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THIS GRANTSCAST® WILL BEGIN SHORTLY

Strengthening Health Care and Mitigating Medicaid Cuts

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GRANTSCAST®

Strengthening Health Care and Mitigating Medicaid Cuts

Funding Strategies for the Rural Health Transformation Program (RHTP)

25+ YEARS
of grants excellence

grantsoffice.com

MEET YOUR TEAM

Today's Presenters



Mike Clark

Ingram Micro

Rural Health Technology Strategist



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Grants Office LLC

Chief Services Officer (CSO)



Michael Paddock

Grants Office LLC

Chief Executive Officer (CEO)

WHAT WE'LL COVER

Today's Agenda

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01 Exploring Fundable Technology for Rural Providers

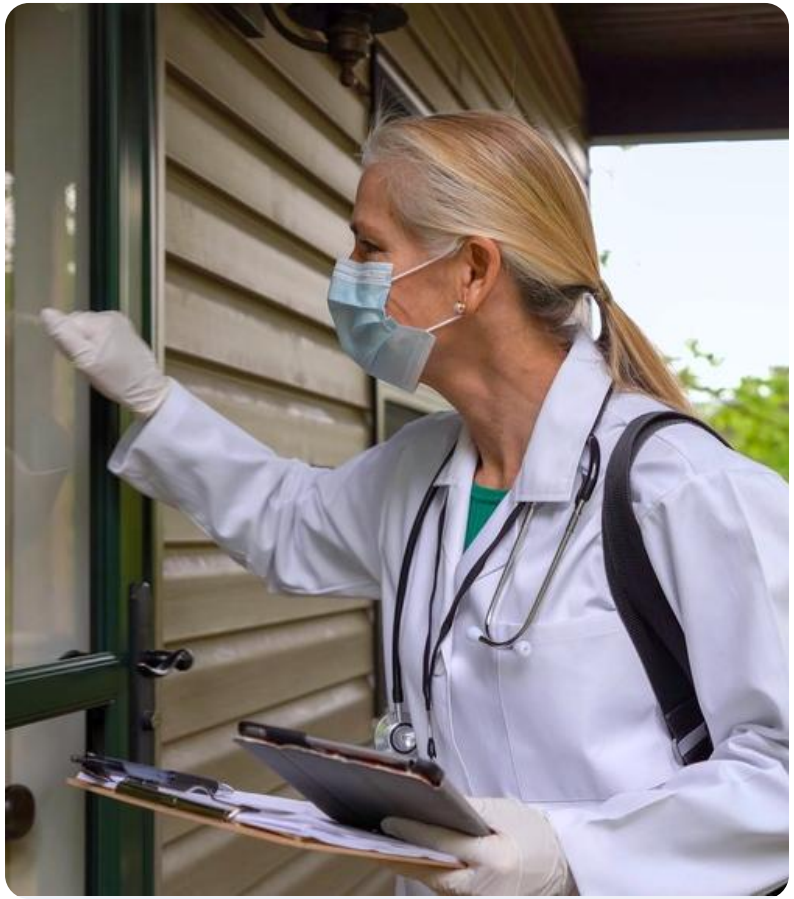
02 Understanding the Rural Health Transformation Program

03 50 Front Doors: Following State Paths to RHTP Funding

04 Building a Competitive RHTP Application

05 Engaging with the Ingram Micro Grant Support Program

06 Q&A



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01

SECTION ONE

Exploring Fundable Technology for Rural Providers

Who is Ingram Micro?

The business behind the brands — global scale, reach, and operating strength beyond AWS.

A global technology services provider built to help partners scale.

Ingram Micro operates at the center of the technology ecosystem, connecting vendors, partners, and customers through global reach, services, logistics, cloud, and financial scale.

FORTUNE 100 COMPANY

GLOBAL TECHNOLOGY SERVICES

$52.6B
2025 Net Sales

57
Operating Countries

165K+
Customers

1,500+
Vendor Partners

35K+
Full-Time Associates

50M+
Software Seats

Ingram is not just an AWS distributor — we are an enterprise-scale growth platform for partners.

