NEVADA HEALTH AUTHORITY

Public Workshop:
Rural Health Transformation Program

Director's Office – Community Engagement & Workforce Development

October 15, 2025

NVHA.nv.gov

Agenda

1. Rural Health Transformation: Results from 2nd Survey
2. Grant Application: Path Forward
3. Request for Public Feedback

Why a Second Survey?

Building on What We Heard

- **Expands on Survey 1 Insights**
  - Priorities: Workforce, Access, Prevention
- **Tests specific design elements**
  - Activity preferences, Tribal priorities, funding strategies, governance
- **Informs program structure**
  - Helps shape initiatives, funding, and governance
- **Centers community voice**
  - Ensures design reflects local needs

Recap of First Survey

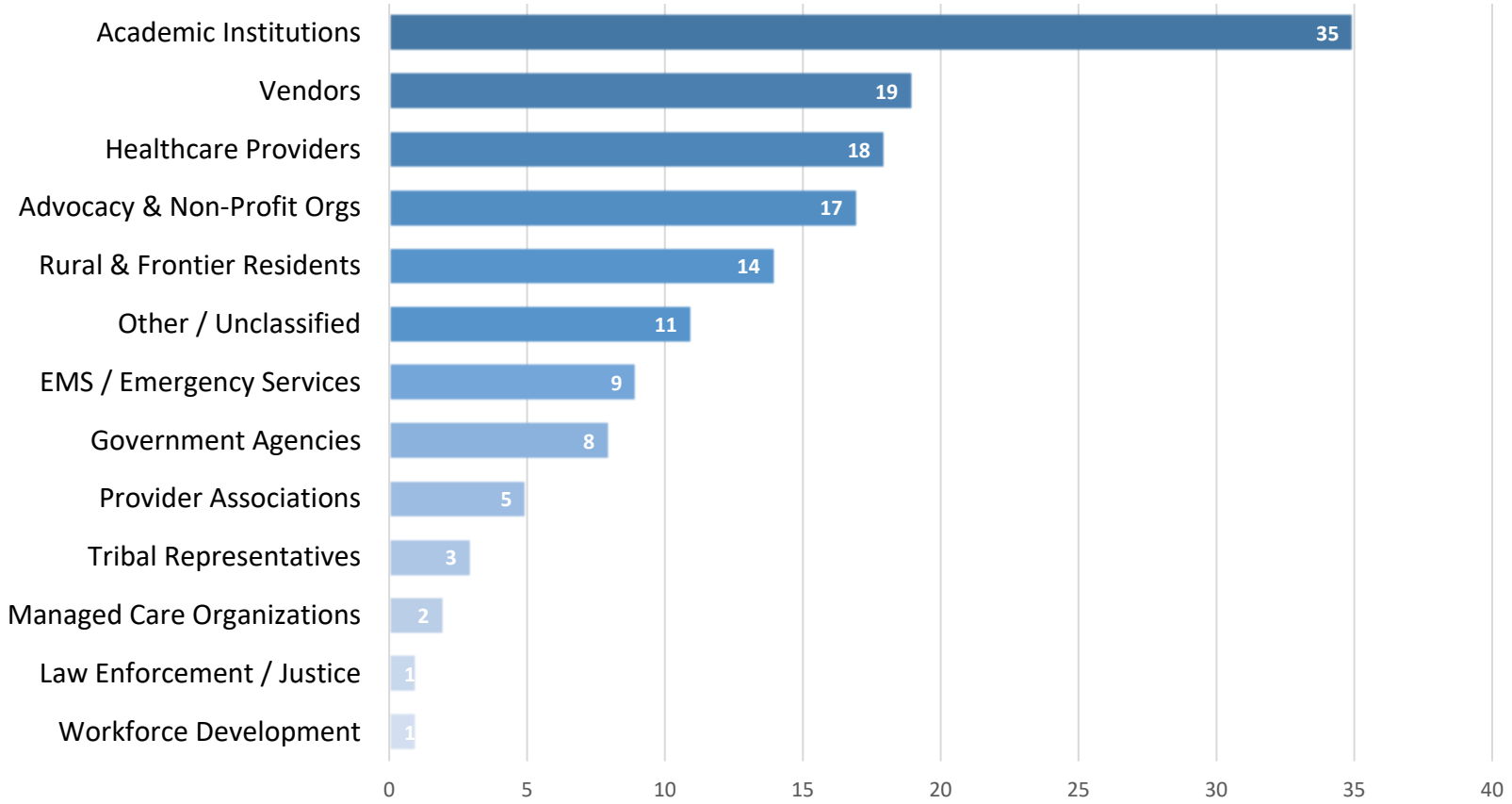
What We Learned

- **Workforce** was the top priority
  - Seen as essential to every other investment
- **Access and Prevention** were close behind
  - Especially in primary, behavioral, and maternal health
- Stakeholders focused on **Integration**
  - “Systems, not silos”
- Themes **Shaped Survey 2**

