Alaska DOH RHTP Evaluation Frameworks: Synthesis of Public Comments

Executive Summary

The Alaska Department of Health (DOH) solicited public comment on two draft evaluation tools that will be used to review projects under Alaska' Rural Health Transformation Program (RHTP). DOH received comments from 17 unique stakeholders, including health care providers, Tribal and community-based organizations, professional associations, technology and innovation partners, and individuals. Commenters were broadly supportive of the proposed frameworks and expressed alignment with their intent and structure. Commenters offered constructive feedback to improve clarity, consistency, and practical application, requesting clearer evaluation criteria definitions, greater recognition of rural feasibility and scale, and additional information on the scoring methodology.

Key Themes

General

- **Public comments were broadly supportive of the proposed frameworks.** Commenters noted that the frameworks' structure provides a strong foundation for evaluating projects and aligning funding decisions with statewide transformation goals. Commenters expressed agreement with the frameworks' emphasis on rural impact, measurable outcomes, project sustainability, partnerships and systems coordination, and portfolio-level review to ensure balanced investments.

Portfolio Evaluation

- **Public comments reflected feedback in the following areas regarding project evaluation criteria:**
    - *Demonstrated Need*: Commenters emphasized the importance of considering high-need populations and interventions with limited published evidence, noting that limited clinical data, reliance on traditional literature, and persistent or long-standing health challenges can make it difficult to fully capture demonstrated need. To address these limitations, commenters recommended that DOH allow applicants to demonstrate need using multiple forms of evidence, including community input, local and regional data, practitioner experience, and practice-based or emerging evidence, and to recognize that chronic or structural access barriers, particularly in rural and underserved communities, may warrant prioritization even in the absence of extensive peer-reviewed literature.
    - *Outcomes*: Commenters emphasized that different types of initiatives demonstrate impact in different ways and recommended that the framework recognize a broader range of outcome measures. In addition to traditional utilization or cost metrics, commenters urged DOH to allow outcomes such as avoided emergency department visits or hospitalizations, crisis diversion, prevention, and improved access to and continuity of care, particularly for behavioral health and substance use initiatives that often rely on care coordination and early intervention. For technology, infrastructure, and system-building projects, commenters recommended recognizing enabling metrics, such as expanded access, improved data sharing, workforce stabilization, or readiness for future service delivery, as valid indicators of progress. Commenters also supported inclusion of qualitative, community-level outcomes measured at a scale appropriate to the population served and recommended that outcomes be realistic and aligned with

available workforce capacity and local conditions, particularly in rural or remote settings where formal evidence may be limited.

- *Rural Impact*: Commenters recommended clearly defining "rural" and ensuring the framework does not disadvantage smaller organizations serving fewer individuals in rural areas.
- *Transformation Potential*: Several commenters asked for clearer guidance on what qualifies as transformational change, suggesting the framework explicitly recognize technology-enabled care models, catalytic investments that unlock broader system capacity, and workforce or infrastructure initiatives that strengthen the health system. Commenters also recommended ensuring the criterion does not disadvantage small or rural organizations, noting that meaningful projects in remote communities may be smaller or less 'transformative' in scale but still highly impactful in meeting local needs.
- *Partnerships*: Commenters recommended clarifying expectations for meaningful collaboration, including clearly defined partner roles, integration with existing systems, and coordination across providers and community organizations, and the value of interdisciplinary care models.
- *Sustainability*: Commenters supported including sustainability as a scoring criterion and recommended clarifying acceptable pathways—such as Medicaid reimbursement models, private or federal matching investment, technology-based revenue models, and alignment with federal reimbursement programs—to help applicants design viable long-term financing strategies. Commenters also advocated for cost savings or avoided utilization being considered in the sustainability evaluation.
- *Workplan and Monitoring*: A small number of commenters suggested strengthening the workplan criterion by clarifying expectations around implementation feasibility, monitoring and evaluation, and realistic timelines, while noting that smaller rural organizations may require scaled or adaptive workplans appropriate to their operational capacity.

- **Commenters recommended adding evaluation criteria** to assess relevance and effectiveness of proposed technology—such as interoperability with other vendors, functionality in remote settings with limited connectivity, compliance with privacy and cybersecurity standards, ability to exchange data with commonly used provider EMRs and Alaska's State HIE, and support for secure patient access and data portability—and project budget and cost-effectiveness.
- **Several commenters requested greater clarity on how scoring weights were determined**, and recommended additional guidance to ensure weights fairly reflect project impact and feasibility, including for smaller or rural projects.

Portfolio Review

- **Commenters generally supported portfolio-level review**, particularly supporting the proposed portfolio balance criteria that support diversity in geography, organization type (e.g., hospitals, FQHCs, CBOs, etc.), and service type (e.g., clinical services, public health initiatives, technology innovation).
- **Commenters requested more detail on the portfolio analysis and how portfolio balance is weighed relative to individual project strength**. One commenter recommended establishing a

minimum threshold score for key criteria to ensure that weaker projects do not receive funding simply to fill portfolio gaps.

