

Right Patient, Right Place, Right Time, Right Now



EMS, Trauma, and Acute Care Hawaii Rural Healthcare Transformation Program (RHTP) Proposals

October 01, 2025



Hawaii RHTP Meeting Agenda



- Introduction to Hawaii Rural Healthcare Transformation Program (RHTP) Proposals for EMS,
 Trauma, and Acute Care
- Focus areas from the Hawaii Trauma, EMS, and Preparedness Modernization Strategic Planning Conference
- Overview of RHTP Proposals in Progress
- RHTP Proposal Submission Worksheets
- Submission Proposals





Introduction to RHTP



Legislative & Program Basics

- Authorized by Section 71401 of the One Big Beautiful Bill (H.R. 1)
- Creates the Rural Health Transformation (RHT) Program (often called Rural Health Transformation Fund)
- Total funding: **\$50 billion** over FY 2026–2030 (≈ \$10 billion/year)

Purpose & Objectives

- Offset revenue losses causes by Medicaid changes in legislation
- Promote health system transformation in rural areas:
 - Infrastructure & capital investments
 - Workforce development & training
 - Innovation, technology, telehealth, care models
 - Strategic partnerships across providers and communities



Introduction to RHTP



Distribution & Application

- States must submit a one-time application to CMS to receive funding for the program's full term (once approved, no repeated applications per year)
- Half of the funds are divided equally among states that apply; the other half is distributed per a CMS-determined formula considering rural population, need, etc.
- States may allocate up to 10% of funding for administrative costs.
- Restrictions: Cannot use funds to supplant existing clinical service payments/reimbursement (i.e. can't just replace fee schedule payments)
- States have discretion in how to deploy funds—variation in impact likely





2026 EMS / Trauma Strategic Planning Focus Areas



- Modernization of State Statues HRS 321 to Emergency Medical Services Systems of Care
- Statewide Trauma / Emergency Transfer & Communications Centers
 - Air Medical Emergency and Trauma Transfer Center / Centralized Call Center
 - Telehealth Rural Trauma / Acute Care Follow Up
 - Load balancing telehealth services
- Post Acute Care Rehabilitation, Specialty Centers, Nursing Homes, Rural Acute Care
- Workforce Development and Retention
 - EMS Academies in High Schools
 - Volunteer EMS
- Injury Prevention and Prevention to reduce burden on systems of care



State of Hawaii Seven Priority Areas



- Workforce
- Electronic Health Records (EHR)
- Medical Respite
- Community Mobile Primary Care Teams
- Transportation
- Innovative Care
- Telehealth





Overview of RHTP Proposals in Progress



Transportation: MEDICOM Center, ambulances, mobile units, rapid response vehicles, HIWIN upgrades.

Community Mobile Primary Care Teams: Paramedicine: falls, repeated 911 calls, maternal health, CHF, behavioral health, recovery, post-surgical, and acute illness care.

Telehealth: Rural trauma specialty consults, support for critical access/trauma centers, post-acute care.

Innovative Care: Mobile dialysis integrated into community paramedicine.

Workforce: EMT training academies (DOH, UH, high school partnerships).

EHR Systems: Real-time prehospital/hospital data integration; Epic standard

statewide.



RHTP Proposals Worksheets



Please	complete this worksheet for each proposed program.
ain s	heet does not ask for all details of the project: the Governor's team will work to identify the trategic goal, use of funds, and technical score factors for each proposed program. e input the full planned budget in the "Proposed Program Budget Worksheet."
	nformation on these asks can be found on pp. 32—40 of the <u>NOFO</u> . Rough examples ed by CMS can be found on pp. 97–118.
•	Program: Provide the name of the program in 10 words or less.
•	Description: Describe what the program is, and what specific activities and actions it includes. (~150 words)
•	Key stakeholders: Describe the main types of entities and organizations that will help carry out the program. This can be a general description of the entity types, such as FGHCs, primary care clinics, high schools, community-based organizations, rural health clinics, Critical Access Hospitals, State Office of Rural Health, or State Primary Care Association, or can include specific organization names.
•	Impacted counties: List the counties within the State where you will carry out the program and directly affect residents or, if applicable, say that it will impact all counties within your State. Use the Federal Information Processing Series (FIPS) codes to identify counties.
	Rural needs: Describe the specific challenges in the current rural health landscape that the proposed program plan seeks to solve.
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•	Outcomes: Describe the measurable outcomes you will use to assess the impact of this program. Include at least four outcomes. One must be at a county or community level of

