



## Alaska Rural Health Transformation Program: Potential Uses of Funds

Alaska's Rural Health Transformation Program (RHTP) is structured around six initiatives:

1. [Healthy Beginnings](#)
2. [Health Care Access](#)
3. [Healthy Communities](#)
4. [Pay for Value: Fiscal Sustainability](#)
5. [Strengthen Workforce](#)
6. [Spark Technology and Innovation](#)

Each initiative includes a list of potential uses of funds. All RHTP projects must align with one or more of Alaska's RHTP initiatives and potential uses of funds, along with federal requirements for RHTP funds.

For more information, and to view Alaska's full RHTP Project Narrative, please visit our Rural Health Transformation Program web page at <https://health.alaska.gov/rhtp>.

### Healthy Beginnings

Alaska's *Healthy Beginnings* initiative strengthens maternal and child health as a foundation for healthy families, especially in rural areas. With Alaska's unique geography, regional and local hospitals provide critical labor and delivery services, neonatal intensive care unit (NICU), maternal health, and pediatric care across vast distances. Families living off the road system face provider shortages, long travel distances, and unreliable transportation, often requiring pregnant women to leave their communities and temporarily relocate prior to delivery to access facilities equipped for labor, delivery, and high-risk monitoring, which creates emotional, financial, and logistical strain. After birth, mothers and infants often face isolation and limited support for needs such as lactation, nutrition and pediatric needs.

### Potential Uses of Funds

- Expand technology-enabled maternal care infrastructure:** Develop and implement cloud-based maternal health information platforms that leverage proven telehealth and remote monitoring technology, enabling providers to coordinate care using patient data, consult virtually with specialists, and support high-risk pregnancies. Invest in remote fetal monitoring devices, interoperable electronic medical records, coordinated case management systems, and consumer-facing mobile apps aligned with the Centers for Medicare and Medicaid Services (CMS) Health Technology Ecosystem criteria and Assistant Secretary for Technology

Policy/Office of the National Coordinator for Health Information Technology (ASTP/ONC) criteria, as applicable, for appointment scheduling and patient education. Provide technical assistance (TA) and training for clinics in rural communities to maximize the use of new technologies and improve outcomes and patient experience. This effort will involve partnerships with technology vendors, regional health organizations, and Tribal Health Organizations (THOs) to ensure seamless integration and local provider autonomy.

- Modernize rural maternal care facilities and staffing models:** Fund targeted capital improvements, subject to federal limitations, for maternal care facilities including but not limited to labor, delivery, and birthing centers and clinics to achieve high-quality care. Eligible renovations could include converting space into or updating existing labor and delivery suites, installing or enhancing telehealth and fetal monitoring equipment, converting underused patient rooms into family-friendly maternity spaces, and retrofitting entryways and bathrooms for accessibility. These renovations promote the availability of safe, patient-centered care close to home and could include multi-use or mobile spaces to support itinerant health workers or other related needs. Test new staffing and payment models that support specialized standby readiness and other essential maternal care services in low-volume, high-acuity settings.
- Strengthen rural maternal health and early childhood development workforce:** Fund and implement comprehensive programs that recruit, expand, train, and retain this workforce to serve in rural, remote and frontier communities. Programs will strengthen and develop skills related, but not limited to, prenatal care, labor and delivery and postpartum care, maternal behavioral health, and developmental screenings for infants and toddlers to ensure providers are practicing at the top of their license and with integrated care at the center. Trainings will encompass remote consultation and monitoring technologies, virtual and in-person training, simulation-based skill-building, and rotations in higher-volume settings to maintain clinical competencies suited for rural, remote and frontier Alaskan practice. Programs will test innovative, evidence-based, and outcomes-driven approaches in remote areas including, for example, peer support for pregnant women and engagement through strategic provider and community partnerships to sustain workforce capacity while preserving local autonomy.
- Enhance maternal and child health home visiting programs:** Provide funding to establish or expand evidence-based prenatal and postpartum home visiting programs delivered locally in-person and via telehealth services that build on Alaska's existing health clinic infrastructure. Integrated teams made up of clinical and non-clinical health and community workers will partner with clinics to provide a bundle of culturally appropriate, family-centered integrated care services. Services will include, for example, lactation consultation and support for breastfeeding, screening for prenatal and postpartum depression, maternal and infant nutrition support, education on safe sleep practices, screening for key infant and early childhood developmental milestones, and other health risks and early intervention for families, infants, and toddlers who experience developmental delays. This program will also support the enhancement and expansion of Tribal maternal health programs.
- Build healthy habits for youth:** Support school districts, home-schooling programs, and community organizations to launch and grow programs that build a foundation of lifelong