Proprietary information of Ingram Micro — Do not distribute or duplicate without Ingram Micro's express written permission.

CLOUD SECURITY & COMPLIANCE

ClearDATA

Healthcare-dedicated cloud security, compliance automation, and managed operations.

- **15+ years** operating healthcare cloud environments
- **Hundreds** of protected environments — no breaches
- **HITRUST CSF r2** certified — risk-based, 2-year
- **SOC 2 Type II** — independently audited
- **AWS Level 1 MSSP** Partner Competency holder
- **300+** healthcare-specific safeguards
- **100–150** validated HITRUST controls inherited by customers
- **93%+** compliance score, held year-round
- **5x faster** mean time to resolution

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1

Healthcare-native security & compliance

Cloud controls purpose-built around HIPAA, HITRUST and NIST 800-53, with 300+ healthcare-specific safeguards — not a generalist security platform adapted to fit healthcare.

2

Certified and independently audited

HITRUST CSF r2 certified, audited under SOC 2 Type II, and holder of the AWS Level 1 MSSP Partner Competency — third-party evidence your board can point to.

3

24/7 monitoring — and findings resolved

Round-the-clock threat detection, with findings carried through to resolution rather than handed back as alerts — on average 5x faster than handling them in house.

4

Audit-ready months sooner

Customers inherit 100–150 validated HITRUST controls from ClearDATA's r2-certified environment, cutting 600–900 hours and 2–4 months from certification.

5

Sustainable past the funding period

Managed operations extend thin rural IT teams without adding headcount, and cloud cost optimization keeps RHTP-funded infrastructure affordable once the grant period ends.

VIRTUAL CARE & TELEHEALTH

GlobalMed

Rural telehealth solutions: secure virtual care software, integrated diagnostics, and care delivery for rural clinics and communities.

- **20+** years
- **100M+** virtual consults
- **60+** countries
- **ATO** from the Defense Health Agency

CAPABILITIES

- Virtual care software
- AI-enabled triage and screening
- Healthcare interoperability
- Integrated diagnostic devices
- Transportable, fixed & mobile care delivery
- Portable imaging

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1 Secure virtual care platform

eNcounter® runs secure video, case management, image capture, live auscultation, and store-and-forward across 55+ modalities. **HIPAA-compliant** and encrypted.

2 AI-powered intake, triage, and behavioral health screening

AI-Powered Virtual Intake/Triage routes patients by symptom. Canary Speech screens vocal biomarkers for **behavioral and cognitive risk**.

3 Clinical diagnostics & portable imaging

Full range of diagnostic devices, from ECG to exam cameras, collect clinical data live during the encounter. OXOS MC2 adds DICOM-compliant, portable, wireless.

4 Built for rural clinics and communities

Medical carts, kiosks, portable backpacks, and mobile unit help to **expand reach** to rural, community, and field sites.

5 Federal-ready & proven

Defense Health Agency (DHA) Authority to Operate (ATO), SOC 2 Type II, HIPAA, plus a FedRAMP pathway. Deployed across **DoD, VA, DHS, and rural hospitals**.

6 Access to clinical specialists

Remote primary care, specialty, and behavioral health clinicians on demand, with **no specialist relocation**.

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REMOTE CARE MANAGEMENT

Prevounce

AI-powered RPM, CCM, APCM, and AWV platform with cellular-connected devices and clinical support services – built for practices, FQHCs, and RHCs.

1

Built for rural care settings

Dedicated support for FQHCs and Rural Health Clinics puts a reimbursable remote care model within reach of the exact provider types RHTP funding targets.

2

One platform, four reimbursable programs

Consolidates remote patient monitoring, chronic care management, advanced primary care management, and annual wellness visits — programs states can fund and providers can bill.

3

Devices built for low-connectivity homes

Cellular-connected blood pressure, weight, glucose, and pulse-ox devices require no home Wi-Fi or setup — removing a common barrier to rural patient engagement.

4

Clinical staffing extension

Clinically trained care managers enroll and engage patients on the practice's behalf, easing the workforce shortages common in rural and community health settings.

