



**Tri-Agency Special Tribal Consultation:
AHCCCS / ADHS / OEO
May 27, 2026**



Welcome to Today's Tribal Consultation!

While You're Waiting....

- 01** Test your Audio
- 02** You were **automatically muted** upon entry
- 03** Use the **chat** for questions or **click** 🙋 to raise your hand to speak
- 04** **Join by either phone or computer** (Please don't join with both)

Open Blessing and Land Acknowledgement



Aaron Dennison Sam
Traditional Practitioner, FDIHB





This Meeting Is Being Recorded

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Please disconnect from this meeting if you do not agree to these terms.

Meeting Protocols & Guidelines



Speaking Priority

1. Tribal Leaders
2. UIO Leaders
3. Appointed Delegates
4. Advisors

Participation Guidelines

- Please restate your name and Tribal affiliation when speaking.
- *For online participants:*
 - Please leave a comment with your name, title, and Tribal affiliation in the chat box.
 - Use the raise hand feature to speak.



Tribal Consultation Notification

Jazmin Villavicencio-Bahe
AHCCCS Tribal Liaison

Tribal Relations Team

CONTACT

Email: Tribalrelations@azahcccs.gov



Name: Jazmin Villavicencio-Bahe
Title: AHCCCS Tribal Liaison



Name: Dante Mitchell
Title: AOEO Tribal Liaison



Name: Gerilene Haskon
Title: ADHS Tribal Liaison



Agenda

01 Welcome & Opening Remarks

02 AZ RHTP Overview

03 Agency Overview & Discussion

04 Partnership & Open Forum

05 Next Steps



Welcome

Meaghan Kramer
Governor's Office

Opening Remarks



Name: Roberta Harrison
Title: AHCCCS Director



Name: Debbie Johnston
Title: ADHS Director



Name: Mary Foote
Title: AOEO Director





Acknowledgement of Support

This effort, expressly named as Arizona Rural Health Transportation Program, is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$166,988,956 with 100 percent funded by CMS/HHS.

The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

AZ RHTP Program Leadership

The Governor selected AHCCCS as the lead agency for the RHT Program. In fulfillment of CMS requirements, AHCCCS designated a Principal Investigator (PI), who dedicates a minimum of 25% effort to grant management and oversight, and a full-time State Project Officer, who provides daily oversight of workstreams, cross-functional coordination, and federal compliance.



Name: CJ Loisselle
Title: Assistant Director, DBHH
Role: RHT Principal Investigator (PI)
Email: CJ.Loisselle@azahcccs.gov

Responsibilities:

- Oversee Program Compliance and Audit Oversight
- Operational performance and Risk Management
- Federal reporting and Records Management
- Governance and controls
- Leveraging existing infrastructure to align oversight practices with all AHCCCS managed federal grant programs and statewide priorities



Name: Katie Pompay
Title: State Project Officer
Role: RHT Program Director
Email: Katie.Pompay@azahcccs.gov

Responsibilities:

- Oversee daily execution of all RHTP initiatives, ensuring alignment with CMS-approved workplans and objectives
- Team Supervision
- Workplan and Milestone Management
- Federal Coordination
- Reporting and Compliance
- Subrecipient Oversight
- Audit-Ready Documentation

AZ RHTP Tribal Engagement & Consultations

Pre-Application Submission

- AHCCCS hosted Tribal listening session at the National Tribal Health Conference on September 11, 2025 and updated the Tribal partners at Tribal Consultation on November 3, 2025.
- Arizona met with IHS representatives on October 7 & 21, 2025. IHS advised the State to ensure Arizona's application included comprehensive options for Native American and Tribal populations and emphasized the need for culturally appropriate care.
- Arizona facilitated meetings with Arizona's Tribal 638 hospitals on October 9 & 27, 2025.
- Arizona coordinated with the Arizona Advisory Council on Indian Health Care (AACIHC) on October 6 & 30, 2025.
- Arizona offered individual meetings to leadership for all 22 Tribes.

Post-Application Submission

- AHCCCS facilitated the Special Tribal Consultation: Traditional Healing & RHTP on January 13, 2026

Post-Award

- AHCCCS held the Tri-Agency Tribal Consultation (Q1) on May 7, 2026
- AHCCCS is facilitating the Special Tribal Consultation for RHTP on May 27, 2026
- AHCCCS will conduct 1:1 Engagement Meetings (Upcoming)
- AHCCCS will conduct Site Visits (Upcoming)

AZ RHTP Overview

Arizona's RHTP initiatives were designed to align with CMS's 5 strategic priority areas, ensuring that program investments advance federal objectives while addressing Arizona's rural and underserved community needs.



Strategic Goal	Description
Make Rural America Healthy Again	Focus on preventive care, chronic disease management, behavioral health, and maternal-fetal health using evidence-based approaches. Address root causes of poor health and improve long-term outcomes
Sustainable Access	Help rural providers become long-term, reliable access points by improving efficiency and encouraging collaboration across facilities and systems (e.g., better coordinate primary, specialty, and emergency care)
Workforce Development	Strengthen recruitment and retention of health care workers in rural communities
Innovative Care	Promote new ways to deliver care , such as value-based payment models or Accountable Care Organizations, to improve quality and reduce costs
Tech Innovation	Invest in digital health tools, telehealth, data sharing, and cybersecurity to modernize health care delivery



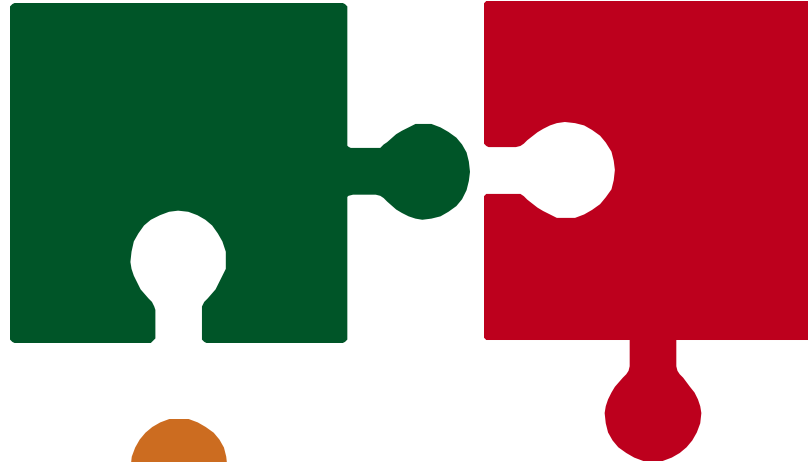
CMS awarded Arizona \$166,988,956 for administration and implementation of their initiatives and programs in RHTP Budget Year 1.

Arizona's RHTP Initiatives

Below are the **4 initiatives** that Arizona is focusing on to address the key challenges related to access to healthcare in rural communities:

Rural Health Workforce Development and Training Program

- **Recruit, train, and retain skilled health professionals** serving Arizona's **rural and Tribal communities** by creating new and expanding existing workforce initiatives
- Create **financial incentives to encourage recruitment and retention** of healthcare professionals, collaborating with universities colleges, and AHECs, with an emphasis on allied health disciplines

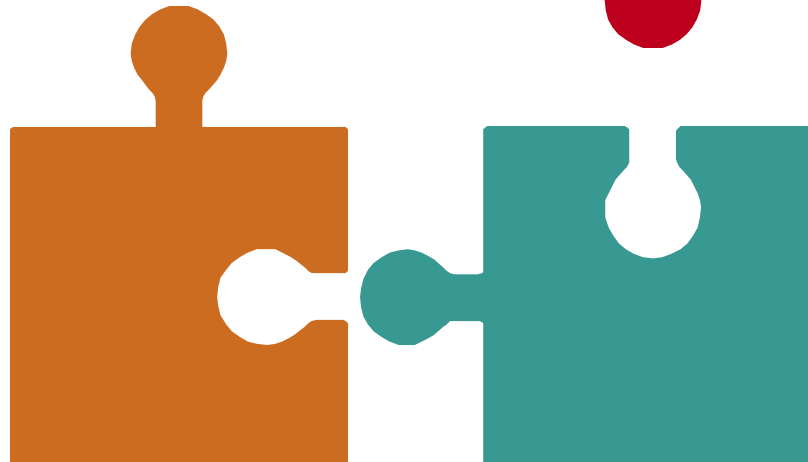


Making Rural Healthcare Accessible

- Expand access to care in rural communities by deploying mobile units and satellite sites, and expanding telehealth services for **specialty, primary, and preventive care in remote areas**
- Integrate **regional coordination** for referrals, scheduling, and continuity of care, and telehealth-enabled access to improve rural health outcomes

