TO: PCAs
FROM: Colleen Meiman, National Policy Advisor
DATE: UPDATED 8/22/25 July 30, 2025
RE: Ideas for how Rural Transformation Program funds could support FQHCs

This memo contains eleven ideas on how funding from the Rural Transformation Program could be used to support FQHCs. While it's far from a comprehensive list, hopefully it will help you brainstorm ideas to propose to your state, for inclusion in its application to CMS. For each idea, I've listed which of the ten "allowable uses of funds" (as laid out in the statute) it fits under, and the impact.

Please note that:

- Most of the credit for this list goes to Donavan Smith, CEO of Wayne Community Health Center in Wayne, Utah. I took his ideas and format and simply added a few that I'd heard from discussions with PCAs. *Thank you, Donavan!*
- Here is more info on the Rural Transformation Program, including the full list of the ten allowable uses of funds. Remember that states must propose activities that fall under at least three of these uses.
- I'm posting this list *here* and will add other ideas as I hear of them.

1. Direct payments to FQHCs

Purpose: To help offset costs that FQHCs will incur as a result of an increased number of uninsured patients and increased need to assist patients with Medicaid and Marketplace paperwork. Note that many states are not willing to consider using RTP funds to directly offset the impacts of coverage losses.

Fits Under:

- (B) Providing payments to health care providers for the provision of health care items or services, as specified by the Administrator. (Note: CMS must specify that these payments are allowable)
- (H) Supporting access to opioid use disorder treatment services, other substance use disorder treatment services, and mental health services.

Impact: Maintains FQHCs' financial viability in the face of significant cost increases.

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2. Mobile clinics (ideally with telehealth capacity)

Purpose: Deliver comprehensive healthcare services directly to rural and frontier communities, potentially in collaboration with first responders.

Fits Under:

- (A) Chronic disease prevention and management
- (G) Right-sizing rural health delivery systems

- (J) Sustainable rural access

Impact: Increases in-person care access for preventative, ambulatory, and urgent needs where no local providers exist. Increases compliance by increasing face-to-face interactions and relationships. Can visit various schools, to provide care at schools that are too small/ remote to support a school-based health center.

Note: When requesting a mobile health vehicle, be aware that vehicles over a certain size will require drivers that have a commercial vehicle license.

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3. Remote Patient Monitoring – Equipment for both providers & patients

Purpose: Enable clinicians to monitor chronic conditions in real time across geographic distances.

Fits Under:

- (A) Chronic disease management
- (C) Consumer-facing solutions
- (D) Technology-enabled care delivery
- (F) Hardware/software for outcomes
- (I) Innovative care models

Impact: Enables earlier interventions, reduces ER/hospital use, and improves patient engagement.

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4. Expanded telepharmacy capacity

Purpose: Enable pharmacist-supervised dispensing and counseling in rural areas via telehealth technology. (Requires approval under state law.)

Fits under:

- (A) Chronic disease management
- (B) Expand access to health services
- (C) Technology-driven patient solutions
- (D) Remote supervision technologies
- (F) Software and secure connectivity
- (J) High-quality pharmacy services

Impact: Offers patients real-time pharmacist access in areas without full-time pharmacy staff.

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5. Pharmacy robots to enable after-hours prescription pickup

Purpose: Allow patients to access needed prescriptions outside regular pharmacy hours, improving adherence and outcomes.

Fits Under:

- (A) Support chronic disease management
- (C) Consumer-facing, tech-enabled solutions
- (F) IT infrastructure improvements
- (J) Sustainable medication access

Impact: Reduces medication nonadherence and travel burdens through secure, 24/7 pickup access.

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6. Automated medication dispensing systems for FQHC pharmacies

Purpose: Improve medication safety, tracking, and operational efficiency within FQHC pharmacies.

Fits Under:

- (A) Chronic disease medication management
- (B) Support health service delivery
- (F) Advanced IT infrastructure
- (J) Sustainable internal workflows

Impact: Reduces risk of medication errors and reduces demands on staff.