5

Built-in billing & compliance expertise

Guided workflows for coding, time tracking, and documentation help resource-strapped rural practices capture accurate Medicare/Medicaid reimbursement.

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02

SECTION TWO

Understanding the Rural Health Transformation Program

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Rural communities face an estimated $137 billion drop in federal Medicaid spending over 10 years. RHTP's $50 billion offsets only about 37% of it.

KFF

Source: KFF analysis of the 2025 reconciliation law (updated Sept. 2026)

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RHTP AT A GLANCE

$50B

Over five years (FY2026–30) created by the 2025 reconciliation law (P.L. 119-21)

$10B

Awarded to states each year. All 50 states applied and were funded

$200M

Average Year 1 state award, from $147M (New Jersey) to $281M (Texas)

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Strategic Priorities – Defined at Federal Level



01 Make rural America healthy again

Support rural health innovations and new access points to promote preventative health and address root causes of diseases.

02 Sustainable access

Help rural providers become long-term access points for care by improving efficiency and sustainability – including the coordination of operations & IT.

03 Workforce development

Attract and retain a high-skilled health care workforce by strengthening recruitment and retention of healthcare providers in rural communities.

04 Innovative care

Spark the growth of innovative care models to improve health outcomes, coordinate care, and promote flexible care arrangements.

05 Tech innovation

Foster use of innovative technologies that promote efficient care delivery, data security, and access to digital health tools.

HOW THE MONEY FLOWS

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Base Payment + Rural Need + Technical Score



50% | Baseline

$5B a year split equally. $100M to every approved state, every year of the program.



25% | Rural need

Formula based on rural population, facilities, and the financial condition of rural hospitals.