Who We Heard From

Survey Respondents by Stakeholder Type

143 responses from organizations across the rural health eco-system



Highlights:

- **143** total **responses**
- **Broad representation** across sectors
- **Some groups** were more **heavily represented**
- **Rural and frontier voices** were **present, but limited**
- Findings interpreted with this in mind

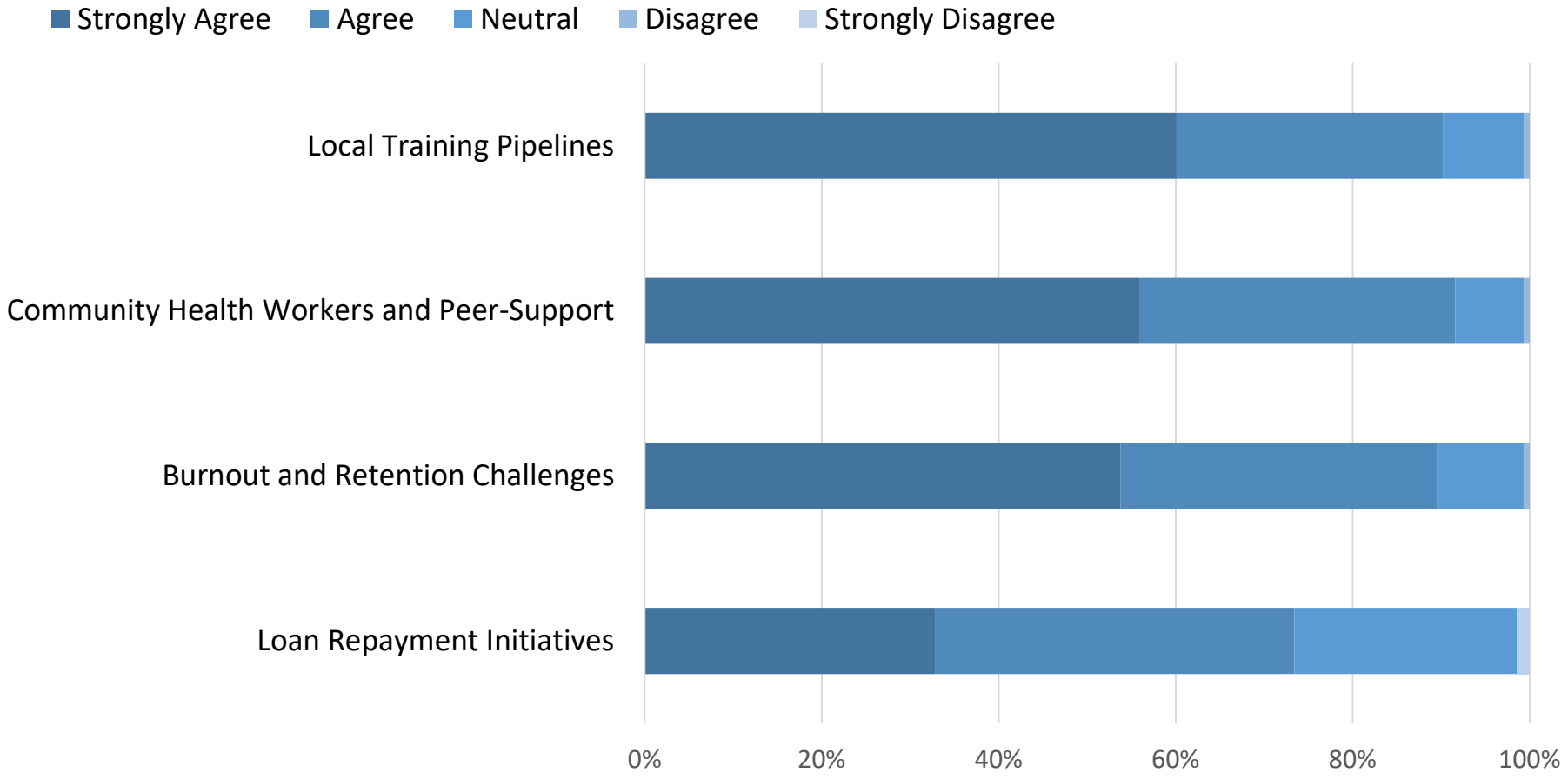
What We Asked

Translating Priorities into Program Design