- **Commenters provided the feedback on specific portfolio review criteria:**
    - *Service Area*: Commenters recommended clarifying how Anchorage, multi-region, and statewide projects are considered within the framework. Commenters also recommended reconsidering the current geographic sub-categories to better reflect referral patterns and hub-and-spoke care models.
    - *Populations Served*: One commenter recommended not identifying a single racial group, such as Alaska Native peoples, as a standalone category for target population served, noting that individuals within this population may also fall across multiple other population categories.
    - *Additional Criteria:* Commenters recommended considering additional criteria in the portfolio review, including project award size to support inclusion of both large and small awards and budget period to track what funding is requested for later program years.

From: Jagdish Shelkay
To: DOH Rural Health Transformation Program (DOH sponsored)
Subject: Public Comment on RHTP Evaluation Frameworks
Date: Tuesday, March 3, 2026 1:39:40 PM

Hi

On reviewing both the frameworks, it has been put together excellently with focus on transparency and fairness. Below are some of my comments on both frameworks.

Project Evaluation Framework:

1. If possible, in rubric under "Transformation Potential" a mention about "Innovative Solutions" as well as could help. These projects could have Artificial Intelligence or Internet of Things based solutions. Generally, these projects take time to be completely successful, but in the long run provide huge benefits to rural communities. Not sure how it could be graded along with others.

Portfolio Analysis Review Framework:

2. Just curious under "Organization or Provider Type", several types have been listed including FQHC, but Critical Access Hospitals (CAH) has not been listed, are they part of other entity types.

Thanks
Jag Shelkay, MBA
Co-Founder
www.Sastra.ai

From: Alaska Department of Health <AlaskaDOH@public.govdelivery.com>
Sent: Tuesday, March 3, 2026 2:52 PM
To: Jagdish Shelkay <jshelkay@sastra.ai>
Subject: Rural Health Transformation Program Update

Outlook

Public Comment on RHTP Evaluation Frameworks

From Jonathan Strong <jstrong@strong907.org>
Date Sun 3/8/2026 6:45 PM
To DOH Rural Health Transformation Program (DOH sponsored) <RHTP@alaska.gov>

Hello RHTP,

I am submitting this comment as a remote Alaskan healthcare provider interested in the long-term success and fiscal responsibility of the Rural Health Transformation Program (RHTP). Given the significant scale of this investment, it is vital that the Department of Health utilizes a scoring rubric that prioritizes projects with high leverage and a clear path toward financial independence.

To ensure the best possible return on investment for the State, I suggest that the evaluation process place a heavy emphasis on the following criteria:

1. Private-Public Alignment and Capital Leverage The scoring should favor models that do not rely 100% on RHTP funds. Projects that bring significant private investment or matching capital should be viewed as lower-risk for the State. Rewarding applicants who leverage external funding sources ensures that RHTP dollars act as a catalyst rather than a permanent subsidy, fostering a more sustainable healthcare infrastructure for rural Alaska.

2. Program Integrity and Technological Oversight To protect public funds, the rubric should reward initiatives that incorporate modern oversight tools. Preference should be given to projects that utilize technology to provide real-time service verification and program integrity. Empowering patients and families to actively participate in their own care is a proven way to increase accountability and protect the State's budget.

3. Geographic Feasibility and Local Validation History shows that healthcare solutions designed in urban centers often struggle when deployed in the frontier. The scoring framework should value evidence of 'geographic feasibility'—prioritizing

solutions that have been developed or rigorously tested in actual rural Alaskan conditions. Furthermore, projects that integrate local residents and family caregivers (Legally Responsible Individuals) into the delivery model are likely to see higher retention and better outcomes than those relying on transient staffing.

4. Long-Term Federal Match Optimization The state should prioritize projects that are intentionally designed to maximize federal reimbursement opportunities, such as the 1915(k) Community First Choice option. Selecting projects that can transition to high-match federal programs will allow the State to maintain high-quality care while significantly reducing the burden on Alaska's general fund in the years to come.

By focusing on these structural and fiscal priorities, the RHTP can ensure that this funding creates a self-sustaining legacy of care that outlasts the grant cycle itself.

Sincerely,

Jonathan Strong

Strong Solutions, LLP

421 Curlew Way

Kodiak, AK 99615

907-654-5546

From: Lindsay Hammer
To: DOH Rural Health Transformation Program (DOH sponsored)
Subject: Public Comment on RHTP Evaluation Frameworks
Date: Tuesday, March 10, 2026 10:07:05 AM
Attachments: Outlook-Logo.png
Outlook-oao4xru3.png
Outlook-p1jidp1x.png
Outlook-4i1ekc0s.png
Outlook-hontsqe4.png

Hello,

Please find my public comment on the RHTP frameworks.