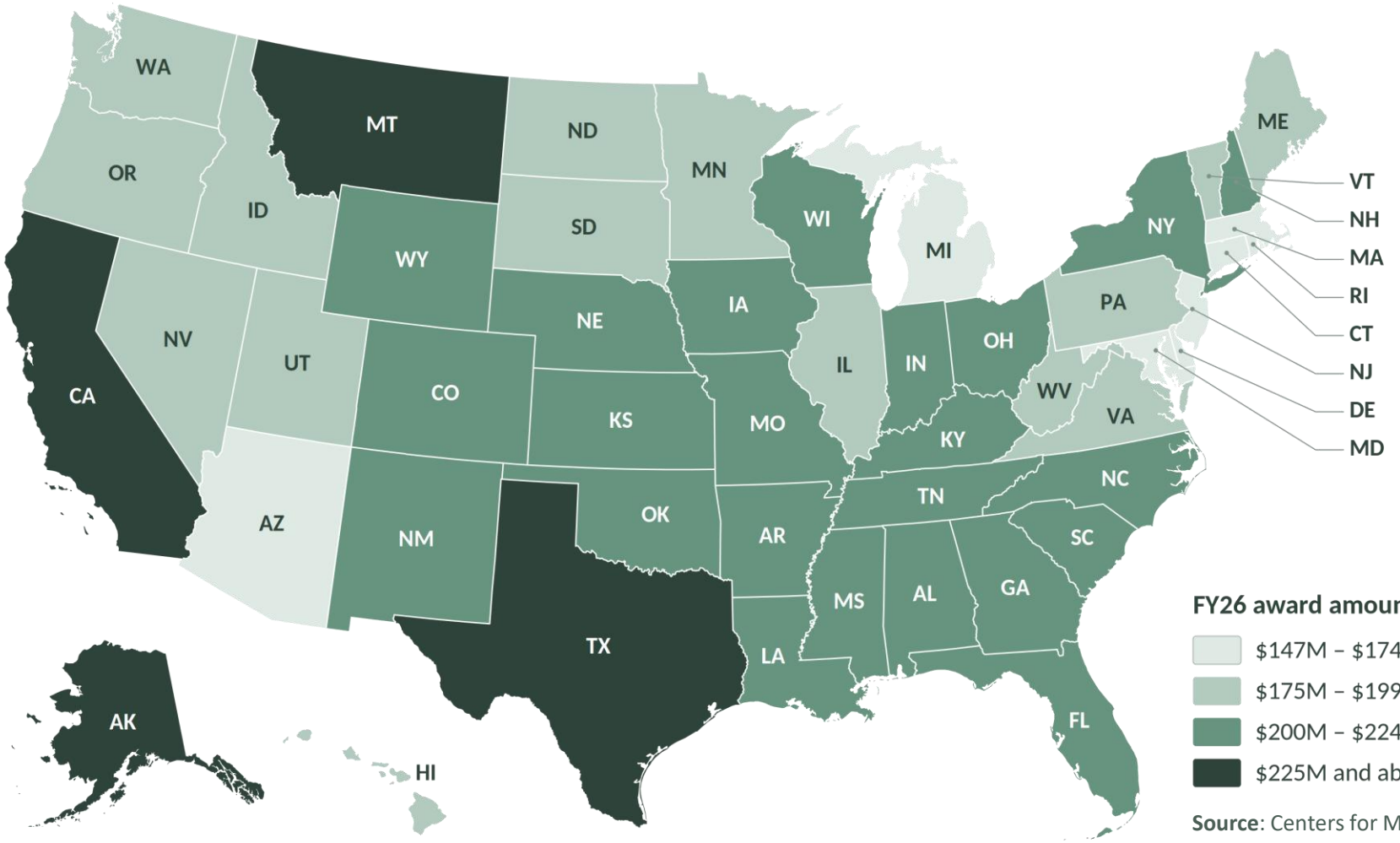
25% | Technical score

Based on each state's initiatives and policy commitments. Recalculated every year.

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Year 1 Awards by State



July 31 CMS Report

$4B of $10B in Year 1 funding had been obligated by states.

HOW THE MONEY FLOWS

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States Apply to CMS. Providers Apply to their State.

RHTP is a cooperative agreement with states. Your path to funding runs through your state's approved plan.

Eligible to apply to CMS

States only

All 50 states applied and were approved; DC and the territories were not eligible.

One lead agency per state

Health departments, Medicaid agencies, or governors' offices manage the award.

Annual continuation

States re-apply each year through a non-competing continuation request.

Who can receive funds

Rural providers

Hospitals, CAHs, RHCs, FQHCs, behavioral health centers, EMS, & clinics - as your state defines them.

Community partners

Local health departments, tribes, schools, universities, and workforce boards.

Contractors and vendors

Technology and service partners, through state or subrecipient procurement.

HOW THE MONEY IS SPENT

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Permissible Uses of Funds

Prevention & Chronic Disease

Promote evidence-based prevention and chronic disease care, including patient-facing tech tools.

Technology & Data Infrastructure

Upgrade software, hardware, and cybersecurity, to adopt remote patient monitoring, robotics, AI, and other advanced tools.

Workforce Development

Recruit and retain clinical talent who commit to serving rural communities for at least five years.

Behavioral Health

Expand access to treatment for opioid and other substance use disorders, and to mental health services.

Innovative Care & Payment

Develop value-based care and alternative payment models, and pay providers for care delivered, within CMS funding limits.

Right-Sized Care Systems

Match service lines to community need, supported by facility upgrades and regional partnerships that keep rural care sustainable.

HOW THE MONEY IS SPENT

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What We Saw in Year 1



Every state was funded

CMS awarded $10B to all 50 states on Dec. 29, 2025 — a fast start for a brand-new federal program.



An uneven rollout

Rhode Island released 99% of its funds by February; other states didn’t post opportunities until spring or summer.



Many different front doors

By early September, 20 states had executed awards; most others were posting or reviewing opportunities.



Technology at the core

Telehealth, remote monitoring, health IT modernization, cybersecurity, and AI show up in nearly every plan.

THE YEAR 1 CLOCK

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Obligate by October 30, Spend by Sept. 30, 2027

12/29/25

Award

CMS issued Budget Period 1 awards to all 50 states.

1/30/26

Funds flow

States submitted revised budgets and began drawing funds in February.

8/31/26

Year 2 request

Annual report and Budget Period 2 funding request due to CMS.