- **Three initiative areas + Tribal health**
  - Workforce, Tech, and Sustainable Access
- **Activity-specific input**
  - Respondents rated strategies within each area
- **Governance feedback**
  - Input on steering committee structure
- **Open-ended Suggestions**
  - Space to share additional ideas and opportunities

Workforce Development

Stakeholder Priorities for Workforce Development

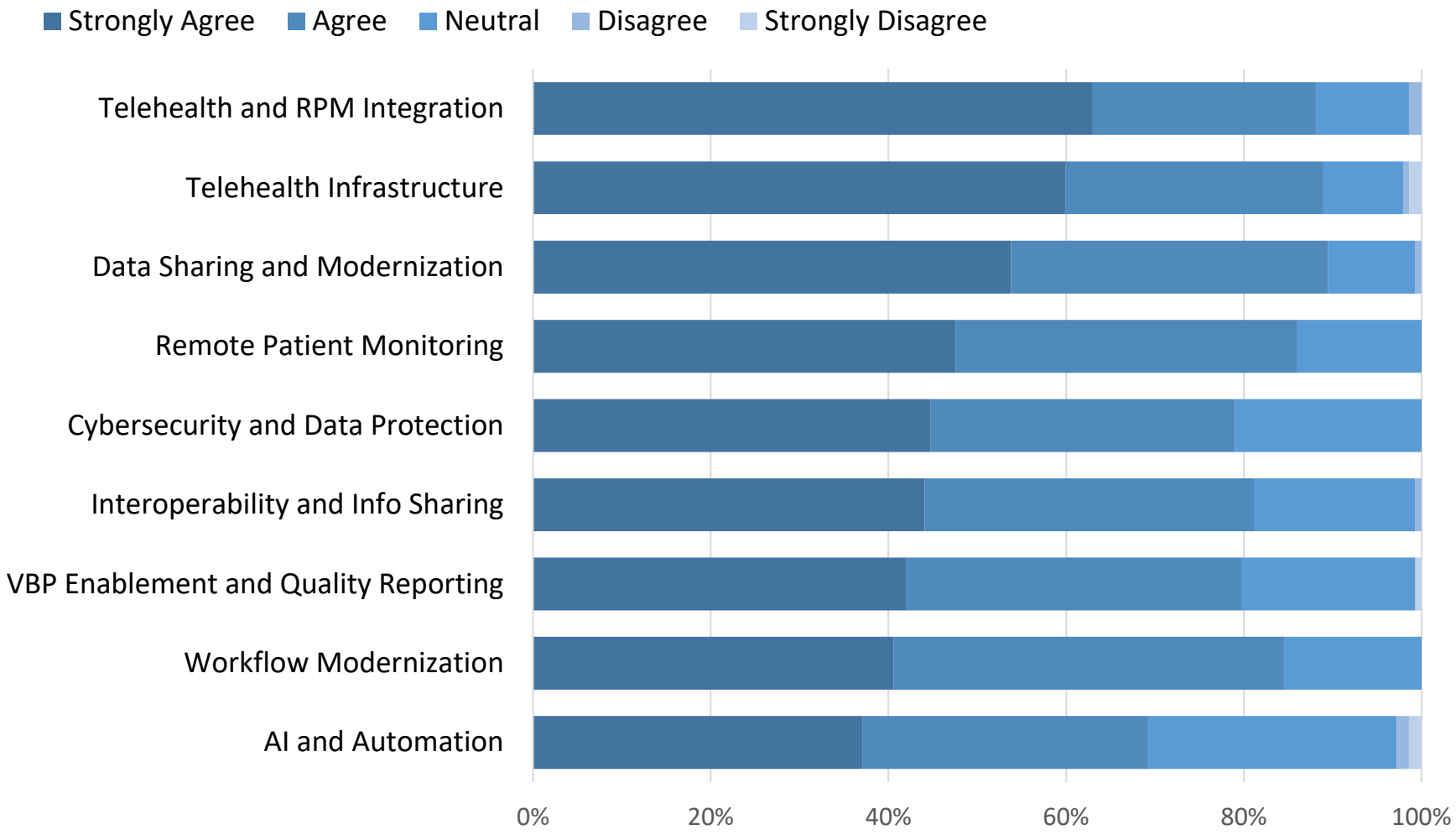


Highlights:

- **CHWs and peer widely supported,** but sustainability concerns persist
- **Local pipelines for long-term impact,** but need infrastructure
- **Burnout** seen as systemic, not individual
- **Loan repayment** supported, but less agreement overall

Technology Innovation and IT Advances

Stakeholder Priorities for Technology Initiatives

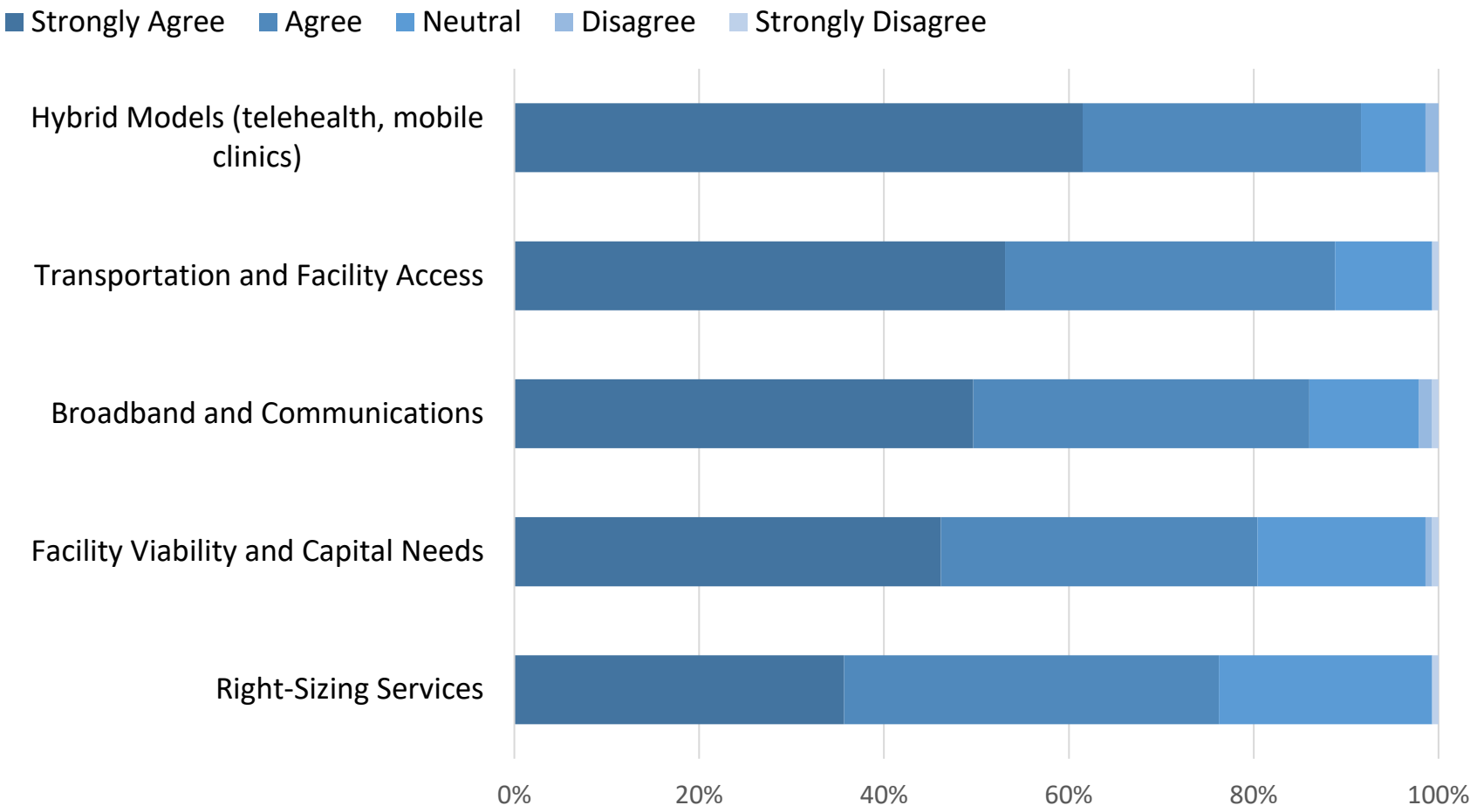


Highlights:

- **Telehealth** had strongest support (91% agree)
- **AI** most uncertain: high neutrality, some disagreement
- **Data sharing & workflow** seen as essential
- **Cybersecurity** valued, but less familiar
- Stakeholders want **integration, not replacement**

Sustainable Access

Stakeholder Priorities for Access to Care



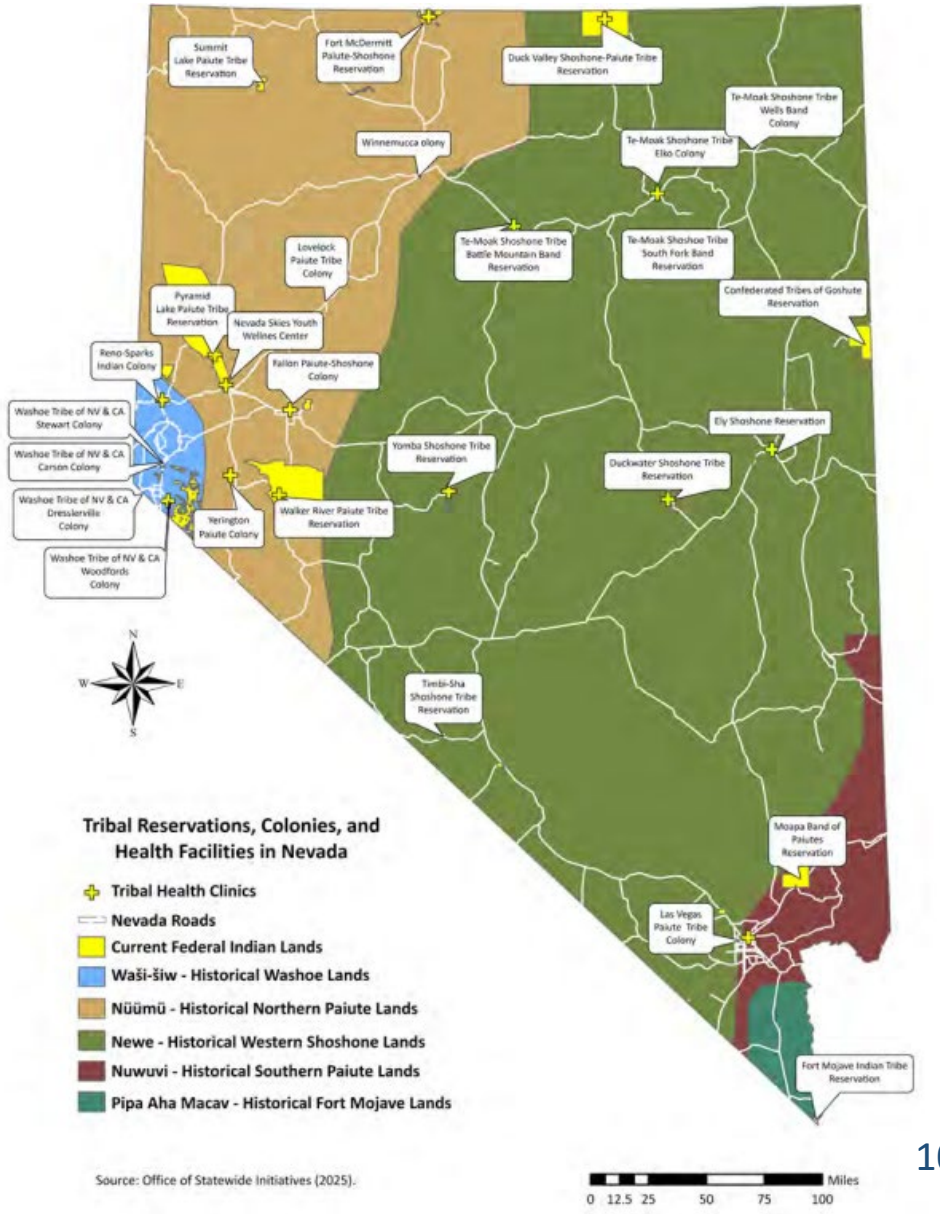
Highlights:

- **Hybrid models** (telehealth + mobile) had strongest support
- **Transportation and Broadband seen as core enablers**
- **Right-sizing** had mixed support, more neutral, less intensity
- Stakeholders want **flexible, locally tailored access solutions**