Project Evaluation Framework

- Clarify the rationale for relative weights. Alignment (20%) and Outcomes (15%) carry the most weight, while Transformation Potential and Sustainability are each weighted at only 10%.
- Add a cost-effectiveness or budget reasonableness criterion. There is no scoring dimension that assesses whether the requested funding is proportionate to the expected impact, which creates a gap when comparing large versus small budget proposals.
- Define “rural” explicitly. Rural Impact is weighted at 15%, but the framework does not define what qualifies as rural or reference Alaska-specific designations (e.g., HRSA rural classifications or hub communities).
- Establish a minimum threshold score. Without a scoring floor, a weak project could still receive funding if it fills a portfolio gap. A minimum requirement (e.g., scoring ≥3 on Alignment) would strengthen the framework.
- Separate the workplan criterion into monitoring and feasibility.

Portfolio Analysis Review Framework

- Add a criterion for project size or award amount. While the framework tracks many dimensions, it does not account for award size. Without this, a portfolio could appear balanced geographically while being dominated by a small number of large awards, potentially crowding out smaller, community‑based organizations.
- Clarify how Anchorage Municipality fits within a rural-focused program. Anchorage is listed as a service‑area subcategory alongside clearly rural regions. Given the program’s rural mission, the framework should clarify when Anchorage‑based applicants are eligible and how they are weighted in portfolio balance decisions.
- Clarify how multi-region projects are counted. “Multi-Region” is listed as a geographic category, but projects spanning multiple regions could unintentionally skew balance metrics. Specify whether these projects count toward each region they serve or are tracked

separately.

- Add a budget period or phasing dimension. Given the size of the award and multiple funding rounds, it would be helpful to track whether funding is front- or back-loaded across the RHTP period, not just balanced within a single round.
- Add a standalone criterion for Alaska Native and Tribal organizational representation.
- Describe how the framework is applied, how the analysis is conducted (e.g., scoring matrix, dashboard, or narrative memo). Even brief process guidance would improve consistency across reviewers.

Best regards,
Lindsay Hammer

RASMUSON FOUNDATION

"Helping others is an Alaska tradition."
– ELMER RASMUSON

Lindsay Hammer, LCSW
Program Officer

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Book time with me

Dena'inaq ełnen'aq' gheshtnu ch'q'u yeshdu. (Dena'ina)
I live and work on Dena'ina land. (English)

From: Dan Rozsa
To: DOH Rural Health Transformation Program (DOH sponsored)
Subject: Public Comment on Alaska"s RHTP project plans
Date: Tuesday, March 10, 2026 3:13:16 PM
Attachments: image001.png

Thank you for requesting comments on Alaska's RHTP strategy and project plans. Below are considerations for a project that provides measurable results along with a sustainability model.

Alaska Rural Health Transformation Program

In response to funding from the Rural Health Transformation Program (RHTP), the State of Alaska was awarded $272.2 million. Alaska has identified several areas of focus and projects to transform rural health. Chronic disease and care management is one of those areas identified.

CMS identified "promoting evidence-based, measurable interventions to improve prevention and chronic disease management" as one of the acceptable uses of funds. Identifying and closing open care gaps has proven to be an effective strategy to improve outcomes related to chronic care management and provide a sustainable financial model after beyond RTHP funds availability.

Evidence shows that targeted care gap identification and closure significantly improves outcomes and reduces avoidable utilization:

- Coordinated chronic care management programs have been associated with **up to a 27.9% reduction in emergency department visits** (Health Affairs).
- Targeted preventive interventions can reduce avoidable hospitalizations by **10–15% in Medicaid populations** (Health Affairs / Commonwealth Fund studies).
- Improved diabetes management alone can reduce downstream complications and **save over $18,000 per patient over five years** in avoided costs from complications (Blue Cross Louisiana population health analysis).

These measurable improvements align directly with Alaska's expectations for **evidence-based and outcome-driven RHTP investments. The financial savings across the population in Alaska provides sustainability after RHTP funding ends.**

A modern care gap identification and closure platform can integrate **claims, clinical, and social data** to provide a real-time, longitudinal view of patient health. Using predictive analytics, such systems can:

- Identify individuals with open preventive or chronic care gaps using a Longitudinal Patient Record (LPR) as the foundation for chronic care.
- Prioritize patients by risk and likelihood of successful intervention.
- Actionable insights delivered at the point of care and shared visibility across providers and care managers
- Direct care managers and community health teams toward the most impactful actions.
- Designed for environments with limited access and infrequent visits when each visit represents a critical opportunity to close multiple gaps simultaneously.
- Track closure rates and measurable health outcomes with closed-loop referral tracking and follow-up.

A care gap closure system not only improves health outcomes but also establishes a long-term financial foundation for Alaska's healthcare system. Improved preventive care and chronic disease management can:

- Reduce avoidable hospitalizations and emergency department utilization
- Improve Medicaid managed care quality metrics and HEDIS performance
- Support value-based payment models and quality incentive programs
- Enable rural providers to operate more efficiently with limited resources

By focusing resources on patients with the highest risk and greatest opportunity for improvement, Alaska can ensure that **RHTP investments produce measurable, lasting benefits long after the funding period ends.**

Investing RHTP funds in a system that identifies and closes clinical and social care gaps offers Alaska a practical, evidence-based path to improve chronic disease outcomes in rural communities. By enabling proactive intervention, improving care coordination, and reducing avoidable utilization, Alaska can strengthen rural health systems while creating a sustainable model for long-term population health improvement.