10/30/26

Obligate

Budget Period 1 ends. Unobligated funds can no longer be committed to new work.

9/30/27

Spend down

All Year 1 funds must be spent. Unspent dollars redistributed by CMS.

OBLIGATION CHECK

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How Much Year 1 Money is Left to Obligate?

	Year 1 award	Where things stand
North Carolina	$213M	~80% committed by end of July; rest targeted by Oct. 30
Oklahoma	$223.5M	$85M obligated, $70M in contracting, $68M pending (July 10)
Alaska	$272M	~$35M awarded by mid-August; ~$237M left to distribute
Texas	$281M	First round: $51M to 68 rural hospital districts (Sept. 28)

No national tally is published. Funds not obligated by Oct. 30 can't be committed to new work, so expect a late-October surge of state awards and contracts - and a fresh wave of Year 2 opportunities right behind it.

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Another $10 billion with Performance Strings Attached

Budget Period 2

PY2027 · starts ~Oct. 31, 2026

The $100M baseline per state holds steady.

The rest moves with rural need and each state's performance scores. Your state's Year 2 budget, and its priorities, may change.



Awards expected ~Oct. 31, 2026
CMS announces Budget Period 2 amounts as Year 1 closes.



State totals will shift
Technical scores recalculated on CMS checkpoints.



Policy commitments come due
Most by end of 2027 — misses trigger CMS recovery of funds.



New rounds, tighter clocks
New RFAs late fall 2026–spring 2027; spend by Sept. 2028.

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03

SECTION THREE

50 Front Doors: Following State Paths to RHTP Funding

50 STATES, 50 PATHS

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Same Federal Rules — 50 Very Different Front Doors

Competitive grants

- Open RFAs and NOFOs
- Scored applications
- e.g., TX, WI, IA

Watch state portals

Regional hubs

- Regional lead entities
- Hubs fund local partners
- e.g., North Carolina

Join your regional hub

Direct awards

- State-selected recipients
- State agency projects
- e.g., TX, AK

Talk to program staff

Contracts

- State RFPs for services
- Third-party administrators
- Tech and TA vendors

Partner with awardees

Your state's approved plan is the rulebook

Start with your state's RHTP webpage and plan narrative, then track openings directly from the state as well as intermediaries.

STATE SPOTLIGHT

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North Carolina Built Regional Hubs to Move Money Quickly

NC ROOTS

5 hub leads · 6 regions · 100 counties

Why it matters

Regional hubs shape local priorities and partner selection. If your state uses hubs, get to know yours before the next round.

$213M Year 1 award
~80% committed by end of July 2026

$10M to 39 EMS agencies
Expanding opioid treatment in the field

$20M-a-year innovation fund
Technology modernization for rural providers

Shared care coordination
Platform linking 35 rural providers; NC HealthConnex

Telehealth for behavioral health
First-episode psychosis care for young adults

STATE SPOTLIGHT

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Texas: Six Initiatives, Two Ways in — Direct Awards and RFPs

Healthy Rural Texans

Chronic disease and wellness. Direct awards to rural hospitals; first $51M went out Sept. 28.

Patients in the Driver's Seat

Consumer health technology, awarded through a competitive RFP.

Advanced AI and Telehealth

AI-enabled virtual care, awarded through a competitive RFP.

Small Town Doctor and Team

Recruitment and training of the rural workforce. Direct awards.

Unified Care and Cyber

Shared care infrastructure and rural cybersecurity protection.

Infrastructure and Capital

Equipment and facility upgrades. Direct awards.

MORE STATE PATHS

Other State Routes

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Wisconsin

WIG:HEART grants run by the Dept. of Workforce Development

- Up to $150M over 4 years; $500K–$10M awards
- Applications closed Aug. 17, 2026

Alaska

Piecemeal awards to state agencies, providers, and partners

- Average award under $700K
- ~$237M still to distribute in mid-Aug.

Rhode Island

Pushed nearly all Year 1 funds out within two months

- 99% released by Feb. 26, 2026
- Small state, focused plan

HOW THE MONEY IS SPENT

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Permissible Uses of Funds

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Promote evidence-based prevention and chronic disease care, including patient-facing tech tools.