health that address the root causes of disease and are prevention-focused by increasing physical activity (e.g., Presidential Fitness Test), providing nutritional education, and strengthening mental health resilience. Prioritize communities where access to such programming is limited. Modify space to allow efficient, dual-purpose use for extracurricular recreation and wellness activities, including itinerant programming. Fund evidence-based mental and behavioral health supports, including family engagement practices, to build resilience and positive social connections, core drivers of better long-term health outcomes. Strong partnerships among schools, local organizations, and Tribal entities will facilitate program delivery that respects community priorities and sustains local control.

- Provide TA to support *Healthy Beginnings* projects:** Offer TA and training to help eligible entities develop strong funding applications and successfully implement funded projects. Support may include guidance on application development, financial analysis, project planning, data collection, reporting, and performance improvement to ensure sustained impact on maternal and child health and early childhood development.

## Health Care Access

The *Health Care Access* initiative aims to expand and sustain essential health services across Alaska's road-connected and off-road communities, where geography, severe weather, and workforce shortages limit timely, comprehensive care. This system maximizes care close to home by (a) expanding access to primary, behavioral, and oral health care within integrated systems; (b) increasing access to specialty care through the development of local provider capacity, telehealth, remote monitoring, and mobile specialist teams; (c) strengthening hospital capacity to provide 24/7 urgent, acute, and emergency care, trauma services, labor and delivery, maternity care, diagnostic, laboratory, and other ancillary services and therapies tailored to rural, remote and frontier needs; (d) supporting seniors and individuals with intellectual and developmental disabilities (IDD) in accessing aging-in-place and home- and community-based services; and (e) aiding healing and transitions through post-acute and recovery care at home or in the community.

## Potential Uses of Funds

- Improve primary care access by investing in workforce and facility improvements:** Provide funds to recruit, train, and retain a multidisciplinary workforce with the aim of right-sizing the primary care delivery system, including Community Health Aides/Practitioners (CHA/Ps), to deliver high-quality integrated primary care and long-term disease management. Support targeted renovations and IT software, hardware, and equipment upgrades at existing clinics and health centers to improve operability of systems and extend service hours, telehealth capability, and outreach programming. This will leverage partnerships with local clinics, THOs, and community groups to ensure culturally appropriate services while maintaining rural provider autonomy and local care delivery.
- Increase access to the full spectrum of behavioral health services:** Provide funds to support evidence-based workforce development, recruitment, and training programs that measurably grow the behavioral health workforce. Invest in telehealth capabilities and facility renovations to expand availability of and increase timely access to culturally appropriate

behavioral health services for youth and adults including but not limited to: community behavioral health, crisis services, acute inpatient care, partial hospitalization programs, Emergency psychiatric assessment, treatment, and healing (EmPATH), and substance use disorder services in hospitals, rural, remote, and frontier health clinics, and health and wellness centers. Build out expansion of integrated care delivered through Certified Community Behavioral Health Clinics or other care models.