Priority Health Initiatives Grants Portfolio

- Focused on **Behavioral Health & Substance Use Disorder (SUD), Maternal-Fetal Health, and Chronic Disease Prevention & Management**
- **Expand prevention and treatment access** via grant opportunities, including for mobile/digital units, enhancing training, and increasing screening



Making Rural Healthcare Resilient

- Implement shared services models to reduce administrative and financial burdens by **leveraging EMRs, HIE, and scaling back-office support**
- Provide **technical assistance** to strengthen rural network **performance and coordination** for better care delivery

RHTP Funding Overview

This outlines **eligible funding usage & funding restrictions** under CMS guidance and notes that Arizona must select *at least 3 eligible activities* as part of the RHTP application:

ELIGIBLE FUNDING USAGE



- Providing **IT tools and upgrades**
- Right-sizing rural health systems
- Improving **access to mental health** and substance use care
- Developing innovative care models
- Ensuring **sustainable access** to high-quality rural healthcare
- Training and technical assistance
- Providing **payments to healthcare providers**
- Promoting consumer-facing technologies
- Promoting **evidence-based interventions**
- Recruiting & retaining **clinical workforce**

FUNDING RESTRICTIONS*



- **New construction**
- Meeting **matching requirements** for any other federal funds or local entities
- Replacement of **payment for reimbursable clinical services** or **changes to existing fee schedules**
 - Provider payments cannot exceed 15% of total funding per budget year
- 5% limitation per budget year for **EMR replacement** if system is in place as of 9/1/25
- **Broadband infrastructure**
- Clinician salaries for facilities that subject clinicians to non-compete agreements.
- **Meals**, including medically tailored meals
- **Supplanting** existing State, local, Tribal, or private funding of infrastructure or services.

AZ RHTP Funding Pathways

Tribes, Nations, Communities, and Organizations may engage with the State of Arizona through various funding pathways. One is not preferred over the other. Your entity's leadership may select the pathway that best fits its priorities, capacity, and governance.



Partnership Options Vary by Initiative

- Intergovernmental Agreement (IGA)
- Competitive Solicitations
 - Request for Grant Applications (RFGA)
 - Multi-Tier Grants
- Competition Impracticable (Partnership with Organization/Vendor/Subawardee)
- Contract Amendments



Each Funding Pathway will be explained further in the Program Initiatives presentations later today.



AZ RHTP Tribal Partnership Framework

ARIZONA

Tribal Interest Form Submissions

Before today's special consultation, Tribal stakeholders responded to the AZ RHTP Tribal Interest Form where they signaled their commitment to participate in the 4 major initiatives.

- The most aligned RHTP initiative pillars among (27%) Tribal stakeholders are:
 - **Rural Health Workforce Development & Training**
 - **Making Rural Healthcare Accessible**
 - **Making Rural Healthcare Resilient**
- Both funding mechanism pathways were equally favored (40% for each) for Competitive Procurement with Tribal Priority as well as the Inter-Governmental Agreement option
- Respondents were split across contracting stage duration, 40% anticipating less than 3 months; another 40% anticipating 12 months for contract completion
- Respondents expressed interest in several technical assistance topic areas: **evaluation, sustainability, data & reporting, and budget development support** were among the top requested

AZ RHTP | Tribal Interest Form

This form allows Arizona Tribal stakeholders, or designees acting on behalf of a Tribe, to submit funding-aligned program requests for consideration under the Arizona Rural Health Transformation Program. Arizona recognizes Tribal sovereignty and approaches this interest form as a preliminary planning tool for deeper collaboration and transparency.

After submitting this form, you may email any supporting materials, such as concept papers, draft scopes of work, letters of support, or budget worksheets, to the appropriate Tribal Liaison for each Lead Agency.

When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself.

* Required

1. Which RHTP initiative pillars does this request align with? Select all that apply. *

Rural Health Workforce Development and Training Program | **Lead Agency:** OEO

Priority Health Initiatives Grants Portfolio | **Lead Agencies:** AHCCCS (BH, SUIJ) & ADHS (Chronic Disease, Maternal and Fetal Health)

Making Rural Healthcare Accessible | **Lead Agency:** AHCCCS

Making Rural Healthcare Resilient | **Lead Agency:** AHCCCS

Cross-cutting or Not Sure

2. Please indicate which sub-program(s) within *Rural Health Workforce Development and Training Program* does your request align with? (Select all that apply.)

Optional. Skip this question if your request does not align with this initiative.

Rural Education and Training Expansion

Financial Incentives

Provider Upskilling and Residency Support

Rural Innovation Learning Network

Other or Not Sure

Not applicable to this request

3. If you selected *Rural Education and Training Expansion*, which of the following program areas are you interested in supporting? Select all that apply. Skip if not applicable.

Community College Program and Clinical Capacity Expansion; Direct Financial Incentives for Rural/Tribal Students

University Program Capacity and Expansion; University Clinical Program and GME Expansion; Direct Financial Incentives for Rural/Tribal Students

CTE, AHBC, and HOSA Program Capacity and Expansion

Transition to Practice Capacity and Expansion for Post-Secondary Provider Partners

Other or Not Sure

AZ RHTP Protections Against Supplanting

Under CMS guidance, supplanting is explicitly prohibited for RHTP. All funds **must be used to support new, expanded, or enhanced activities** rather than to offset costs that are already covered by other funding sources.



ALLOWABLE EXPANSION

Hiring new staff for new services

Funding a new community health worker to deliver a new chronic disease management program in counties B, C, and D.

New equipment for expanded services

Purchasing new telehealth equipment and devices for a new remote endocrinology consult service not previously offered.

New populations in new geographies

Extending an existing pilot program to three new rural counties that were not previously served.

New technology-driven capabilities

Adding AI-powered diagnostic tools, remote patient monitoring, or data infrastructure capabilities that did not previously exist.



SUPPLANTING (NOT ALLOWED)

Shifting existing staff salaries

Using RHTP funds to pay the salary of a nurse already employed and funded by the State or county health department.

Replacing current equipment costs

Using RHTP to cover the replacement cost of equipment in County A that is already funded by the county budget.

Covering existing operating expenses

Redirecting RHTP funds to pay for rent, utilities, or supplies already budgeted by the local health department.

Duplicating billable services

Paying for clinical services already reimbursable through Medicaid, Medicare, or private insurance.

Supplanting Compliance Checklist

The supplanting test is about the activity, not the entity. The original program's costs, administrative expenses, and activities must continue to be funded by those original sources.



- ✔ **Baseline Service Inventory** **Document all services** currently provided, their funding sources, and the populations they serve.
- ✔ **Funding Source Map** For **each existing service**, identify who pays for it (Medicaid, county budget, State appropriation, other grants). **Confirm in writing** that those funding sources will continue.
- ✔ **New vs. Existing Delineation** For every RHTP-funded activity, **document specifically what is new or expanded**: service, population, geography, milestones, or delivery model. Be explicit and precise.
- ✔ **Time Allocation for Shared Staff** If any staff member works on both existing and RHTP-funded activities, **document the time split**. Only the RHTP-specific portion may be charged to the opportunity.
- ✔ **Internal Controls and Standard Operating Procedures (SOPs)** Establish **SOPs for avoiding program duplication**. AZ RHTP will require this documentation during the risk assessment process.
- ✔ **Ongoing Monitoring** Review quarterly to ensure existing funding sources have not been reduced or redirected as a result of the RHTP award. **Any reduction could signal supplanting**.

