORH has expanded the number of counties and hospitals supported *specific to* GREAT Heath Program initiatives
  - **126** counties defined as “rural” or “partial rural” as per the HRSA rural analyzer
  - **93** hospitals, which includes ALL current 68 rural hospitals as well as hospitals identified as Rural Referral Centers