- Deploy mobile dental clinics and expand access to remote and frontier health options:** Fund the start-up and deployment of mobile dental clinics equipped to provide preventive and basic restorative dental care in partnership with local community organizations and schools. Expand access to primary and specialty dental services through investment in dental staffing, recruitment, retention and training programs, and upgrading existing facilities and equipment to support contemporary dental practices with the adoption of advanced technology. This initiative will also support the enhancement and expansion of existing Dental Health Aide Therapist (DHAT) programs. Partnering with local institutions ensures sustained rural dental services.
- Increase access to high-quality, specialized services:** Ensure that specialized care is available as close to home as possible through targeted investments in facility renovations, technology, and strategic staffing models that expand access to specialized services by developing local provider services where possible and extending the reach of specialists. This may include facility upgrades and virtual programs to support time-sensitive events, modern care practices, and new consumer-facing digital health tools aligned with CMS's Health Technology Ecosystem criteria and ASTP/ONC criteria for patient-facing apps, including remote-monitoring technologies, as well as upgrading to new and AI-enabled point of care diagnostic and radiologic equipment. Address key staffing gaps that limit regional specialist care availability. Implement or expand itinerant specialty clinics and pilot service delivery options in remote and frontier communities.
- Build out care homes and multidisciplinary teams to develop and sustain innovative complex care models:** Fund facility renovations, population health IT infrastructure improvements, and payment incentive mechanisms to test innovative care models serving individuals with cooccurring complex needs, such as IDD, traumatic brain injury, autism spectrum disorder, severe and persistent mental illness, serious medical conditions, and dementia to measurably improve access to high-quality care. Support coordinated care delivery that integrates medical, behavioral, and skilled nursing/long-term services that result in improved access, better care coordination, and improved quality of life.
- Strengthen Tribally led Traditional Healing in care delivery:** Support and expand existing Indigenous Traditional Healing practices within the Tribal health system (including home visits where appropriate), mentorship for traditional healers, and orientation/education for clinic staff and providers to foster culturally appropriate, holistic care.
- Enhance statewide pharmacy capacity and reach to expand access:** Fund efforts to establish and expand access to pharmacy services including, but not limited to medication management, adherence support, substance use treatment assistance, and disease-specific counseling. Support pharmacist training and licensure to implement test and treat programs,

expanding access to point-of-care testing and diagnostic services. Create and test alternative payment models that reimburse pharmacists for these clinical services, incentivizing expanded chronic care roles and improving care continuity outside traditional clinical settings to ensure they are working at the top of their license. Test or expand innovative, technology-driven prescription delivery methods, including but not limited to remote prescription dispensing machines, portable prescription boxes, and the use of Unmanned Aerial Vehicles. This program will also support the enhancement and expansion of existing Tribal pharmacist networks.

- Pilot technology-enabled care models to serve rural and frontier residents with IDD:** Develop and expand evidence-based targeted care coordination and delivery programs for rural Alaskans with IDD that recruit and train interdisciplinary clinical and non-clinical community and health workers, including Direct Support Professionals, to help individuals and their families connect with IDD specialists, navigate rural health care systems, access health services, and connect to other IDD support programs. This will establish regional partnerships to deliver culturally appropriate, integrated care tailored to community needs and will leverage technologies that support coordinated care across providers and provision of care via telehealth to measurably improve access to care and health outcomes.
- Drive transformation of the statewide Emergency Medical Services (EMS) and trauma care systems:** Support the establishment and sustainability of EMS services in underserved rural communities, by upgrading and expanding access to specialized equipment to improve patient assessment, triage, and transport. Fund workforce development and training programs and technologies that support providers to implement best practice protocols and interventions, such as treat-in-place, community paramedicine, mobile integrated health care, and alternate destination transport. Strengthen providers' financial stability by training agencies in accurate billing and piloting alternative payment models that support both existing and newly developed EMS systems to reduce health care costs, improve quality of care, and shift care to lower-cost settings.
- Bolster home and community senior supports:** Fund outcomes-driven programs that support seniors living in rural, remote, and frontier Alaskan communities healthy and independent where they live, including those that offer education on fall prevention, specialized nutrition supports, oral health, and social engagement to improve well-being and delay intensive care needs. Fund the expansion of programs that offer home safety assessments and execution of home modifications that support aging-in-place. In alignment with RHTP requirements, these funds will not duplicate or supplant services already covered by Medicaid but will expand access for individuals who cannot receive them through Medicaid.
- Expand home and community-based residential services, skilled nursing/long-term care facilities, and post-acute care transition programs:** Expand assisted living, adult host home, and regional skilled nursing /long-term care facility capacity through funding for renovations, equipment, and telehealth upgrades; workforce training programs; partnership-building activities between regional health systems and local partners. Fund programs that offer post-discharge home visits to improve recovery outcomes, reduce barriers to discharge, and

reduce hospital readmissions. Home visits may include assisting patients with remote monitoring set-up and participation in telehealth visits, medication reconciliation, environmental modifications, and coordinating transportation to or in-home physical therapy. Emphasize collaborative local partnerships and continuity of care.