Dan Rozsa | Sr Account Executive
208 340 0639 | dan.rozsa@infor.com | infor.com

From: Jack Wiseman
To: DOH Rural Health Transformation Program (DOH sponsored)
Subject: Patient Feedback on Rural Oral Health & Specialty Care Needs in YK Delta – Suggestions for RHTP Priorities
Date: Wednesday, March 11, 2026 10:06:09 AM

Dear RHTP Team,

My name is Jack Wiseman, and I am a resident in the Yukon-Kuskokwim Delta region (Tuntutuliak) served by YKHC. I am writing as a patient facing significant barriers to care and to share suggestions for how RHTP funding could better support rural Alaskans like us. My primary concern is the lack of advanced dental care in Bethel. I have been trying for months to get treatment for sensitive teeth needing root canals, crowns, and fillings. Due to severe provider shortages at YKHC Dental Clinic, I cannot book an exam until July 2026, and case managers advised calling back early (e.g., Monday at 9 a.m.) for possible openings. This delay risks worsening pain and infection. Complex procedures like molar root canals often require referrals to Anchorage, which is not feasible right now due to high travel and lodging costs. As a middle-class family without Medicaid, my wife is stretched thin paying partial dental bills from a private provider (BTY Dental) and other household expenses—we simply cannot afford repeated trips or full out-of-pocket costs. This highlights a critical gap: limited in-region advanced dental services (e.g., endodontists or root canal specialists) and workforce shortages that create long waits and barriers for non-emergent but urgent needs. While YKHC's planned "one-stop visits" and medical specialty additions are positive, oral health remains underserved despite being eligible under RHTP. Most urgently, I request that RHTP prioritize proposals from providers like YKHC that include: - Recruiting/retaining dental specialists (endodontists/root canal experts) and more general providers to reduce waits and handle complex restorative care (root canals, crowns, fillings) locally. - Expanding in-Bethel advanced dental services or integrating them into coordinated care models to minimize Anchorage referrals and travel burdens. Additionally, other community needs could benefit from RHTP support: - Advanced medical imaging and specialty diagnostics, such as echocardiograms (echo) for heart checks (many elders and families may have heart issues), EEGs for seizures, epilepsy, or sleep disorders (I've known people affected by these), and MRA for vascular/heart evaluation—bringing these closer to home would help prevent delays in diagnosis for rural patients. - Minor facility upgrades, like improving the hospital entryway/porch heating system (it's often very cold in winter, making waits uncomfortable for patients/workers, especially elders or those with mobility issues). - Overall workforce recruitment/retention and technology (e.g., telehealth for specialties) to address shortages across services. These changes would truly transform access for our communities, supporting healthier elders, families, and prevention. Thank you for your work on RHTP and for considering this feedback. I would appreciate any updates on future input opportunities, such as workshops, webinars, or Advisory Council sessions.
Sincerely,

Jack Wiseman
Tuntutuliak, AK
907 256-6256

MEMORANDUM

Stakeholder Feedback on RHTP Evaluation Framework Drafts

Alaska Rural Health Transformation Program — Project Evaluation Framework & Portfolio Analysis Review Framework

Submitted by: Health Information Exchange & Technology Sector Stakeholders | Date: March 2026 | Re: Draft Frameworks dated 2/26/2026

Executive Summary

These comments are submitted on behalf of health information exchange (HIE) organizations and health information technology (health IT or HIT) companies with an interest in supporting Alaska's Rural Health Transformation Program (RHTP). We commend the Department for developing structured, transparent evaluation tools and appreciate the opportunity to provide feedback on both the Project Evaluation Framework and Portfolio Analysis Review Framework.

Our feedback is informed by extensive experience implementing HIE solutions across rural and frontier environments, including work with state Medicaid programs, tribal health organizations, and CMS cooperative agreements. Organizations like Velatura HIE Corporation and Eagleforce have successfully developed and deployed statewide HIE and Health IT infrastructure in challenging geographic environments, such as Alaska, demonstrating the critical enabling role that robust health information exchange plays in rural health transformation.

Our feedback is organized around four themes: (1) gaps in how technology and HIE/HIT-specific organizations and activities are recognized; (2) structural ambiguities that disadvantage non-traditional or infrastructure-focused applicants; (3) scoring criteria that are poorly calibrated for technology and data platform projects; and (4) recommendations to improve clarity and fairness across both frameworks.

KEY ASK	Explicitly name HIE organizations, health IT vendors, and data/infrastructure projects as eligible, valued applicant types — in both the scoring rubric and the portfolio analysis criteria — to reflect the critical enabling role technology plays in rural health transformation.