Sub-award Monitoring & Reporting Requirements

RHTP is a **cooperative agreement**, with Arizona working closely with CMS to advance innovative and sustainable solutions for rural and Tribal communities. **Continued funding is tied to outcomes, requiring rigorous reporting, compliance, and performance accountability from subrecipients and contractors.** Awarded partners are expected to comply with the following requirements:

- **Programmatic Reporting:** Regular progress reports demonstrating alignment to RHTP goals, CMS priorities, and approved workplans, including milestone and outcome tracking
- **Financial Reporting:** Timely submission of detailed expenditure reports, budget-to-actuals, and documentation supporting allowable and allocable costs
- **Performance & Outcome Metrics:** Collection and reporting of required CMS and State-defined performance measures to support statewide outcome reporting
- **Compliance Oversight:** Adherence to federal, state, and CMS RHTP requirements, including procurement standards, data integrity, and record retention
- **Monitoring Activities:** Participation in desk reviews, site visits, audits, and corrective action processes as required by the State



Key Dates & Reporting Milestones

To receive this award – there are mandated terms and conditions that apply to the recipient (AHCCCS) and all subawards thereafter. These items include the following:

NEAR-TERM: BUDGET PERIOD 1

~**July/Early August 2026** — Awarded recipients need to provide AHCCCS with their program data, spending breakdowns, progress updates, and milestone status so AHCCCS can compile and submit:

- **Annual Report #1 (due August 30, 2026); Annual Reports are due on August 30th of every Budget Year.**
- **Non-Competing Continuation Application for Budget Period 2 (due August 30, 2026)**

August 30, 2026 — CMS uses Annual Report #1 to **recalculate Arizona's technical score and workload funding** for Budget Period 2.

ONGOING THROUGHOUT THE AWARD

Monthly — AHCCCS will conduct monthly check-in touchpoints with Tribes, Nations, and Communities to align with AHCCCS's monthly calls with the CMS Project Officer.

Quarterly data collection windows Tribes should provide data to AHCCCS 2–3 weeks before each due date:

Report Name	Start Date	End Date	*Due to AZ RHTP	CMS Due Date
Quarterly Report #1	August 1, 2026	October 30, 2026	November 14, 2026	November 29, 2026





Technical Assistance AZ RHTP Can Provide

Once a solicitation is released, state law and Arizona procurement rules prohibit AZ RHTP from interacting directly with a respondent. However, once officially awarded, Arizona has several technical assistance options slated for Tribal stakeholders.

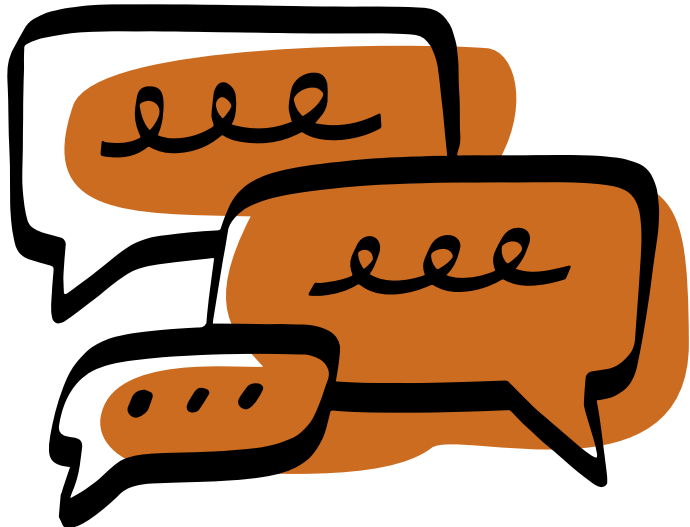
Pre-Application Support

- Pre-application consultation on eligibility, fit, and approach
- Project design partnership and review of draft proposal materials
- Budget development assistance and alignment with federal requirements

Planned Technical Assistance

- Compliance navigation across 2 CFR Part 200 and CMS terms
- Reporting support and templates for quarterly and annual submissions
- Regular check-ins, office hours, and participation in Tribal Health Summits
- Site visits to identify areas of success, opportunity, and improvement

AZ RHTP Tribal Framework Discussion





AHCCCS Initiatives

ARIZONA

AHCCCS Programs

PROGRAMS OVERSEEN BY AHCCCS

Priority Health Initiatives Grant Portfolio

- Behavioral Health and SUD Grant Program (\$10M)

Making Rural Healthcare Accessible

- Telehealth Hubs, Remote Monitoring, Digital Infrastructure, and Care Coordination (\$17M)
- Rural Health Innovative Care Pilot Program (\$21M)

Making Rural Healthcare Resilient

- Medical Diagnostic Equipment and Technology (\$30M)
- Provider Liaisons Pilot program (\$389,960)
- Adopt Shared Services Consortium programming (\$5M)
- Technical Assistance for Operational and Fiscal Performance programming (\$2.8M)

Two Pathways for Tribal Nations to Engage

In partnership with AHCCCS, Tribal Nations may engage through either of two pathways. Both are available; one is not preferred over the other. A Nation may choose the pathway that best fits its priorities, capacity, and governance.

GOVERNMENT-TO-GOVERNMENT

Direct engagement between sovereign governments, grounded in formal consultation and tailored support.

- Designated AHCCCS liaison as primary point of contact
- Structured consultation meetings on Tribal priorities
- Pre-proposal support and project eligibility guidance
- Budget planning, review, and proposal development assistance
- Ongoing compliance, reporting, and capacity support

VENDOR / CONTRACTOR PARTNERSHIP

Competitive procurement in which a vendor or contractor submits an application on behalf of a partnership with the Tribal Nation, Community, or Tribe.

- Up to a 5 percent evaluation bonus for meaningful Tribal engagement
- Tribal Nation and vendor define roles before application submission
- Vendor leads application preparation, incorporating Tribal input
- Applications evaluated through formal scoring; selection not guaranteed
- Technical assistance available case-by-case, dependent on capacity

Priority Health Initiatives Grant

\$31M*

Budget Year 1

Workforce Development & Training

Priority Health Initiatives Grant

Making Rural Healthcare Accessible

Making Rural Healthcare Resilient

IN FOCUS



**Behavioral Health
& SUD Expansion**

\$10M



**Maternal-Fetal
Health Grant**

\$5M

ADHS Administering this Initiative



**Chronic Disease
Prevention & Management**

\$16M

ADHS Administering this Initiative

Initiatives (1 of 2)

Behavioral Health & SUD Expansion Grant – Up to \$10,000,000 / year

Opportunity	Award Range	Procurement Method	Scope & Description	Eligible Applicant(s)	Release Timeframe
Opioid Antagonist Distribution & Overdose Prevention	Up to \$100,000 - \$250,000	RGA	Grants to procure and distribute opioid antagonist kits (e.g., naloxone), train first responders and community members in overdose recognition, establish micro-distribution points, and build regional/multi-county overdose prevention networks.	<ul style="list-style-type: none"> • Rural Counties • Tribal Communities • Fire Districts • Frontier Clinics • Emergency Medical Service Agencies • County Health Departments • Critical Access Hospitals • Rural Behavioral Health Providers 	Summer 2026
Expansion of Mobile & Digital BH/SUD Services	Up to \$5,000,000	Simplified/Competitive RGA	Grants to deploy digital access points, mobile outreach units, mobile behavioral health treatment teams, and full mobile crisis stabilization units in rural and Tribal communities.	<ul style="list-style-type: none"> • Rural & Tribal Health Programs • Community-Based Organizations County Health Departments • Critical Access Hospitals • Federally Qualified Health Centers • Emergency Medical Service Agencies • Behavioral Health Providers 	Summer 2026
Training & Recruitment of BH Professionals in Shortage Areas	Up to \$2,000,000	Simplified/Competitive RGA, ISA/IGA, or Managed Care Organization Contract Amendment	Grants to expand behavioral health training access, support rural recruitment and retention through incentives and supervised clinical hours, and build regional workforce collaboratives.	<ul style="list-style-type: none"> • Public Colleges & Universities • Area Health Education Centers • Rural Health Systems • Tribal Behavioral Health Programs • Rural Clinics • Critical Access Hospitals • Community-Based Behavioral Health Agencies • Managed Care Organizations 	Summer 2026

Initiatives (2 of 2)

Behavioral Health & SUD Expansion Grant – Up to \$10,000,000 / year (*ctd.*)

Opportunity	Award Range	Procurement Method	Scope & Description	Eligible Applicant(s)	Release Timeframe
Prevention Programs Suicide, Trauma & Substance Use	Up to \$1,500,000	Simplified/ Competitive RGA	Grants to implement evidence-based prevention curricula in schools and community settings, scale multi-site programs, and build regional prevention coalitions.	<ul style="list-style-type: none">• Schools, School Districts• Local Education Agencies• Tribal Education & Health Entities• County Public Health Departments• Federally Qualified Health Centers• Youth-Serving Community-Based Organizations• Behavioral Health Providers• Managed Care Organizations	Summer 2026