- Build transportation networks to connect people to care:** Identify transportation barriers that limit access to health care, employment, and social supports, and invest in planning and start-up activities necessary to build sustainable mobility networks. Support partnerships with local transit agencies, community organizations, and Tribal entities to design flexible, community-driven solutions that health systems and payers can later integrate and reimburse for ongoing operation.
- Conduct a comprehensive provider gap analysis to guide resource allocation and improve rural health access:** Fund a systematic assessment of health care provider availability, distribution, and service capacity across Alaska, mapping access points and analyzing provider-to-population ratios by care type to identify access gaps and workforce shortages. Across regions, support collaboration with and among Tribal organizations, local hospitals, clinics and primary care providers and other community leaders to ensure accurate, culturally informed findings, and use the resulting data to prioritize services for strategic investments and expanded rural workforce development programs in regions, and future workforce recruitment and retention program planning.
- Provide TA to support Health Care Access projects:** Offer TA and training to help eligible entities develop strong funding applications and successfully implement funded projects. Support may include guidance on application development, financial analysis, project planning, data collection, reporting, and performance improvement to ensure sustained impact on improving access to high-quality care that promotes long-term, lifelong health and well-being across Alaska's rural and most remote frontier communities.

## Healthy Communities

The *Healthy Communities* initiative targets the unique challenges of rural, remote, and frontier Alaska by investing in preventive care and root causes of poor health through: (a) enhancing access to locally tailored preventive and primary care services that enable early chronic disease management, reduce avoidable hospitalizations, and improve long-term health outcomes through evidence-based screenings and coordinated care; (b) expanding consumer-facing digital tools, population health clinical infrastructure and management systems, and community-based workforce capacity to strengthen outreach, self-sufficiency, and care coordination; and (c) promoting healthy lifestyles with culturally appropriate community education focused on nutrition, physical activity, and chronic disease prevention tailored to rural and frontier populations.

## Potential Uses of Funds

- Deploy consumer-facing digital tools for chronic disease self-management:** Support use of mobile apps, wearable devices, and patient portals aligned with CMS's Health Technology Ecosystem criteria and ASTP/ONC criteria for patient-facing apps, as applicable, that

empower individuals with chronic conditions to track symptoms, access educational resources, and communicate directly with care teams for timely support and medication adjustments.

- Build infrastructure to support population health and care coordination:** Invest in and expand existing interoperable data systems and analytics platforms aligned with CMS’s Health Technology Ecosystem criteria and ASTP/ONC criteria that aggregate clinical, behavioral, and health-related needs information. Enable care teams, health care providers, and health systems to identify high-risk patients, monitor outcomes in real-time, and tailor interventions for more effective, proactive chronic disease management at the community level. Foster collaborations among regional health systems, Tribal entities, and local providers to maintain local data governance and coordinated care models.
- Launch integrated primary and preventive care units:** Deploy or expand mobile clinics, community paramedicine programs, and unmanned health kiosks to deliver routine screenings, immunizations, chronic disease monitoring, and preventive health products in community settings, schools, and homes. Foster local and regional strategic partnerships with university health programs to use these units as interprofessional training sites for integrated care delivery in remote and frontier areas. Support mobile Medication Assisted Treatment teams to address opioid and alcohol use disorders to reduce overdose rates.
- Fund evidence-based, outcomes-driven community health programs:** Implement and expand scalable, evidence-based initiatives that deliver health education, increase health literacy, and promote sustained behavior change to prevent and manage chronic disease such as (a) the *National Diabetes Prevention Program* (b) Alaska’s *Fresh Start* program that supports Alaskans to improve weight management, blood pressure control, and tobacco cessation, among other health improvement goals, through digitally enabled, coach-supported interventions. Establish or expand Health Aide Academies to expand Tribal outreach and implementation of such programs.
- Establish wellness centers to promote community health and lifestyle changes:** Invest in infrastructure renovations and equipment in existing workplace facilities, schools, or community centers to offer dedicated space and resources to facilitate physical activity, support local food production and healthy eating initiatives, provide nutrition education and cooking classes focused on nutritious diets, and host other wellness programming. Modify space to allow dual-purpose use for extracurricular recreation and wellness activities, including itinerant programming. Facilitate partnerships with local employers, schools, and Tribal leaders to align programming with community priorities and sustain local control.
- Develop community-led regional health care delivery plans:** Fund data collection, stakeholder engagement, and strategic planning activities to enable local innovation and operations coordination, coordinate the buildout of new services, ensure sustainability of existing core and new service lines, and align resources to most effectively meet regional and statewide health needs.
- Improve home environments to support health:** Fund essential home modifications and innovative solutions that ensure access to clean water and sanitation in remote and off-grid