Tribal Health Priorities

Key Themes

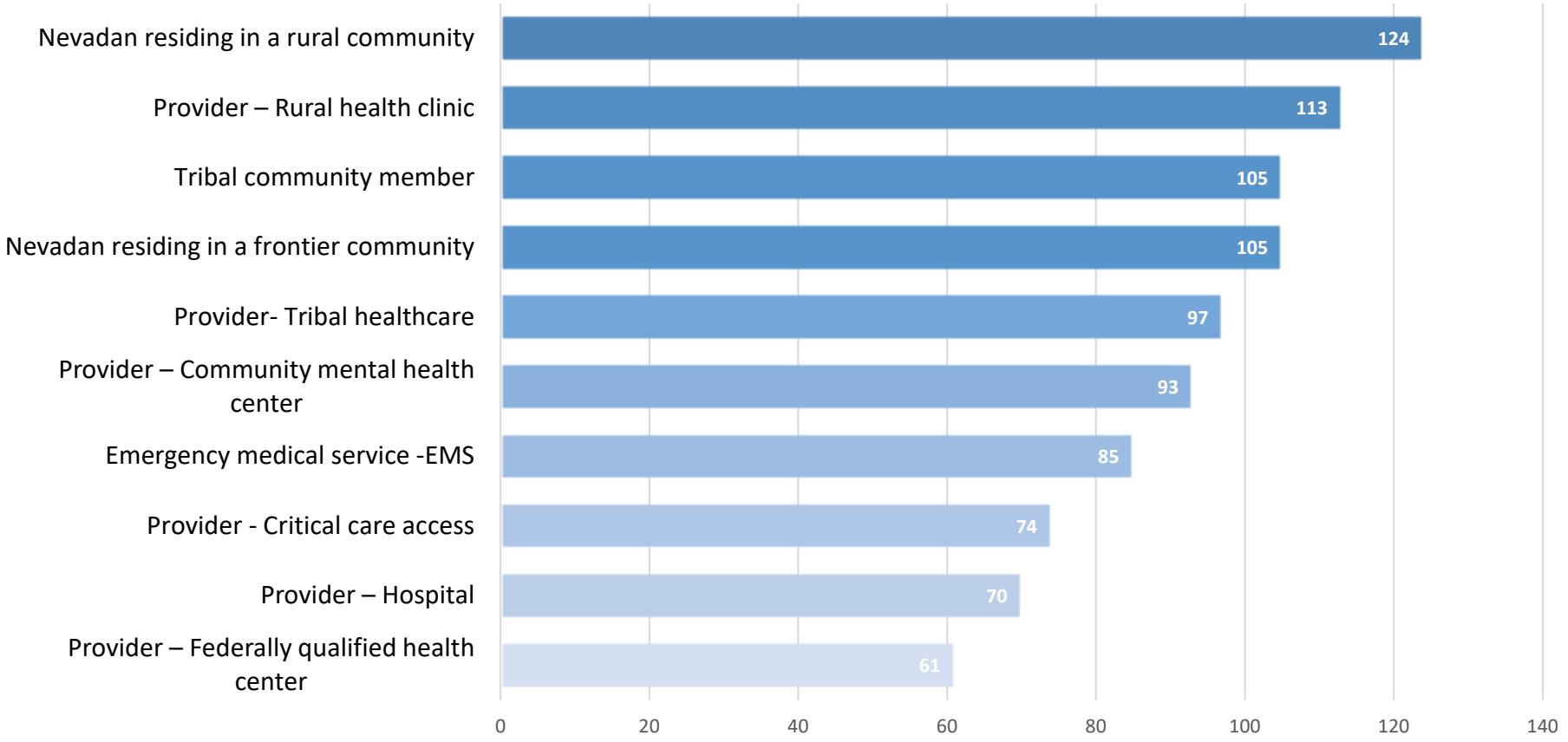
- **Workforce** is an Urgent Need
  - Housing, training, and loan repayment are top needs
- Support for **Tribal-led Solutions**
  - Traditional healing waiver, tribal health council, and a tribal set-aside
- **Access Gaps Persist**
  - Pediatric, mobile, and maternal care
- **Behavioral Health and Chronic Disease**
  - Remain top concerns
- Call for formal **Tribal-state partnerships**
  - Culturally grounded, sustainable care