Making Rural Healthcare Accessible

\$38M*

Budget Year 1

Workforce Development & Training

Priority Health Initiatives Grant

Making Rural Healthcare Accessible

Making Rural Healthcare Resilient

IN FOCUS



**Telehealth Hubs,
Remote Monitoring,
Digital Infrastructure & Care Coordination**

\$17M



**Innovative Care
Pilot Program**

\$21M

Initiatives (1 of 4)

Telehealth Hubs Remote Monitoring, Digital Infrastructure & Care Coordination – Up to \$17,000,000 / year

Opportunity	Award Range	Procurement Method	Scope & Description	Eligible Applicant(s)	Release Timeframe
Telehealth Hubs, Remote Monitoring, Digital Infrastructure, and Care Coordination	Up to \$17,000,000	Simplified/Competitive RGA	Small-scale, community-driven initiatives to build foundational telehealth capacity. Telehealth hubs will be integrated with rural hospitals and community health centers, enabling virtual specialty consults and remote patient monitoring. Eligible uses include basic telehealth equipment, digital literacy training, connectivity assessments, community health navigation support, and pilot remote patient monitoring programs.	<ul style="list-style-type: none">• Small Rural Clinics• Tribal Health Programs & 638 Facilities• Community-Based Organizations• EMS Agencies & Fire Departments (Rural)• School-Based Health Centers (Rural)	Summer 2026

Making Rural Healthcare Accessible

\$38M*

Budget Year 1

Workforce Development & Training

Priority Health Initiatives Grant

Making Rural Healthcare Accessible

Making Rural Healthcare Resilient

IN FOCUS



**Telehealth Hubs,
Remote Monitoring,
Digital Infrastructure & Care Coordination**

\$17M



**Innovative Care
Pilot Program**

\$21M

Initiatives (1 of 2)

Rural Health Innovative Care Pilot Program – Up to \$21,000,000 / year

Opportunity	Award Range	Procurement Method	Scope & Description	Eligible Applicant(s)	Release Date
Micro-Grants	Up to \$10,000 - \$75,000 12-18 months	Simplified/ Competitive RGA	Small-scale pilots for innovative care models and technologies. Eligible uses include basic telehealth equipment, digital literacy training, connectivity assessments, community health navigation, and small-scale pilot programs for alternative care delivery.	<ul style="list-style-type: none"> • Small Rural Clinics • Tribal Health Programs & 638 Facilities • Community-based Organizations • Rural EMS Agencies & Fire Departments • School-based Health Centers 	Summer 2026
Mini-Grants	Up to \$75,001 - \$500,000 18-36 months	Competitive RGA	Implementation of innovative care models with measurable access and outcome improvements. Eligible uses include mobile and satellite service expansion, community health worker programs, diversion models, in-home services, traditional healing supports, behavioral healthcare for school-aged children, and alternative payment adoption.	<ul style="list-style-type: none"> • Rural Health Clinics • Federally Qualified Health Centers • Small Critical Access Hospitals • Tribal Health Facilities • Eligible IHS Sites • County Health Departments • Rural Provider Consortiums 	Summer 2026
Standard Grants	Up to \$500,001 - \$2,000,000 24-36 months	Competitive RGA	Comprehensive innovative care pilots and regional initiatives with scalability potential. Eligible uses include mobile health unit deployment, EMS service expansion, regional care coordination, satellite clinics in underserved areas, innovative payment model pilots, and culturally responsive care programs for Tribal communities.	<ul style="list-style-type: none"> • Critical Access Hospitals • Regional Health Systems • Large Tribal Health Facilities & Authorities • Provider Collaborative Networks • Multi-county Health Department • Universities with Rural Health Programs 	Summer 2026

Initiatives (2 of 2)

Rural Health Innovative Care Pilot Program – Up to \$21,000,000 / year

Opportunity	Award Range	Procurement Method	Scope & Description	Eligible Applicant(s)	Release Date
Cooperative Agreements	Up to \$2,000,000 - \$5,000,000 36-60 months	Subaward (Passthrough) Cooperative Agreement, Competitive RGA, ISA/IGA, and Managed Care Contract Amendment	Transformative multi-site initiatives requiring substantial coordination and federal involvement. Eligible uses include regional telehealth networks, multi-site mobile health programs with integrated referrals, statewide care coordination, EMS modernization, community paramedicine, value-based care transformation, and AZREACH Behavioral Health Transfer Program expansion.	<ul style="list-style-type: none">• Anchor Institutions• AHCCCS-Contracted Managed Care Organizations• Statewide/Regional Health Systems• Tribal Consortia• Inter-Tribal Organizations• Multi-Stakeholder Collaborative Networks	Summer 2026

Making Rural Healthcare Resilient

\$38.2M*

Budget Year 1

Workforce Development & Training

Priority Health Initiatives Grant

Making Rural Healthcare Accessible

Making Rural Healthcare Resilient

IN FOCUS



**Medical Diagnostic
Equipment & Technology
\$30M**



**Provider Liaisons
Pilot Project
\$389,960**



**Adopt Shared
Services Consortiums
\$5M**



**Technical Assistance
Operational & Fiscal
Performance
\$2.8M**

Initiatives

Medical Diagnostic Equipment & Technology (incl. EHR & Data Sharing) – Up to \$30,000,100 / year

Opportunity	Award Range	Procurement Method	Scope & Description	Eligible Applicant(s)	Release Timeframe
Micro-Grants	Up to \$10,000 - \$75,000	Simplified/Competitive RGA	Basic EHR modules, point-of-care equipment, essential clinical devices, and cybersecurity fundamentals for small rural and Tribal facilities.	<ul style="list-style-type: none"> • Small Rural Clinics • Rural Health Centers • Tribal Clinics 	Summer 2026
Standard Grants	Up to \$75,001 - \$500,000	Competitive RGA	EHR upgrades, HIE integration, clinical and diagnostic equipment acquisition, and comprehensive cybersecurity improvements. Equipment must demonstrate reduction in unnecessary ER visits, avoided transfers, or locally delivered specialty care.	<ul style="list-style-type: none"> • Critical Access Hospitals • Federally Qualified Health Centers • Large Tribal Facilities • Provider Collaboratives 	Summer 2026
Cooperative Agreements	Up to \$500,001 - \$5,000,000	Competitive RGA, ISA/IGA, or MCO Contract Amendment	Major equipment modernization, network-wide EHR deployment, advanced imaging and clinical systems, data analytics platforms, and population health management tools. Must align with CMS interoperability framework and TEFCA standards.	<ul style="list-style-type: none"> • Anchor Institutions • Health Systems • Managed Care Organizations • Multi-Site & Regional Networks • Large Tribal Facilities 	Summer 2026

Making Rural Healthcare Resilient

\$38.2M*

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**Medical Diagnostic
Equipment & Technology
\$30M**



**Provider Liaisons
Pilot Project
\$389,960**



**Adopt Shared
Services Consortiums
\$5M**



**Technical Assistance
Operations & Fiscal
Performance
\$2.8M**

Initiatives

Provider Liaisons Pilot Project – Up to \$389,960 / year

Opportunity	Award Range	Procurement Method	Scope & Description	Eligible Applicant(s)	Release Timeframe
Staffing	Up to \$389,960	ISA	Establish dedicated Rural Health Provider Liaison positions (1 FTE each) at AHCCCS, ADIFI, and ADHS to reduce administrative burden on rural providers, streamline credentialing, support regulatory compliance, and serve as coordinated point of contact . Approximately \$129,987 per position.	<ul style="list-style-type: none">AHCCCS (retained)Arizona Department of Insurance and Financial Institutions (ADIFI)Arizona Department of Health Services (ADHS) via ISAs and direct allocations	Summer 2026