possible. Describe the expected time period to observe changes in measurable outcome data. See example metrics on NOFO p. 37. Implementation: Provide a timeline of proposed activities for FY26 through FY31 (e.g., with bullet points and/or a Gantt chart). Do your best-we'll work on it and CMS will provide the opportunity to update. o Identify the lead agency or interagency team, key personnel by role, and any steering committees or advisory groups. Describe your governance and project management structure. The plan should demonstrate that you have a capable management structure. Describe how the program will be enacted and overseen from a logistics standpoint. For example: Who is administering? How are necessary resources acquired and distributed? Who will be contracted? (e.g., HELP is administered from a contract between DOH and JABSOM. JABSOM receives and reviews applications, then distributes money for loans through electronic transfer directly · Estimated required funding: Provide an estimated funding range for this program. Please also estimated funding per year for year 1-5 (more detail will be worked out in the Budget Narrative).



RHTP Proposals Worksheets



mo	nosad	Program	Rudget	Worksheet

Additional budgetary guidelines:

See the limitations on p.18-20 of the NOFO.

A. Personnel Salaries and Wages

For each requested position, provide the following information:

- name of staff member occupying the position, if available
- annual salary
- percentage of time budgeted for this program (FTE or level of effort)
- total months of salary budgeted

Note: The Consolidated Appropriations Act restricts the amount of direct salary to Executive Level II of the Federal Executive Pay Scale. This salary restriction applies to direct salaries and to those salaries covered under indirect costs, also known as facilities and administrative (F &

See the following link for the applicable current salary restriction: https://www.opm.gov/policydata-oversight/pay-leave/salaries-wages/salary-tables/pdf/2025/EX.pdf

		P	Personnel Total		
Position Title	Program(s) Supported Annual Time Months Salary			Amount Requested	Year(s)
			7.4-1		
	•		Total		

B. Fringe Benefits

Fringe benefits are usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for their calculation (reference NICRA if applicable). If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed. This information must be provided for each position (unless the rates for all positions are identical).

Fringe Benefits	Fringe	Fringe	\$360,750	\$360,750	5-Year Total
Total	Benefits Total	Benefits Total			

Fringe Benefits (30%)				
Fringe Benefit	Rate	Salary Requested	Year(s)	
Example: FICA				
Example: Worker's Compensation				
Example: Insurance				
Example: Retirement				
Total	Total	Total		
Fringe Benefits (30%)				

Dollars requested in the travel category are for applicant staff travel only. Travel for consultants is in the consultant category. Allowable travel for other participants, advisory committees, review panel, etc. is itemized in the same way specified below and placed in the "Other" category. Travel incurred by a subrecipient or contract is in the subrecipient/contractual category

Provide a budget narrative describing the travel staff members will perform. List where travel will take place, number of trips planned, who will be making the trip, and approximate dates. If mileage is to be paid, provide the number of miles, cost per mile, and anticipated destinations. The mileage rate cannot exceed the rate set by the General Services Administration (GSA). If travel is by air, provide the estimated cost of airfare. The lowest available commercial airfares for coach or equivalent accommodations must be used. If per diem/lodging is to be paid, indicate the number of days and amount of daily per diem as well as the number of nights and estimated cost of lodging. Costs for per diem/lodging cannot exceed the rates set by GSA. Include the cost of ground transportation when applicable. Please refer to the GSA website.

Travel Total Program(s) Supported					\$	
Purpose of Travel	Location	Item	Rate	Cost	Year(s)	
Total				s		

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A Prepared and Safe Hawaii Starts with Trauma and Emergency Medical Services Modernization



Submit Proposals



Garrett.Hall@doh.Hawaii.gov 808-217-4640 Lorrin.Kim@doh.Hawaii.gov 808-291-1641