1. Recognition of HIE & Technology Organizations as Eligible Entities

The Portfolio Analysis Framework lists eligible organization/provider types but does not explicitly include health information exchanges, health IT vendors, or technology platform providers. The current list skews heavily toward direct clinical service providers.

1a. Gap: Organization/Provider Type Category

The current sub-categories under "Organization or Provider Type" include clinical entities (hospitals, clinics, FQHCs) and community organizations, but no explicit category for:

- Health Information Exchanges (HIEs)
- Health IT / digital health companies
- Data analytics or population health platforms
- Telehealth infrastructure providers

This creates ambiguity about whether technology companies are eligible applicants at all, and risks reviewers defaulting to "Other" or "Vendor Partnering with an Alaska Organization" — a category that implies a subordinate or pass-through role rather than a primary applicant.

Issue / Gap	Recommended Language / Change
No explicit HIE/HIT category in the Organization Type list	Add “Health Information Exchange (HIE)” and “Health IT / Technology Company” as named sub-categories under Organization or Provider Type.
“Vendor Partnering with an Alaska Organization” implies that technology entities cannot lead projects	Revise language to “Technology or Health IT Organization (including those partnering with Alaska entities)” to allow technology companies to apply as primary or co-lead applicants.

2. Alignment of the ‘Spark Technology and Innovation’ Initiative

The RHTP’s sixth initiative, “Spark Technology and Innovation,” is a named priority. However, neither framework provides sufficient guidance on what types of technology activities qualify, how they will be weighted, or what success looks like for technology-centric projects. We know this to be imperative, as we draw from experience implementing statewide HIE/Health IT infrastructure that has successfully connected hundreds of rural providers across challenging geographic environments. We understand that technology initiatives achieving true transformation require clear definitional frameworks. Velatura’s and Eagleforce work with frontier states has demonstrated that qualifying technology activities must be both technically sophisticated and operationally sustainable to achieve the multiplier effects essential for rural health transformation.

2a. Gap: No Definition of Qualifying Technology Activities

The Project Evaluation Framework’s scoring rubric does not distinguish between a project that incidentally uses technology versus one whose primary purpose is to build a shared health data infrastructure. Without this distinction, reviewers may systematically undervalue infrastructure projects relative to direct-service projects.

Our experience with CMS-funded technology initiatives indicates that infrastructure projects delivering statewide connectivity and interoperability create measurable downstream impacts that should be recognized as equivalent to direct clinical interventions.

Issue / Gap	Recommended Language / Change
No definition of what “Spark Technology and Innovation” means in practice	Add a brief definitional note under the RHTP Initiative criterion clarifying that qualifying technology activities include, but are not limited to: HIE build-out or expansion, EHR interoperability, telehealth platforms, remote patient monitoring infrastructure, shared data analytics, and clinical decision support tools.
Reviewers have no guidance on how to score a project whose primary deliverable is infrastructure (e.g., a statewide HIE) rather than direct patient care	Add explicit language in the Outcomes criterion (15%), noting that outcomes for technology/infrastructure projects may include connectivity metrics, interoperability milestones, provider adoption rates, and downstream patient impact — not only direct clinical outcomes.

3. Scoring Criteria Calibration for Technology & Infrastructure Projects

Several scoring criteria in the Project Evaluation Framework present structural disadvantages for technology and data infrastructure applicants. The following issues are the most significant.

3a. Outcomes Criterion (15%) Bias Toward Clinical Metrics

The rubric for Outcomes repeatedly references “patient outcomes, access to care, and/or reduction of healthcare costs.” While these are appropriate end goals, technology infrastructure projects often achieve these outcomes indirectly and with a time lag. Statewide HIE, for example, enables better care coordination, but its direct outputs are connectivity, data exchange volume, and provider adoption — not immediately measurable patient outcomes.

For technology and infrastructure projects, outcomes may include enabling metrics (e.g., number of providers connected, data exchange transactions, system uptime) as intermediate indicators of patient impact. Organizations with demonstrated rural HIE experience should provide evidence-based projections linking infrastructure metrics to clinical outcome improvements

- Recommendation: Add language such as “For technology and infrastructure projects, outcomes may include enabling metrics (e.g., number of providers connected, data exchange transactions, system uptime) as intermediate indicators of patient impact.”

3b. Rural Impact Criterion (15%) — Indirect Impact Not Recognized

Technology infrastructure, by nature, serves rural residents indirectly — a statewide HIE or telehealth backbone serves every rural provider and patient, but does not have a direct patient encounter. The current rubric language (“impact of project and outcomes for rural residents”) does not acknowledge enabling or multiplier impact.

- Recommendation: Add a clarifying note to the Rural Impact criterion: “Projects whose primary function is enabling infrastructure (e.g., data exchange, connectivity, shared platforms) should describe the downstream rural impact enabled by their technology, including reach, scale, and provider adoption across rural geographies.”