Making Rural Health Resilient

\$38.2M*

Budget Year 1

Workforce Development & Training

Priority Health Initiatives Grant

Making Rural Healthcare Accessible

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IN FOCUS



**Medical Diagnostic
Equipment & Technology
\$30M**



**Provider Liaisons
Pilot Project
\$389,960**



**Adopt Shared
Services
Consortiums
\$5M**



**Technical Assistance
Operations & Fiscal
Performance
\$2.8M**

Initiatives

Adopt Shared Services Consortiums – Up to \$5,000,000 / year

Opportunity	Award Range	Procurement Method	Scope & Description	Eligible Applicant(s)	Release Timeframe
Micro-Grants	Up to \$10,000 - \$95,000 2-3 organizations	Simplified/Competitive RGA	Single-function shared service models (e.g., shared billing) for small consortiums of 2 to 3 organizations . Requires executed or drafted MOU, governance structure, and sustainability plan.	Rural healthcare organizations (minimum 2 participating): <ul style="list-style-type: none"> • Rural Healthcare Organizations • Critical Access Hospitals • Rural Health Clinics • Federally Qualified Health Centers • Tribal Facilities • Rural Providers • Nonprofits 	Summer 2026
Standard Grants	Up to \$95,001 - \$500,000 4-6 organizations	Competitive RGA	Multiple shared service functions with formal governance for consortiums of 4 to 6 organizations . Eligible uses include shared staffing, joint training, shared data systems, co-located service hubs, joint purchasing, and shared compliance functions .	Consortiums of 4 to 6 Rural Healthcare Organizations: <ul style="list-style-type: none"> • Critical Care Hospitals • Rural Health Clinics • Federally Qualified Health Centers • Tribal Facilities • Rural Providers • Nonprofits 	Summer 2026
Cooperative Agreements	Up to \$500,001 - \$1,500,000 7+ organizations	Competitive RGA, ISA/IGA, or MCO Contract Amendment	Comprehensive shared services with a regional hub model for consortiums of 7+ organizations . Full scope of shared service activities including traveling clinician programs, simulation training centers, centralized analytics, and equipment procurement cooperatives .	Consortiums of 7+ Rural Healthcare Organizations: <ul style="list-style-type: none"> • Critical Care Hospitals • Health Systems • Managed Care Organizations • Regional Networks • Tribal Facilities 	Summer 2026

Making Rural Health Resilient

\$38.2M*

Budget Year 1

Workforce Development & Training

Priority Health Initiatives Grant

Making Rural Healthcare Accessible

Making Rural Healthcare Resilient

IN FOCUS



**Medical Diagnostic
Equipment & Technology
\$30M**



**Provider Liaisons
Pilot Project
\$389,960**



**Adopt Shared
Services
Consortiums
\$5M**



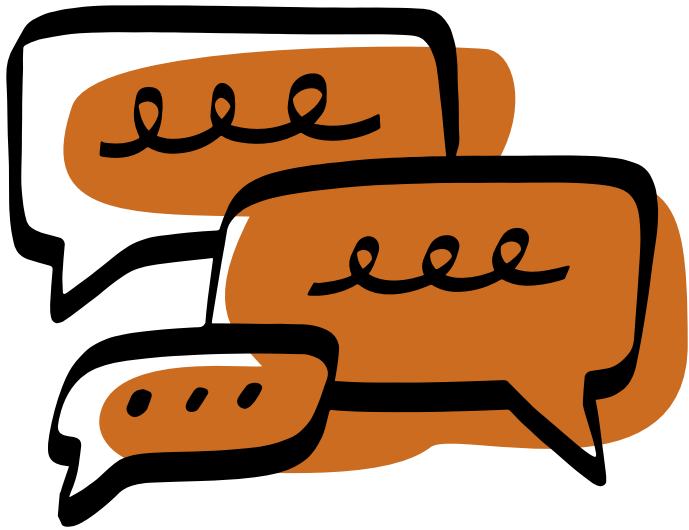
**Technical Assistance
Operations & Fiscal
Performance
\$2.8M**

Initiatives

Technical Assistance for Operational & Fiscal Performance – Up to \$2,800,000 / year

Opportunity	Award Range	Procurement Method	Scope & Description	Eligible Applicant(s)	Release Timeframe
Micro-Grants	Up to \$10,000 - \$50,000	Simplified RGA	Targeted operational assessments, billing audits, and compliance reviews for individual providers and small clinics.	<ul style="list-style-type: none"> • Individual Providers • Small Clinics 	Summer 2026
Standard Grants	Up to \$50,001 - \$150,000	Competitive RGA	Comprehensive technical assistance engagements, training programs, and system implementations covering operational improvement, revenue cycle optimization, financial planning, and compliance support.	<ul style="list-style-type: none"> • Critical Access Hospitals • Federally Qualified Health Centers • Tribal Facilities • Provider Collaboratives 	Summer 2026
Cooperative Agreements	Up to \$150,001+	Competitive RGA, ISA/IGA, or MCO Contract Amendment	Network-wide initiatives, multi-site implementations, and value-based care readiness programs. Includes training on quality metrics, risk stratification, population health management, and participation in alternative payment models.	<ul style="list-style-type: none"> • Anchor Institutions • Health Systems • Managed Care Organizations • Regional Networks • Large Tribal Facilities 	Summer 2026

AHCCCS Discussion





Break (5 mins)



AOEO Initiatives

ARIZONA

AOEO Leadership & Programs

TEAM



Name: Kathryn Belous
Title: Workforce Strategies Administrator
Email: kathryn.belous@oeo.az.gov



Name: Dante Mitchell
Title: Chief Government and Community Affairs Liaison
Email: dante.mitchell@oeo.az.gov

AOEO Initiatives

INITIATIVES OVERSEEN BY AOEO

Workforce Development & Training Initiatives

- Rural Education & Training Expansion: clinical rotations, residency slots, and accelerated education (\$32.1M)
- Financial Incentives for Rural Practice tied to the five-year rural service commitment (\$8M)
- Rural Innovation Learning Network Council (\$2M)
- Provider Upskilling & Residency Support (\$1M)

AOEO Previous Feedback

Questions raised in May 7 Consult

Will all community colleges in Arizona be eligible?

How will AOEO be flexible in future funding years if governments are unable to meet requirements or timelines of year 1?

Can agreements carry forward if the awarded entity meets all requirements?

What wraparound services will be available to learners?

Workforce Development & Training Initiatives

\$43.1M*
Budget Period 1

Workforce Development & Training

Priority Health Initiatives Grant

Making Rural Healthcare Accessible

Making Rural Healthcare Resilient

IN FOCUS

 **Education & Training Expansion**
\$32.1M

 **Provider Upskilling & Residency Support**
\$5M

 **Financial Incentives**
\$8M

 **Project Office & Rural Innovation Learning Network Council**
\$2M

Amounts reflect annual allocations. Programmatic = direct program funding. Administrative = overhead & operations.
\$4M pass-thru to ADHS for upskilling

Initiatives (1 of 2)

Rural Education & Training Expansion – Up to \$32,100,000 / year

Opportunity	Award Range	Procurement Method	Scope & Description	Eligible Applicant(s)	Release Timeframe
Community College Program & Clinical Capacity Expansion	Up to \$12,000,000	IGA/ISA	Expand healthcare-focused programs at community colleges to strengthen health career pathways. Includes increasing training capacity, faculty and instructional infrastructure, clinical host site expansion, provider–college partnership models, upskilling and cross-training for incumbent workers, and direct financial incentives for rural/Tribal students committing to 5-year rural service. Emphasis on allied health professions and serious specialty shortages.	<ul style="list-style-type: none"> Community Colleges Serving Rural Learners 	Spring 2026
University Program & GME Expansion, and Direct Financial Incentives for Rural/Tribal Students	Up to \$17,500,000	IGA/ISA	Expand healthcare programs at state universities, including new program creation, cross-institutional partnerships, faculty recruitment and retention, advising and learner support systems, clinical host site expansion, and upskilling partnerships. May include accelerated family physician training and residency programs. Direct incentives for professionals committing to rural service. Emphasis on allied health and serious specialty shortages.	<ul style="list-style-type: none"> State Universities Serving Rural Learners or Learners Committed To Serving In Rural Communities 	Spring 2026
CTE, AHEC & HOSA Program Expansion	Up to \$3,000,000 - \$3,700,000	IGA/ISA	Expand healthcare programs across secondary education systems, including non-community college CTE providers, AHEC K–12 immersion and experiential learning, HOSA expansion to new school sites, co-developed pathways to entry-level healthcare occupations, and novel training modalities (VR simulation, digital curricula, research programs). Includes community navigator and advising supports. Emphasis on recruiting from rural high schools.	<ul style="list-style-type: none"> CTE Providers K–12 Institutions Serving Rural Learners Health Occupation Students Of America (HOSA) Area Health Education Centers (AHEC) 	Spring 2026