Steering Committee Composition

Stakeholder Preferences for Steering Committee Composition

Top 10 most frequently selected groups from survey question 13



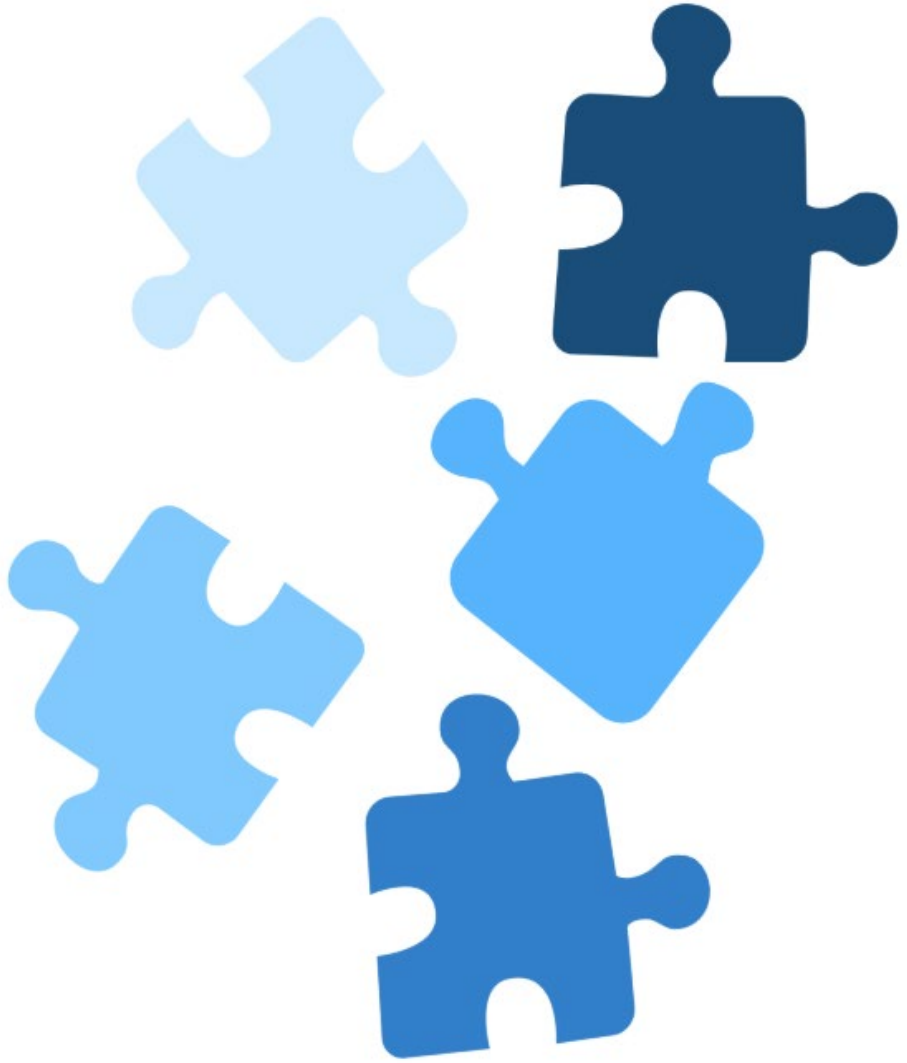
Highlights:

- **Community Voices Lead**
- Preference for **providers rooted in rural care delivery**
- Emphasis on **emergency response and behavioral health capacity**
- Call for **geographic and cultural representation**

What Stakeholders Told Us

Common Themes Across Public Input

- **Workforce is foundational:**
  - *"You can't build infrastructure and expect it to work without people"*
- **Access** must be **flexible and local**
- **Primary, Behavioral, and Maternal Care** are Core Priorities
- Technology should **extend, not replace, care**
- Initiatives are **Interconnected**
- **Trust and Community Voices Matter**
  - *"If rural communities are not shaping the work, it's rural extraction."*



Grant Application Preparation

Use of Funds Requirements

Approved states may use funds awarded by CMS to invest in at least 3 of these **permissible uses**:

- Prevention and chronic disease
- Provider Payments
- Consumer Tech Solutions
- Training and Technical Assistance
- Workforce
- Information Technology Advances
- Appropriate Care Availability
- Mental Health and Substance Use Disorder
- Innovative Care

Additional uses, as determined by the CMS Administrator:

Capital Expenditures and Infrastructure

Including minor building alterations, or renovations and equipment upgrades, subject to restrictions.