homes. Investments will reduce infectious disease, improve population health, and avoid higher-acuity care while prioritizing locally-led implementation.

- Provide TA to support *Healthy Communities* projects:** Offer TA and training to help eligible entities develop strong funding applications and successfully implement funded projects. Support may include guidance on application development, financial analysis, project planning, data collection, reporting, and performance improvement to ensure sustained impact on community-level interventions that support preventive care, chronic disease management, healthier lifestyles and tackling the root causes of poor health.

## Pay for Value: Fiscal Sustainability

The *Pay for Value: Fiscal Sustainability* initiative incentivizes a shift from traditional volume-based reimbursement models which are financially unsustainable for rural providers, whose low patient volume, high fixed costs, and geographic isolation lead to financial strain and limit their ability to generate sufficient revenue under current fee-for-service (FFS) systems. Building long-term financial stability of rural providers requires a transition to payment models that empower providers and incentivize health care organizations, especially rural providers, to invest in innovative care models to improve coordination among primary and behavioral care providers, strengthen chronic disease management, and maintain access to essential acute care services. Recognizing that providers vary in readiness and face unique challenges, participation is voluntary and supported through flexible approaches, with careful consideration of the unique Alaska Tribal Health System (ATHS) reimbursement structure.

## Potential Uses of Funds

- Deliver TA for successful value-based care participation:** Provide targeted support for providers and practices to build or expand core competencies required for participation in value-based care arrangements, support for contract evaluation and negotiation, implementation planning, change management, performance benchmarking, patient attribution, and financial modeling. Specific targeted support will be provided to primary care providers to ensure they can effectively participate in value-based care arrangements, including TA to simplify administrative and billing processes. Deliver a customized accelerator program for rural health providers to build partnership and information sharing.
- Support value-based care and alternative payment model infrastructure:** Invest funding in IT infrastructure, staffing, and equipment to build or expand providers capacity to participate and succeed in value-based payment arrangements, including implementation of modern, interoperable data infrastructure, training to utilize population health analytics platforms, design of team-based care workflows, and integration of physical, behavioral, and social care services. The goal is to reduce health care costs, improve quality of care, and shift care to lower-cost settings while ensuring providers work at the top of their license.
- Centralize and improve back-office solutions for providers:** Centralize or streamline back-office functions and support group purchasing options to create cost savings and reduce administrative burden for participating primary care, behavioral health, and specialty care providers in rural and frontier areas. Develop shared services for billing, scheduling, claims

processing, eligibility, and compliance to support operational efficiency and independence and to improve the financial viability of rural providers and simplify administrative processes.