Initiatives (2 of 2)

Rural Education & Training Expansion – Up to \$32,100,000 / year continued

Opportunity	Award Range	Procurement Method	Scope & Description	Eligible Applicant(s)	Release Timeframe
Transition to Practice	Up to \$3,000,000 – \$3,500,000	Grant Application	Strengthen and expand transition-to-practice programs through educational institution and provider partnerships, with emphasis on training professionals to serve in the rural workforce. Includes preceptorship program grants, new-to-specialty and advanced clinical training, and incentives for healthcare professionals who left due to burnout to return as preceptors.	<ul style="list-style-type: none">• Non-Profits• Licensure Boards• Providers• Provider Associations• Professional Associations	Spring 2026

Rural Health Workforce Development & Training Initiatives

\$43.1M*

Budget Year 1

Workforce Development & Training

Priority Health Initiatives Grant

Making Rural Healthcare Accessible

Making Rural Healthcare Resilient

IN FOCUS

Education & Training Expansion



\$32.1M

Provider Upskilling & Residency Support



\$5M

Financial Incentives



\$8M

Rural Innovation Learning Network Council



\$2M

Initiatives

Provider Upskilling & Residency Support – Up to \$1,000,000 / year

Opportunity	Award Range	Procurement Method	Scope & Description	Eligible Applicant(s)	Release Timeframe
Retention & Well-Being Micro-Grants	Up to \$1,000,000	Grant Application	Micro-grants for wellbeing support and safety programs to improve retention and reduce burnout among existing rural healthcare workforce . Includes staff and clinician recognition programs, incentive structures, and leadership/manager training on retention-promoting activities.	<ul style="list-style-type: none">• Healthcare Providers with Rural Workforce• Provider Associations Serving Providers with Rural Healthcare Workforces	Spring 2026

Rural Health Workforce Development & Training Initiatives

\$43.1M*

Budget Year 1

Workforce Development & Training

Priority Health Initiatives Grant

Making Rural Healthcare Accessible

Making Rural Healthcare Resilient

IN FOCUS

Education & Training Expansion

\$32.1M



Provider Upskilling & Residency Support

\$5M



Financial Incentives

\$8M



Rural Innovation Learning Network Council

\$2M



Initiatives

Financial Incentives – Up to \$8,000,000 / year

Opportunity	Award Range	Procurement Method	Scope & Description	Eligible Applicant(s)	Release Timeframe
General Assistance Funds	Up to \$8,000,000	Grant Application	Enable rural providers to attract and retain healthcare workforce through sign-on incentives, relocation assistance, commuter assistance, retention programs, and childcare subsidies. Intended to be deployed to rural regions based on need and rural factors.	<ul style="list-style-type: none">Rural healthcare providers, provider associations	Spring 2026

Rural Health Workforce Development & Training Initiatives

\$43.1M*

Budget Year 1

Workforce Development & Training

Priority Health Initiatives Grant

Making Rural Healthcare Accessible

Making Rural Healthcare Resilient

IN FOCUS

 Education & Training Expansion
\$32.1M

 Provider Upskilling & Residency Support
\$5M

 Financial Incentives
\$8M

 Project Office & Rural Innovation Learning Network Council
\$2M

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\$4M pass-thru to ADHS for upskilling

Initiatives

Office of Economic Opportunity Project Coordination – Up to \$2,000,000 / year

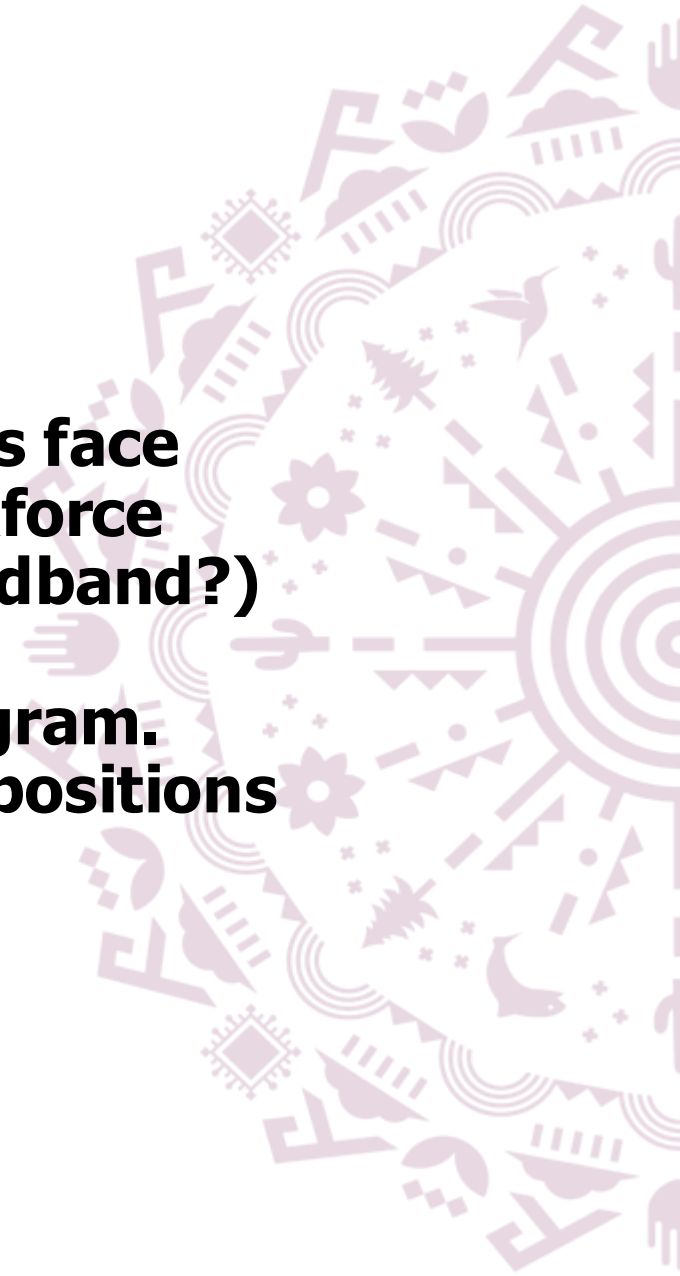
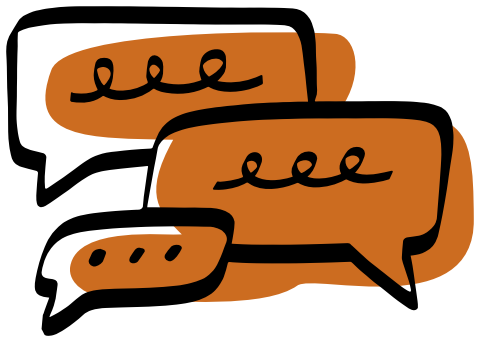
Opportunity	Award Range	Procurement Method	Scope & Description	Eligible Applicant(s)	Release Timeframe
Project Office & Stakeholder Coordination	Up to \$200,000 - \$250,000	IGA/ISA	Coordinate with external stakeholders, provide workforce data analysis and recommendations, support stakeholder advisory board and employer collaboratives, develop accessible data dashboards , publish key findings to align future subrecipient requests with defined needs, and serve as central hub for healthcare workforce resources.	<ul style="list-style-type: none"> Open to public and internal contractors 	Spring 2026
Outreach & Healthcare Career Awareness	Up to \$500,000 – \$600,000	Both Open Solicitation for RFP & IGA/ISA	Statewide outreach activities to promote rural health careers, recruit individuals into healthcare training programs, and communicate program opportunities. Includes marketing campaigns, digital media, event coordination, and efforts to strengthen public awareness of healthcare career labor market information and economic mobility opportunities.	<ul style="list-style-type: none"> Open solicitation (RFP); open to public and internal contractors 	Spring 2026
Rural Innovation Network	Up to \$250,000 - \$300,000	Both Grant Application & IGA/ISA	Establish the Rural Innovation Learning Network (RILN) to disseminate best practices, build continuous improvement capacity, and support development of statewide provider training and consultation networks . Includes regional virtual and in-person convenings, best-practice reports, and an annual statewide convening with hybrid attendance options.	<ul style="list-style-type: none"> Open to public and internal contractors 	Spring 2026

Rural & Tribal Workforce Discussion

Moderator: Dante Mitchell

What are the primary barriers your community members face when trying to access state-funded job training or workforce programs? (e.g., transportation, childcare, reliable broadband?)