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7. State loan repayment programs for rural clinicians

Purpose: Increase the number of providers serving in rural areas by offering more loan repayment slots.

Fits Under:

- (E) Recruit and retain clinical workforce in rural areas for a 5-year minimum
- (B) Payments to health care providers
- (H) Supporting access to SUD treatment and mental health services.
- (J) Sustainable access to high quality rural health services.

Impact: Directly expands the number of providers in rural areas.

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8. Rural training programs for clinical staff

Purpose: Increase the number of clinical staff trained and serving in rural areas. Could include rotations for existing (urban-focused) programs, and apprenticeships for in-demand jobs such as medical assistant.

Fits Under:

- (E) Recruit and retain clinical workforce in rural areas for a 5-year minimum
- (H) Supporting access to SUD treatment and mental health services.
- (J) Sustainable access to high quality rural health services.

Impact: Directly expands the number of clinical providers in rural areas.

Build housing for clinical staff, as a recruitment/ retention tool.

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9. Software, hardware, and TA to improve FQHCs' cyber-security.

Purpose: To upgrade and strengthen FQHCs' cybersecurity to ensure patient data protection, mitigate threats, and support continuity of operations.
Fits Under:

- (F) Significant IT advances, including enhanced cybersecurity capability development
- (J) Sustainably support secure, high-quality care delivery in rural health settings

Impact: Protects health information, safeguards against cyberattacks, and ensures compliance with federal data security standards.

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10. Upgrades to FQHCs' Electronic Health Record (EHR) systems

Purpose: To upgrade FQHCs' EHRs to improve clinical care, safety, efficiency, compliance, financial performance, and user satisfaction.
Fits Under:

- (F) Significant IT advances, including enhanced cybersecurity capability development
- (J) Sustainably support secure, high-quality care delivery in rural health settings

Impact: To improve FQHCs' clinical care, safety, efficiency, compliance, financial performance, and user satisfaction.

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11. FQHC Participation in Clinical Integrated Networks and Value-Based Care

Purpose: Support FQHCs in participating in Clinical Integrated Network that pursue value-based care arrangements and alternative payment models.
Fits under:

- (I) Support for innovative models of care and value-based care arrangements
- (J) Additional efforts promoting sustainable rural healthcare access

Impact: Improves care coordination, outcome tracking, and payment innovation through shared resources, data infrastructure, and collaborative quality improvement initiatives.

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12. Capital funding to upgrade facilities, purchase new land, etc.

13. Establish or expand rural PACE programs run by CHCs.

- States could request funding to plan, develop, and implement PACE programs, that could be run by CHCs.
- Will require drivers, to bring participants to the PACE center each day. This could be a work opportunity for CHC patients.
- Per Brian Toomey (former long-term CEO of Piedmont Health CHC in NC), the person to contact about this is John Tucker at Palmetto PACE Advisory Group. He has data for

expected enrollment in a PACE program for each county in the US, and can quickly identify which communities have a high probability of success.

- Contact: John Tucker, 803-960-1154, john.tucker@paceadvisorygroup.org

14. Purchase and implementation of population health tools, such as Azara.

15. Establish or support a regional Health Information Exchange.

16. Develop relationships with first responders.

- Encourage first responders to:
    - refer low-intensity patients to the CHC,
    - alert the CHC when one of their patients has an episode that requires hospitalization, etc.
- Have the CHC staff do the mandatory health trainings (e.g., CPR) for first responders.
- Use the fire house parking lot as a location for a mobile health vehicle to stop.
- Consider having first responders share in quality payments for high-risk patients.

17. Purchase IT apps/ platforms that will increase CHCs' efficiency.

Examples include:

- Azara population health platform (which will soon be expanded to help CHCs' help patients successfully revalidate their eligibility and demonstrate their compliance with Medicaid work requirements.)
- Schedule Pop, which CHCs have reported simplifies the process of scheduling clinical staff
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18. Development of a managed services organization