- Establish alternative payment methods for prevention and chronic disease management:** Design, test, and scale new payment models for primary and preventive care, care coordination for dually eligible populations, maternal, behavioral, oral, specialty care, and chronic disease management. These models provide financial incentives for provider collaboration, quality metric reporting, and measurable patient outcome improvements. Examples include capitated payments and shared savings (one- and two-sided risk). This approach could also include expanded Tribal case management.
- Establish innovative care models to support regional care coordination:** Design, test, and scale regional value-based care arrangements that incorporate, for example, pay-for-performance incentives, quality withholds, shared savings programs with upside risk only, shared risk (two-sided), bundled/episode payments, and accountable care organization-like demonstrations with participating hospitals and providers. These evidence-based models will support primary care providers and aim to change patient and provider behavior and increase primary care utilization to drive further improvements in quality of care and reductions in health care costs.
- Establish alternative payment methodologies for hospitals:** Design, test, and scale new payment models offering incentives to hospitals for collaboration, actionable quality metric submission, and measurable improvements in patient outcomes. Models may include voluntary, multi-payer, prospective capitated payments that are risk adjusted for key population or other characteristics and vary by participating payer. Ultimately, these models will reduce health care costs, improve quality of care, and shift care to lower-cost settings while supporting the fiscal viability of rural providers to meet communities' acute, critical needs.
- Explore participation in the Center for Medicare and Medicaid Innovation (CMMI) AHEAD model:** If feasible, incentivize and support providers' voluntary participation in the CMMI AHEAD payment model. Fund uses may support up-front costs for planning and financial modeling, risk assessments, new partnerships, and measurement and reporting requirements.
- Develop foundational capabilities for integrated care for dually-eligible Alaskans:** Assess current programs and infrastructure serving dually eligible beneficiaries to identify opportunities to improve care coordination and alignment across Medicare and Medicaid. Activities include: ensuring capacity to identify dual eligibles and support enrollment and awareness of covered benefits, building data-sharing capacity, supporting providers in intentional care coordination and management for this population and engaging with beneficiaries and stakeholders to understand barriers to better integrated care. Assessment results will inform design of potential future integrated care models or plans that align, benefits, improve member experience, and enhance quality and efficiency.
- Launch transitional grants to support adoption of value-based payment arrangements and alternative payment models:** Offer a time-limited financial transition mechanism to

offset potential financial losses for providers participating in early-stage, value-based payment arrangements. The program would serve as a financial bridge, allowing essential community providers to innovate in care delivery while maintaining solvency and service access as they build out the resources, data capacity, and care management systems needed to succeed under value-based models. This initiative will reduce short-term financial risk, promote innovation in care delivery, and encourage broader participation in value-based arrangements to reduce health care costs, improve quality of care, and shift care to lower-cost settings, while supporting fiscal viability of rural providers to meet communities' acute, critical needs.

- Provide TA to support *Pay for Value: Fiscal Sustainability* projects:** Offer TA and training to help eligible entities develop strong funding applications and successfully implement funded projects. Support may include guidance on application development, financial analysis, project planning, data collection, reporting, and performance improvement to ensure sustained impact on transitions to payment models that empower providers and incentivize health care organizations to provide care in innovative ways that improve health outcomes and lower costs.

## Strengthen Workforce

The *Strengthen Workforce* initiative aims to build a resilient rural health care workforce by focusing on (a) developing rural workforce pipelines and recruitment pathways such as high school-to-career programs, certification and graduate pathways, reskill/upskill programs, and enhanced rural internships, rotations, and residencies, especially in primary care and family medicine; (b) targeted signing and retention bonuses tied to five-year service commitments in remote communities; and (c) enhancing retention and provider support through structured mentoring, continuing education opportunities, and incentive programs linked to long-term service, alongside wraparound supports, time-limited housing assistance, and child care partnerships to help providers remain in rural communities. Consistent with federal requirements, individuals who receive RHTP-funded financial assistance and complete a certification supported with RHTP funds will be required to commit five years of service in rural communities.

## Potential uses of funds

- Create “grow our own” high school to certification programs:** Fund the development of online and in-person local training programs for high school students or recent graduates pursuing health care careers such as certification as paramedics, nursing assistants, medical coders/billers, behavioral health technicians, community health workers, CHA/Ps, Behavioral Health Aide Practitioners (BHA/Ps), pharmacy technicians, and DHATs, advanced practitioners, and medical laboratory personnel, among others. Training opportunities would include stipends, distance learning options so students can stay in their communities, and career coaching.
- Fund or expand training and workforce development and certification programs:** Create sustainable career pathways to address health care gaps through the implementation of flexible, virtual and in-person training programs. Programs will include community health

workers, CHA/Ps, BHA/Ps, and DHATs, direct care workers, family caregivers, home health aides, care navigators, peer behavioral health specialists, doulas, care coordinators, and developmental specialists. Programs may also include rehabilitation, therapists, Emergency Medical Technicians, paramedics, advanced practitioners, and medical laboratory personnel, mobile integrated health teams, and others.