Health workforce retention is a critical pillar of this program. What obstacles exist that lead to workers leaving their positions or moving away from your community?





Lunch Break (45 mins)



ADHS Initiatives

ARIZONA

ADHS Leadership & Programs

TEAM



Name: Celia Nabor

Title: Assistant Director, Public Health Prevention Services

Email: Celia.Nabor@azdhs.gov



Name: Nicole Witt

Title: Assistant Director, Public Health Preparedness

Email: Nicole.Witt@azdhs.gov

ADHS Initiatives

INITIATIVES OVERSEEN BY ADHS

Priority Health Initiatives Grants Portfolio

- Improving Rural Maternal-Fetal Health Grant program (\$5 M)
- Chronic Disease Prevention and Management program (\$12 M)
- Provider Upskilling Support for EMS & CHWs/CHRs (\$4 M)

Receive Input on Strategies



Priority Health Initiatives Grant

\$31M*

Budget Year 1

Workforce Development & Training

Priority Health Initiatives Grant

Making Rural Healthcare Accessible

Making Rural Healthcare Resilient

IN FOCUS



**Behavioral Health
& SUD Expansion**

\$10M

AHCCCS Administering this Initiative



**Maternal-Fetal
Health Grant**

\$5M



**Chronic Disease
Prevention & Management**

\$16M*

Amounts reflect annual allocations. Programmatic = direct program funding. Administrative = overhead & operations.

* \$4M is a pass-through from AOEO to ADHS

Initiatives (1 of 2)

Improving Rural Maternal-Fetal Health Grant – Up to \$5,000,000 / year

Opportunity	Award Range	Procurement Method	Scope & Description	Eligible Applicant(s)	Release Timeframe
Expanding evidence-based maternal health programs	Up to \$1,627,795	IGA	Implementing targeted public health interventions aligned with Arizona’s congenital syphilis action plan, including screening, treatment support, and provider education in rural and Tribal settings.	<ul style="list-style-type: none"> County health departments/local health jurisdictions: Apache, Cochise, Coconino, Gila, Graham, Greenlee, La Paz, Maricopa, Mohave, Navajo, Pima, Pinal, Santa Cruz, Yavapai, and Yuma counties. Tribal partners: Dedicated Tribal staff at ADHS and Navajo Nation Department of Health Supporting service vendors/partners (as procured): Knowledge Services (laboratory report data entry and data cleaning), OH Partners (congenital syphilis prevention campaign), and Affirm (testing expansion and linkage to treatment). 	Spring 2026
Implementation and Expansion of AIM patient Safety Bundles in Birthing Facilities	Up to \$558,000	Cost-Reimbursement Contract	Co-lead the Arizona AIM Collaborative; recruit and onboard facilities; provide technical assistance and coaching; facilitate learning opportunities; disseminate implementation tools; collect and analyze facility-reported data, with emphasis on rural and Tribal-serving facilities	<ul style="list-style-type: none"> Arizona Hospital and Healthcare Association (AzHHA) 	Spring 2026

Allocations do not include administrative costs

Initiatives (2 of 2)

Improving Rural Maternal-Fetal Health Grant – Up to \$5,000,000 / year

Opportunity	Award Range	Procurement Method	Scope & Description	Eligible Applicant(s)	Release Timeframe
Obstetric Simulation & Maternal Clinical Training	Up to \$320,104	Competitive Procurement RFGA	Evidence-based obstetric emergency preparedness training, simulation-based clinical training for maternal, fetal, and infant care in rural and Tribal settings.	<ul style="list-style-type: none"> • Qualified Obstetric Simulation Centers • Academic Institutions • Training Vendors • Nonprofit Organizations 	Spring 2026
Perinatal Mental Health Certification Training	Up to \$90,000	Statewide contract for Professional Development Consultation and Training Services	Deliver perinatal mental health certification education (e.g., PMH-C) to support professional development of clinicians working with perinatal populations.	<ul style="list-style-type: none"> • Postpartum Support International (PSI)-Arizona Chapter 	Spring 2026
Tribal-Focused Maternal Health Supports	Up to \$750,000	IGA and/or other allowable Tribal agreements following Tribal consultation	Culturally and linguistically responsive maternal health activities, community-informed training, and care delivery models tailored to Tribal needs.	<ul style="list-style-type: none"> • Tribal Governments • Tribal Health Departments • Tribal-Serving Organizations 	Spring 2026
Arizona Perinatal and Pediatric Psychiatry Access Line (APAL)	Up to \$1,488,000	ISA	Provide real-time psychiatric consultation, provider education, referral/navigation support, and utilization reporting.	<ul style="list-style-type: none"> • University of Arizona 	Spring 2026

Allocations do not include administrative costs

Priority Health Initiatives Grant

\$31M*

Budget Year 1

Workforce Development & Training

Priority Health Initiatives Grant

Making Rural Healthcare Accessible

Making Rural Healthcare Resilient

IN FOCUS



**Behavioral Health
& SUD Expansion**
\$10M



**Maternal-Fetal
Health**
\$5M



**Chronic Disease
Prevention & Management**
\$16M

Amounts reflect annual allocations. Programmatic = direct program funding. Administrative = overhead & operations.

* \$4M is a pass-through from AOEO to ADHS

Initiatives (1 of 2)

Chronic Disease Prevention & Management Grant – Up to \$12,000,000 / year

Opportunity	Award Range	Procurement Method	Scope & Description	Eligible Applicant(s)	Release Timeframe
County Health Chronic Disease Prevention	Up to \$4,648,029.16	IGA	These investments improve access to preventive services in underserved areas and promote community engagement in evidence-based health interventions. Includes chronic disease prevention, behavioral health, nutrition and physical activity, injury prevention, community health, youth substance use prevention, maternal oral health, and aging-related health priorities.	<ul style="list-style-type: none"> Up to 15 county health departments based on rural population 	Spring 2026
Improving Cardiac Arrest Survival	Up to \$1,001,283	ISA	Development of standardized curriculum and training modules for bystander CPR, including online and in-person/live training formats, with a focus on telecommunicator-assisted life support and law enforcement response.	<ul style="list-style-type: none"> ADHS Bureau of EMS and Trauma will contract with the University of Arizona via ISA to carry out the eligible activities in accordance with Arizona law. 	Spring 2026
Public Health Billing Consultant	Up to \$87,309	Competitive RGA	Technical assistance to county health departments to assess billing capacity, identify gaps, and develop or strengthen public health billing systems for sustainability.	<ul style="list-style-type: none"> State-Approved Vendors via Competitive Request for Grant Applications 	Spring 2026

Allocations do not include administrative costs

Initiatives (2 of 2)

Chronic Disease Prevention & Management Grant – Up to \$12,000,000 / year

Opportunity	Award Range	Procurement Method	Scope & Description	Eligible Applicant(s)	Release Timeframe
Tribal Chronic Disease Prevention & Management	Up to \$1,049,800	IGA and/or other allowable Tribal agreements following Tribal consultation	Culturally responsive chronic disease prevention and management interventions in Tribal communities , including PSE strategies, programmatic infrastructure, and cross-sector integration.	<ul style="list-style-type: none"> Tribal Nations Tribal Health Departments <i>(to be determined through consultation)</i> 	Spring 2026
Enroll Eligible Rural Arizonans in Health Insurance & Social Services	Up to \$5,000,000	Competitive RGA	Assist individuals with health insurance enrollment, connect/refer to healthcare clinics and social services , reduce barriers to SUD treatment, address chronic disease obstacles, and strengthen community partnerships.	<ul style="list-style-type: none"> Non-profit & Community-Based Organizations Community Health Centers Rural Health Clinics & Hospitals Tribal Organizations Local Jurisdictions Serving Rural Arizonans 	Spring 2026
EMS and CHW/CHR Programs	Up to \$4,000,000	Competition Impracticable (CI)/ISA	Subaward to ADHS supporting the integration, sustainability, and reimbursement of Community Health Worker/Representative (CHW/CHR) and workforce services within county health department systems, with a focus on Arizona's rural populations. Includes defining CHW/CHR roles and workflows within local care coordination models. Funds will also be utilized to expand EMS training and upskilling programs for rural healthcare providers with an emphasis on allied health professionals.	<ul style="list-style-type: none"> University of Arizona Arizona's four regional Emergency Medical Services Coordinating Systems 	Spring 2026

Allocations do not include administrative costs

RHTP Funds Available (ADHS)

Chronic Disease Prevention & Management Strategies

Program Funding: Up to \$1,049,800 (annual)

Administrative Funding (Direct and Indirect): Up to \$73,486 (annual)

Maternal & Fetal Health Strategies

Program Funding: Up to \$750,000 (annual)

Administrative Funding (Direct and Indirect): Up to \$52,500 (annual)



A Closer Look at ADHS Initiatives

ARIZONA

Chronic Disease Prevention & Management Strategies

Traditional Use of Tobacco

- Protect sacred and cultural practices
- Prevent youth nicotine addiction
- Reduce chronic disease caused by commercial tobacco

What chronic disease challenges are most affecting your communities today?