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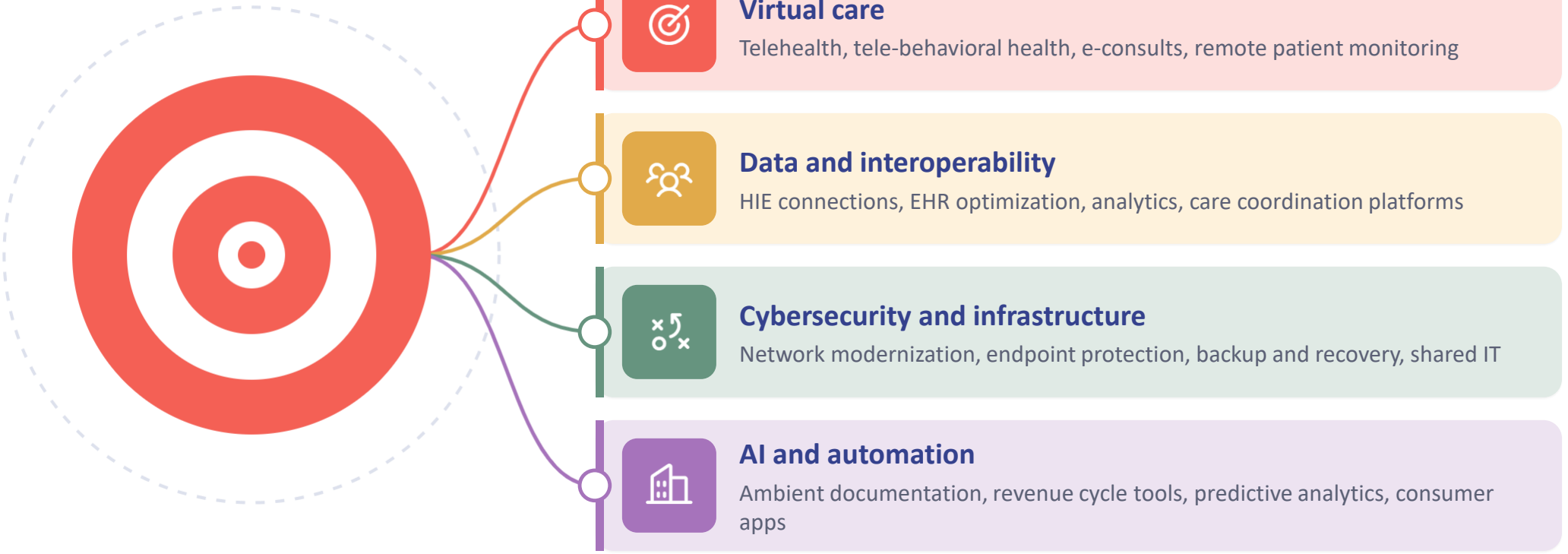
Match service lines to community need, supported by facility upgrades and regional partnerships that keep rural care sustainable.

FUNDABLE TECHNOLOGIES

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Where Technology Fits in State RHTP Plans



Virtual care

Telehealth, tele-behavioral health, e-consults, remote patient monitoring

Data and interoperability

HIE connections, EHR optimization, analytics, care coordination platforms

Cybersecurity and infrastructure

Network modernization, endpoint protection, backup and recovery, shared IT

AI and automation

Ambient documentation, revenue cycle tools, predictive analytics, consumer apps

Theme	# of Instances	% of Total
Data Infrastructure	121	8.2%
Prevention & Chronic Disease	120	8.2%
Telehealth	109	7.4%
Workforce Development	108	7.3%
Capital Expenditures & Infrastructure	106	7.2%
Behavioral Health (SUD & MH)	103	7.0%
Innovative Care (VBP, Transformation Payments, etc.)	84	5.7%
Training & TA for Tech-enabled Solutions	84	5.7%
Remote Patient Monitoring	76	5.2%
Support / Technical Assistance	75	5.1%

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State-Approved Year 1 Plans

RHTP State Plan Theme Analysis

Top ten themes account for 67% of all mentions

Five of the top ten themes involve some technological component. All 50 states included technology in their RHTP plans

The goal of RHTP is to leverage technology to improve access and outcomes for rural patients

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04

SECTION FOUR

Building a Competitive RHTP Application

ALIGN WITH PRIORITIES

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Four Moves to Align with Your State's Plan

Read the plan

Find your state's approved plan, initiatives, and current RFAs. Note eligible applicants, caps, and deadlines.