- Create reskill or upskill programs for adults who may not have considered health care careers:** Programs will offer flexible, accessible training pathways that help new- or mid-career adults (e.g., ages 25–40) transition into high-demand health care roles such as direct care workers, family caregivers, and community care practitioners.
- Support development and expansion of residency programs:** Develop and expand residency programs in Alaska including primary care and high demand rural specialties. Support the development of residency and internship programs in community outpatient settings in rural, remote, and frontier communities. Explore fellowships, rotations, and stipends to increase the number of providers accepting medical residents. Leverage simulation-based skill-building, and rotations in higher-volume settings to maintain clinical competencies suited for rural Alaskan practice.
- Implement recruitment and retention strategies:** Provide funding for TA and grants to implement recruiting and retention strategies within and outside of Alaska. Efforts will be targeted to meet community needs and gaps in care with an emphasis on remote and frontier communities.
- Offer structured incentives to certain providers who commit to serving in a rural community:** Fund structured incentives for high-need providers (such as physicians, nurses, dentists, midwives, pharmacists, behavioral health professionals and other clinical and non-clinical community and health professionals) through upfront bonuses tied to five-year service commitments with incentives weighted towards later years and repayment requirements if the obligation is not fulfilled. To further support provider stability in rural communities, provide housing placement coordination with local partners and time-limited housing and child care stipends.
- Expand scope of practice:** Invest in training, resources, and collaborative models to increase clinical competencies that support providers and pharmacists in practicing at the top of their licensure.
- Launch housing placement resources for health care providers and students:** Fund an integrated housing program that promotes strategies to increase housing placement and support for health care providers and students completing clinical rotations in rural, remote, and frontier areas and provides TA and resources to communities with significant housing shortages.
- Provide child care supports to enhance provider retention:** Support the creation of onsite, or near-site child care centers or partnership agreements with local child care providers. These child care supports are designed to address a primary barrier to recruitment and long-term retention in remote communities.

- Provide TA to support *Strengthen Workforce* projects:** Offer TA and training to help eligible entities develop strong funding applications and successfully implement funded projects. Support may include guidance on application development, financial analysis, project planning, data collection, reporting, and developing effective recruitment and training programs to ensure sustained impact.

## Spark Technology and Innovation

The *Spark Technology and Innovation* initiative harnesses data and technology to enable rural, remote, and frontier providers to deliver secure, efficient, high-quality care. It develops reliable, interoperable, data-driven tools to support community-based, patient-centered care across Alaska's most remote areas. This initiative empowers providers with innovative digital health tools to enhance access, coordinated care, and population health management by (a) expanding use of consumer wearables and digital devices with provider training and technical support; (b) increasing telehealth, appropriate AI, and cybersecurity through improved IT and remote monitoring; (c) facilitating data sharing and system interoperability by upgrading electronic health records, supporting the statewide health information exchange (HIE), and advancing workforce training and workflow redesign; and (d) testing new delivery modalities using emerging technologies like unmanned aerial systems and kiosks.