3c. Sustainability Criterion (10%) — Revenue Model Ambiguity

Technology organizations often sustain operations through subscription fees, transaction fees, or SaaS licensing — revenue models that are less familiar to grant reviewers accustomed to evaluating Medicaid billing or 340B revenue. The framework offers no guidance on acceptable sustainability models for technology applicants.

- Recommendation: Add language acknowledging that “sustainability models may include, but are not limited to, fee-for-service contracts, technology licensing arrangements, shared infrastructure agreements, or integration with state or federal data programs.”

3d. Transformation Potential (10%) — Favors Organization-Level, Not System-Level Change

At the highest scoring levels (4-5), this criterion refers to “transformative potential for rural health care delivery” and impact “beyond the applicant organization.” Technology infrastructure projects are well-positioned here, but reviewers may not recognize platform or network effects as transformative without explicit framing.

- Recommendation: In the 5-point descriptor, explicitly add an example: “...or establishes shared digital infrastructure (e.g., a statewide HIE or interoperability platform) that amplifies the impact of multiple other funded projects,” as organizations with demonstrated experience in health technology transformation should be recognized for their ability to create system-level improvements.

4. Portfolio Analysis Framework — Technology Coverage Gaps

The Portfolio Analysis Review Framework is well-structured and appropriately flexible. However, several gaps limit its ability to reflect technology investment accurately.

4a. Service Type — No Technology or Data Infrastructure Category

The 12 Service Type categories describe clinical services comprehensively but do not include a category for health IT or data infrastructure. Technology projects are likely to be coded as “Health-related needs supports” or left uncategorized, making portfolio tracking of technology investment impossible.

Based on experience implementing comprehensive HIE solutions, technology infrastructure represents a distinct service category requiring specialized evaluation approaches and portfolio tracking methodologies.

Issue / Gap	Recommended Language / Change
No service type category for health IT / data infrastructure	Add a 13th Service Type category: “Health Information Technology and Data Infrastructure,” with sub-categories including: HIE and interoperability services; telehealth platform and remote monitoring infrastructure; EHR implementation and optimization; population health analytics; and clinical decision support systems.
Technology investment cannot be tracked across portfolio	Track technology-category projects explicitly in portfolio review to ensure the “Spark Technology and Innovation” initiative receives proportionate funding.

4b. Federal Budget Cap for Technology Innovation Catalyst Fund

The framework notes a 10% cap (capped at $20 million) for the Technology Innovation Catalyst Fund. This cap is mentioned without guidance on what qualifies for this fund versus other expense categories. Technology applicants need clarity on whether HIE infrastructure costs fall under this cap, capital expenditures (20% cap), or both.

- Recommendation: Add a definitional note or cross-reference to CMS guidance clarifying which technology expense types qualify under the Technology Innovation Catalyst Fund versus Capital Expenditures. This is particularly important for HIE applicants whose project costs span infrastructure, software, and ongoing operations.

Organizations with CMS cooperative agreement experience, including those like Velatura and Eagleforce, who have successfully navigated federal budget category requirements, understand the critical importance of clear expense categorization for both compliance and strategic planning purposes.

1. Recommendation: Add a definitional note or cross-reference to CMS guidance clarifying which technology expense types qualify under the Technology Innovation Catalyst Fund versus Capital Expenditures. This is particularly important for HIE applicants whose project costs span infrastructure, software, and ongoing operations. Organizations with demonstrated federal compliance experience should provide guidance on appropriate expense categorization strategies.

5. Clarifications on the ‘Vendor Partnering’ Designation

The current framing of “Vendor Partnering with an Alaska Organization” as the primary bucket for technology companies creates several practical problems that could disadvantage both applicants and the program:

- It implies technology companies cannot lead applications, only participate as sub-awardees or contractors.
- It may inadvertently exclude mature, mission-aligned HIEs that are already operating in Alaska from being recognized as primary applicants.
- It introduces ambiguity about whether a technology company’s costs are evaluated as administrative expenses (subject to the 10% cap) rather than programmatic costs.

The framework should explicitly state whether technology and HIE organizations can serve as primary applicants, and under what conditions.

Issue / Gap	Recommended Language / Change
“Vendor Partnering” implies secondary status for technology entities	Rename category to “Health Technology Organization” and add a separate sub-category for “Vendor or Technology Partner (supporting an Alaska-based lead applicant)” to allow both primary and partnership roles.

Issue / Gap	Recommended Language / Change
No clarity on whether technology organizations can be primary applicants	Add a sentence to the framework's introduction: "Health information exchanges, health IT organizations, and technology companies with a demonstrated nexus to Alaska's rural health needs are eligible to apply as primary applicants or in partnership with Alaska-based organizations."

6. Additional Clarity Recommendations

6a. Define "Transformation" Relative to Technology Projects

Organizations with extensive rural health transformation experience understand that technology transformation encompasses system replacement, care model enablement, and network connectivity enhancement—all of which deliver measurable improvements in rural health access and outcomes.