Chronic Disease Prevention & Management Strategies

Preventing Chronic Disease Early:

- Heart Disease & Stroke
- Diabetes
- Cancer Prevention
- Asthma

What wellness activities or traditions already support healthy aging in your communities?

Chronic Disease Prevention & Management Strategies

Healthy Aging and Community Well Being:

- Nutrition
- Movement
- Brain Health (Alzheimer's Disease and Related Dementia)
- Falls Prevention

What traditional or community-centered wellness activities should we better support?

Chronic Disease Prevention & Management Strategies

Community Health Representatives & Community Health Workers

- Trusted Messengers
- Care Navigation
- Prevention Education
- Community Connection

How are CHRs and CHWs already strengthening health in your communities?

Chronic Disease Prevention & Management Strategies

Prevention Across the Lifespan:

Cannabis-Youth Prevention

- Cannabis prevention
- School partnerships
- Youth resilience

Prenatal Oral Health

- Access during pregnancy
- Provider education
- Mobile services

What prevention services are hardest for families to access in your communities?

Out of Hospital Cardiac Arrest (OCHA)

Goal: Focus on increasing survival in rural areas for out of hospital cardiac arrest

- Likelihood of survival from OCHA is lower in rural regions. Law enforcement is often on scene long before EMS and in time sensitive injury and illness may be primary transporter of patients to hospital
 - Managed by the Bureau of EMS and Trauma (BEMSTS):
 - Develop and disseminate curriculum in partnership with University of Arizona on CPR for Public Safety Answering Point (PSAP) staff and Law Enforcement personnel
 - Purchase and distribute AEDs for law enforcement across rural regions to increase response to OHCA
 - BEMSTS staff will support outreach for training and dissemination of AEDs to participating communities and Tribal Nations
-

Community Reflection

- What are you seeing in your community?
- What is working well?
- What barriers remain?
- What should we prioritize?



Maternal & Fetal Health Strategies

Culturally Safe Maternal & Fetal Care:

- Family-centered care
- Traditional healing
- Trauma-informed care
- Workforce pathways

What does culturally safe maternal care mean in your community?

How can ADHS support Tribes in Maternal and Fetal Health?

Maternal & Fetal Health: Congenital Syphilis

Goal: Rebuild infrastructure to support congenital syphilis control efforts in rural Arizona.

- Home test kits to promote access to testing
- Communications campaign to promote awareness
- Strengthen state capacity to provide congenital syphilis subject matter expertise to Tribal Nations and Local Health Jurisdictions:
 - Disease Investigators to link people to treatment
 - Epi team to ensure access to data
 - Provider phone line to support continuity of care
- Strengthen intervention and linkage to care through county contracts
 - Included a statement in all County contracts for rural DIS that they must work with their Tribal Nations partners where possible to support case investigation and follow-up.

EMS Workforce Development

GOAL: to increase and enhance EMS workforce across the state in rural areas

Budgeted activities:

- Funding to support BEMSTS EMS learning management system
- \$50,000 annually budgeted specifically for Tribal Nations for:
 - EMCT, Paramedic Training (Service time commitment required)
 - Support for Continuing Education Credits for EMCT/Paramedics
 - Funding can support bringing classes/education to rural regions

Options for funding delivery:

- Managed and distributed directly to qualified individuals through BEMSTS
 - Contract with Tribal Nations directly for EMS services
 - Contract through third party or directly with Training programs (Ex. Community College)
-

Workforce Development-Community Health Workers (CHW/CHRs)

Build Workforce Capacity

- Train and expand the rural and Tribal CHW/CHR workforce

Develop Online Training Infrastructure

- Provide online continuing education and certification support

Strengthen Rural and Tribal Access

- Increase access to conferences and professional development

Sustain and Elevate the CHW/CHR Workforce

- Support long-term workforce infrastructure and partnerships

What additional training or support would help CHW/CHRs most?

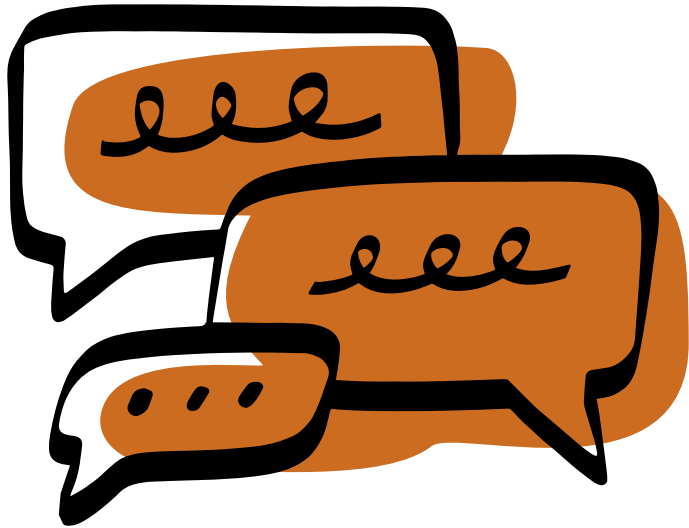
Community Reflection

What workforce training is most needed for CHW/CHR?



Priority Health Discussion

- Questions, clarifications, feedback
- Funding framework





Break (5 mins)



Summary & Overview

Meaghan Kramer
Governor's Office

Open Floor



Format Instructions for this Session:

Please limit sharing to 3-5 minutes

Please State:

- (1) Name
- (2) Tribal Nation, Tribe, or Community
- (3) Response

Guiding Questions

01

What priorities are you already advancing that the partnership should accelerate?

02

What meaningful consultation looks like throughout the life of this work?

03

What information, time, or support would be most useful as you work through the pathway decision?

04

What does success look like for you, and how can we co-create measures of progress together?

05

What is a realistic timeframe to enter into partnership and launch your initiative(s)?





Next Steps

ARIZONA

What's Ahead

The Tri-Agencies are excited to connect with Tribes following the RHTP Special Tribal Consultation. Please engage the respective lead agency for a 1:1 planning session to begin partnership discussions.



1:1 Planning Sessions Between Tribal Leaders & State of Arizona

Now → June 30, 2026



Tribal Proposal Submissions

Submissions Due: July 15, 2026



Tribal Awards Announced

Released: Late Summer 2026



CMS Non-Competitive Continuation AZ RHTP Application Due

Submission Due: August 30, 2026



AZ RHTP Budget Year 1 Reporting & Kick-Off Year 2

Budget Year 1 Reporting Due: August 30, 2026 | Budget Year 2 Start: October 31, 2026

RHTP Resources

The following resource materials are intended to help you develop a more comprehensive understanding of RHTP and provide latest updates:

Resource Material	Link to Resource Material	Description
Centers for Medicare & Medicaid Services (CMS): Rural Health Transformation Program Webpage	Rural Health Transformation (RHT) Program CMS	Details the CMS initiative, including program intent, structure, and shares important dates
State of Arizona's AZ RHTP Website	Arizona Rural Health Transformation Program (RHTP)	Provides detailed updates regarding the AZ RHTP award.
CMS RHTP Frequently Asked Questions (FAQs)	Rural Health Transformation FAQs	Clarifies items outlined in the NOFO and answers key questions from respondents
Arizona Center for Rural Health (AzCRH), University of Arizona	Home Center For Rural Health	Coordinates statewide rural health initiatives, including leadership in research and advocacy



Closing Remarks

ARIZONA



Thank you!