### Potential Uses of Funds

- Deploy consumer-facing digital tools:** Invest in the development of mobile apps, remote monitoring devices, and patient portals aligned with CMS's Health Technology Ecosystem criteria and ASTP/ONC criteria for patient-facing apps, as applicable. These tools can support symptom tracking and management, direct communication with care teams for timely support, medication adjustments, and access to personalized health education materials and will focus on people with chronic conditions, Behavioral Health and Substance Use Disorders (BH/SUD), pregnant women, and patients at risk of falls or other harms. Provide TA to train and support providers and support staff in the use of digital solutions.
- Empower providers' use of appropriate AI tools for care delivery:** Provide start-up funding for training and TA for a wide range of clinical providers and support staff to leverage or expand AI-powered documentation, workflows, and back-office function and resource tools. Ensure interoperability with existing and developing regional, statewide, and CMS data systems and necessary upgrades or updates.
- Develop community-based system navigation applications:** Invest in community-based applications that connect rural and frontier community members with nearby clinical and social services, in-person supports, provide scheduling assistance, care navigation, care coordination, and digital support.
- Invest in standards-based platforms that integrate and store patient health data in the single statewide HIE:** Expand HIE platforms to rural, remote, and frontier providers to integrate patient health data from remote monitoring devices and other clinical data systems, enabling real-time monitoring, provider/patient alerts, and seamless exchange to inform care delivery and improve health outcomes.

- Create telehealth-enabled specialty care access programs:** Invest in, expand, and update telehealth infrastructure supported by reliable internet access and hospital and clinic IT upgrades. Develop protocols that connect rural and frontier primary care sites with specialty providers such as cardiologists, endocrinologists, oncologists, psychiatrists, and OB/GYN providers. Provide training and TA to educate and support rural providers and specialist teams to maintain best practices, create common workflows, and build collaboration.
- Evaluate and pilot emerging health technologies to strengthen health care delivery in remote communities.** This effort will assess the viability of unmanned aerial systems (e.g., drones), remote pharmacy dispensing units, portable diagnostic tools, or other emerging technologies in expanding access to essential health services. Where feasible, pilot projects will be implemented to test operational performance, cost-effectiveness, and community impact, with the goal of identifying scalable solutions that improve care access and continuity of care in remote, often roadless, settings.
- Integrate advanced analytics across multi-payer health and data systems:** Apply and expand technology-enabled tools that draw from Medicaid, commercial, and public health data to strengthen analytics, improve program integrity, enhance care coordination, and support informed clinical decision-making. Uses may include modeling to detect fraud, waste, and abuse; identify critical incidents; conduct advanced claims and utilization analyses; and perform population-level risk stratification to guide care management and resource allocation.
- Build health IT infrastructure to support provider participation in value-based care:** Provide targeted investments in interoperable electronic health record systems, shared data infrastructure, and tools that enable providers to routinely measure, report, and act on clinical and functional outcomes will strengthen value-based payment readiness. These systems will be aligned with ASTP/ONC criteria, as applicable, and allow for integrated tracking across service types supporting performance measurement and improved population health outcomes.
- Launch rural and frontier health infrastructure fund:** Leverage public-private partnerships to stack resources and address the acute lack of adequate health care facilities in rural, remote and frontier Alaska. RHTP funds will be leveraged for pre-development costs, renovations within existing spaces, and one-time start-up costs for new facilities, while private partner organization funds will *separately* fund new construction needs, major expansion of capital projects, and long-term financing sustainability. Projects that will be considered include renovating or modifying multi-use or mobile spaces to address temporary or itinerant staffing needs. Infrastructure funding is subject to restrictions outlined in the Notice of Funding Opportunity (NOFO).
- Launch rural technology catalyst fund:** Establish a competitive grant or procurement program intended to encourage the adoption of emerging health technology innovation focused on rural populations that improve quality, expand access, and reduce cost of care. Funds will prioritize scalable solutions, aligned with CMS's Health Technology Ecosystem and ASTP/ONC criteria, as applicable, with plans for sustainability.

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- Provide TA to support *Spark Technology and Innovation* projects:** Offer TA and training to help eligible entities develop strong funding applications and successfully implement funded projects. Support may include guidance on application development, financial analysis, project planning, data collection, reporting, and performance improvement to ensure sustained impact from investments in innovative tools and systems that facilitate increased access, coordinated care delivery and population health management.

## Questions?

Thank you for your interest in the Rural Health Transformation Program. Please contact [RHTP@alaska.gov](mailto:RHTP@alaska.gov) for program questions, or [RHTP@alaskacf.org](mailto:RHTP@alaskacf.org) for technical questions about the Letter of Interest process.

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