The word "transformation" appears throughout both documents but is never defined. For clinical projects, reviewers likely share an intuitive understanding. For technology projects, it is less clear whether transformation means displacing a legacy system, enabling a new care model, or connecting previously siloed providers. A brief definitional note would reduce reviewer subjectivity.

6b. Clarify Multi-Region Service Area for Statewide Infrastructure

The "Multi-Region" category under Project Service Area appropriately accommodates statewide projects, but no guidance is given on how multi-region or statewide technology projects will be treated in portfolio analysis. A statewide HIE, for example, could be counted against every regional category or none. Clarity is needed to ensure such projects are recognized for their full geographic contribution.

6c. Add an Example or Illustrative Scenario for Technology Projects

Both frameworks would benefit from a brief illustrative example of a technology-forward project (e.g., "a statewide telehealth platform that connects rural clinics to specialty providers") to help reviewers understand how the criteria apply to non-clinical applicants. Even a parenthetical example would reduce reviewer uncertainty and improve scoring consistency.

Summary of Priority Recommendations

#	Recommendation	Applies To
1	Add HIE and Health IT as named eligible organization types	*Portfolio Analysis Framework — Organization Type*
2	Rename / restructure 'Vendor Partnering' to allow primary applicant status for technology organizations	*Portfolio Analysis Framework — Organization Type*
3	Add Health IT & Data Infrastructure as a 13th Service Type category	*Portfolio Analysis Framework — Service Type*
4	Define qualifying activities under the 'Spark Technology and Innovation' initiative	*Project Evaluation Framework — Alignment Criterion*
5	Clarify that outcomes for technology/infrastructure projects include enabling metrics	*Project Evaluation Framework — Outcomes Criterion*
6	Acknowledge indirect / multiplier impact in the Rural Impact criterion	*Project Evaluation Framework — Rural Impact Criterion*

#	Recommendation	Applies To
7	Recognize technology-based sustainability models (SaaS, licensing, transactions)	*Project Evaluation Framework — Sustainability Criterion*
8	Clarify scope of Technology Innovation Catalyst Fund vs. Capital Expenditures caps	*Portfolio Analysis Framework — Federal Budget Limitations*
9	Provide an illustrative technology project example in at least one framework	*Both Frameworks*
10	Clarify how statewide/multi-region infrastructure projects are counted in portfolio analysis	*Portfolio Analysis Framework — Service Area*

We appreciate the Department's commitment to a transparent and structured review process. These recommendations are offered in a spirit of partnership and shared commitment to improving health outcomes for rural Alaskans. We welcome the opportunity to discuss any of these points further.

From: DOH Rural Health Transformation Program (DOH sponsored)
To: Chen, Steve
Subject: Fw: Public Comment on RHTP Evaluation Frameworks
Date: Thursday, March 12, 2026 7:55:40 AM

Get Outlook for iOS

From: Ashleigh Bicknell <bicknell.ashleigh@gmail.com>
Sent: Wednesday, March 11, 2026 11:57:12 AM
To: DOH Rural Health Transformation Program (DOH sponsored) <RHTP@alaska.gov>
Subject: Public Comment on RHTP Evaluation Frameworks

Hello,

I am supportive of both draft frameworks and appreciate the effort to create a clear and structured evaluation process for the RHTP initiatives. The Draft Project Evaluation Framework provides a thoughtful approach to assessing individual project applications based on alignment with RHTP initiatives, project feasibility, sustainability, and anticipated impact. I would like to offer a few suggestions that may help further clarify how certain types of community-based health initiatives are considered within these evaluation criteria.

Within the Project Evaluation Framework, additional clarity around how community-based wellness infrastructure and preventive health services are evaluated may help applicants better understand how these projects align with the Healthy Communities and Health Care Access initiatives. In rural communities, initiatives focused on recovery support, stress reduction, and lifestyle-based health interventions can contribute meaningfully to long-term health outcomes and may demonstrate strong alignment, sustainability, and community impact when considered alongside more traditional health service models.

The evaluation framework may also benefit from explicitly acknowledging the value of community-centered spaces that foster social connection, behavioral health support, and wellness activities. Research increasingly highlights the importance of “third spaces” where individuals can gather and participate in healthy activities, which can support both mental and physical health outcomes. Considering these types of impacts within the evaluation criteria may help capture a broader range of community health benefits.

For the Portfolio Analysis Review Framework, it may be helpful to consider not only

geographic distribution but also diversity in the types of health interventions included in the final portfolio. Ensuring a balance of clinical services, preventive health initiatives, community wellness infrastructure, and innovative approaches could strengthen the overall impact of the funded projects.

I live in Valdez, where the city's top two health challenges identified over the past decade have been substance abuse and suicide. Preventive health initiatives and community wellness spaces can play an important complementary role alongside traditional health services in addressing these challenges.

Thank you for the opportunity to provide input on the proposed evaluation frameworks.