Map the fit

Tie your project to a specific state initiative and a CMS strategic goal — in the RFA's own language.

Prove the impact

Choose measurable outcomes your state reports to CMS: access, chronic disease, workforce, cost.

Plan past 2030

Show how services, staff, and technology continue after RHTP ends.

KEY APPLICATION COMPONENTS

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What Reviewers Expect to See

The proposal

- Need statement built on local rural data
- Project design tied to a state initiative
- Work plan that fits the spend-down window
- Budget and justification within the caps
- Outcome measures and a data plan
- Partners, commitments, sustainability

The readiness

- Active SAM.gov registration and UEI
- Financial capacity and audit history
- Procurement and conflict policies (2 CFR 200)
- Vendor quotes and technical specs
- Board or leadership approval
- Data-sharing and security agreements

GUARDRAILS

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Know the Funding Caps & Disqualifiers

Federal Spending Caps

- Provider payments: up to 15% per budget period
- Capital and infrastructure: up to 20%
- Replacing certified EHRs: up to 5%
- State administration: up to 10%
- Your state may set tighter limits in its RFA

Common Disqualifiers

- Supplanting existing federal, state, or local funds
- Projects outside your state's approved initiatives
- Clinician pay where non-competes apply
- New construction and connectivity (varies by program)
- Costs incurred before the subaward start date

COMMON PITFALLS

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Why Strong Projects Don’t Get Funded

Off-plan

A good idea that doesn’t match a state initiative or an allowable use.

Supplanting

Replacing funding you already have instead of expanding or transforming.

Bad timing

Work plans that can’t obligate and spend within the budget period.

Cash flow

Budgets that ignore caps and reimbursement-based payments.

No metrics

Vague metrics, thin records, and no path to sustainability.

COMPETITIVE TIPS

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Tips to Sharpen Your Proposal

THE BOTTOM LINE

Your state's plan is the rulebook.

Align to it, prove outcomes, and be ready before the RFA drops.

1. **Get in early**
   Join state listening sessions, hub meetings, and pre-application webinars.
2. **Use the state's words**
   Mirror initiative names, metrics, and scoring criteria.
3. **Partner regionally**
   Multi-provider, cross-sector projects stand out in nearly every state.
4. **Lead with outcomes**
   Quantify baselines and targets reviewers can verify.
5. **Be shovel-ready**
   Have quotes, specs, and approvals in hand before the RFA drops.
6. **Show life after 2030**
   Document how the project sustains itself beyond RHTP.

YOUR NEXT SIX MONTHS

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Position Now for Year 2 (and Beyond) Opportunities

Now

Act now

Respond to remaining Year 1 opportunities and quick-turn contracts in your state.

10/30/26

Year 1 closes

Obligation deadline passes; CMS announces Budget Period 2 awards.

Nov 2026

Re-plans

States adjust to new award amounts; new RFAs and procurement notices follow.

2027

Year 2 rounds open

Expect winter–spring rounds. Build your project now so you're ready.

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05

SECTION FIVE

Engaging with the Ingram Micro Grants Support Program

Ingram Micro Grant Services

Grant and progress report writing, comprehensive prospect research, and grant program planning.

- Grants identification for Cloud Technologies
- Support for existing grant opportunities
- Advice on cultivating relationships with donors
- Program/project budget development
- Coordination of grant awarded
- Pre- and post-support for grant engagements
- Information Exchange – Analytics
- Proposal review including proofreading, and overall clarity and positioning
- Quarterly Webinars

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Q&A

Questions

Drop them in the chat – we'll answer as many as we can live and follow up on the rest by email.

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Thank you.

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