Fostering Collaboration

Strengthening local and regional partnerships

Initiative 1

Rural Health Care Access and Provider Recruitment

40% of RHT annually awarded funds

Goal: Workforce

Use of Funds Bucket: Workforce

Expansion of Health Care Provider Student Loan Repayment & Retention Programs in Nevada – 45%

- Wide variety of eligible health care provider types
- Must live and provide health care in rural communities for at least 5 years
- 50% of student loan repayment to start; 50% after completion of 5 years

Upfront Tuition Payments for Health Care Degrees – 20%

- Available to employees of Sole Community Hospitals and Critical Access Hospitals to pursue higher health care degrees or certifications

Rural Workforce Development Projects – 35%

- Available to support projects related to rural workforce recruitment and retention
- Will be awarded through a competitive procurement process (i.e., request for proposals – RFP) including an Evaluation Committee with appropriate industry representation to evaluate and score all proposals

Initiative 2

Rural Technology Innovation Grants

15% of RHT annually awarded funds

Goal: Technology Innovation

Use of Funds Bucket: Information Technology Advances

- Available to support projects related to rural health technology innovation, including supporting the modernization of a digital health ecosystem in rural Nevada to support improved access to patient-centered care, increasing provider access and participation in CMS Aligned Networks and improving provider access to interoperable health data sharing systems and electronic health records
- Will be awarded through a competitive procurement process (i.e., request for proposals – RFP) including an Evaluation Committee with appropriate industry representation to evaluate and score all proposals

Initiative 3

Flex Fund to Strengthen Rural Health Infrastructure

20% of RHT annually awarded funds

Goal: Sustainable Access

Use of Funds Bucket: Capital Expenditures and Infrastructure

- Support Critical Access Hospitals (CAHs) and rural clinics in infrastructure support needs, like the purchase of mobile clinics, ambulances, medical technology, etc.
- Funds must be used for, and stay within Nevada facilities
- Limitations: **no new construction**
- Will be awarded through a Request for Applications (RFA) process, resulting in subgrants. Application evaluation will include an Evaluation Committee with appropriate industry representation to evaluate and score all applications.

Initiative 4

Rural Health Outcomes Accelerator

15% of RHT annually awarded funds

Goal: Make Rural America Healthy Again

Use of Funds Buckets: Prevention and Chronic Disease, Mental Health and Substance Use Disorder, Appropriate Care Availability, Innovative Care

- Support evidence-based, outcomes-driven health initiatives focused on prevention, chronic disease management, behavioral health, and prenatal care in rural Nevada.
- Will be awarded through a competitive procurement process (i.e., request for proposals – RFP) including an Evaluation Committee with appropriate industry representation to evaluate and score all proposals
- Priority may be given to proposals that:
  - Establish new access points (e.g., mobile clinics, school-based health centers, community health hubs)
  - Implement preventive care programs (e.g., screenings, immunizations, nutrition education)
  - Address root causes of disease (e.g., lifestyle, dietary, exposure, environmental factors)
  - Demonstrate measurable health outcomes, program sustainability, and community engagement
  - Explore a multi-payer value-based care framework to reward improved outcomes and efficiency

Alignment with Governor's 3-Year Plan

Health & Wellness
3.1 Attracting Talent to Address Healthcare Workforce Shortages 3.1.2 Grow critical Nevada System of Higher Education healthcare workforce training programs
3.2 Improving Access to Primary Care and Public Health Services 3.2.1 Support mid-level providers through training and reimbursement 3.2.2 Expand primary care loan forgiveness/reimbursement programs
3.3 Reducing Dependency on Social Services 3.3.2 Strategically deploy new mental health investments 3.3.3 Enhance programs supporting transitions to work
3.4 Ensuring Veterans have Access to Appropriate Services 3.4.3 Coordinate services for Veterans between state departments
3.5 Improving Healthcare Quality Metrics and Outcomes 3.5.2 Support buildout of healthcare infrastructure to fill service gaps 3.5.3 Recognize healthcare buildout as economic development

1) Rural Health Care Access & Provider Recruitment

2) Rural Technology Innovation Grants

3) Flex Fund to Strengthen Rural Health Infrastructure

4) Rural Health Outcomes Accelerator

Next Steps

- **October 3 – Nov 3**: Draft and finalize application for submission to CMS
- Per federal statute, awards to be announced by CMS **no later than December 31, 2025**.
- Executive Summary to be released this week!
- Watch for announcements through the NVHA ListServ about the status of the state's application as well as opportunities to serve on the RHT Steering Committee in 2026.

Sign up for our Nevada Health Authority ListServ HERE!

Questions?

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