Ashleigh Bicknell

From: DOH Rural Health Transformation Program (DOH sponsored)
To: Chen, Steve
Subject: Fw: Public Comment on RHTP Evaluation Frameworks
Date: Thursday, March 12, 2026 7:53:05 AM
Attachments: Appendix A AK RHTP_Portfolio Analysis Review Framework_DRAFT_2.26.2026.pdf

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From: James Mault <jmault@biointellisense.com>
Sent: Wednesday, March 11, 2026 10:29:22 PM
To: DOH Rural Health Transformation Program (DOH sponsored) <RHTP@alaska.gov>
Cc: James Mault <jmault@biointellisense.com>; Kamran Mirza <kmirza@biointellisense.com>; Caitlin Haven <chaven@biointellisense.com>
Subject: Public Comment on RHTP Evaluation Frameworks

Please see below comments regarding the Alaska RHT Program "Portfolio Analysis Review Framework" Document:

See attached Appendix A showing **"Service Type Category Detail":**

- It is recommended to note that continuous Remote Patient Monitoring (cRPM) using a multi-parameter medical grade wearable is transformational to each of the sections and bullet points highlighted in orange. Application of RPM to any of these clinical use cases and settings has significant potential to improve patient outcomes and reduce total cost of care.

- Furthermore, Appendix A is missing the following major clinical settings and use cases for cRPM that have significant rural transformation opportunities to improve access, improve outcomes and reduce cost of care as follows:
  - **In-patient acute care (Hospital, SNF, LTC, etc.)** using Continuous Exception-Management Vital Sign Monitoring with FDA medical-grade, reusable multi-parameter vital signs wearable to improve care and reduce total cost of care
    - Improve patient safety via early detection of potential clinical deterioration
    - Enhance clinician workforce efficiencies via centralized "Virtual Care Command Center" clinician monitoring exception management

        - Reduced telemetry over-utilization
        - Reduced hospital length of stay
    - **At-home remote patient monitoring**
        - **Advanced Care at Home** using continuous exception-management vital sign monitoring with FDA medical grade reusable multi-parameter wearable for select acute-care patients who can be reasonably monitored and managed at home to enable early detection of acute exacerbations
        - **Post-Acute Discharge Management** using Continuous Exception-Management Vital Sign Monitoring with FDA medical grade reusable multi-parameter vital signs wearable to enable early detection of acute exacerbations that help reduce 30-day post discharge ER utilization and re-hospitalization
        - **Complex Chronic Disease Management** using Continuous Exception-Management Vital Sign Monitoring for complex chronic disease patients (e.g. CHF, COPD, ESRD, Transplant, etc.) as well as complex Oncology to enable early detection of acute exacerbations that help reduce ER utilization and hospitalization
        - **Stable Chronic Disease**
            - **Clinician monitored** including diabetes, hypertension, and metabolic syndrome, using devices that provide real-time feedback on nutrition, activity, and disease status using spot measurement RPM kits (e.g., blood pressure cuffs, glucose monitors, pulse oximeters, weight scales).
            - **Patient/Consumer Self-Management**, including diabetes, hypertension, and metabolic syndrome, using devices that provide real-time feedback on nutrition, activity, and disease status using spot measurements RPM kits (e.g., blood pressure cuffs, glucose monitors, pulse oximeters, scales).

Comments regarding the Alaska Rural Health Transformation "Portfolio Analysis Review Framework."

Please consider an additional review framework criteria for relevant technologies in assessing:

- Is the technology integrated with other technology vendors to enable an interoperable suite of capabilities?
- Does the technology solve for remote settings where Internet access and cellular signal are unavailable?
- Does the technology meet privacy and cybersecurity requirements for health information as per the HITRUST and NIST Cybersecurity Framework?
- Does the technology enable data exchange with the top five or more provider EMR's?
- Does the technology enable data exchange with Alaska's State HIE?
- Does the technology enable data access and portability for patients and consumers?

Thank you for your consideration of the comments.

Best regards,

Jim

James Mault, MD, FACS
Executive Chairman & Founder

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LINKEDIN ›

Founding Chairman and Member, Health Division Board
Member, Board of Industry Leaders
Consumer Technology Association (www.CTA.tech)

Founding Member, ***Remote Monitoring Leadership Council*** **(www.RPMLeadershipCouncil.org)**

Member Board of Advisors
EnMed Texas A&M School of Engineering Medicine (enmed.tamu.edu)

Member, Informa Markets Advisory Board
Informa (www.Informa.com)

Member, Board of Trustees
Astronaut Scholarship Foundation (www.AstronautScholarship.org)

DRAFT

Appendix A

Service Type Category Detail

Primary and Preventive Care ▪ Primary care services ▪ Preventive screenings and wellness visits ▪ Immunizations ▪ Health promotion and early intervention services	*Maternal and Child Health Services* ▪ Prenatal, perinatal, and postpartum care ▪ Obstetric and midwifery services ▪ Labor and delivery, newborn, and neonatal care ▪ Pediatric primary care, well-child visits, and developmental screening services ▪ Perinatal and pediatric behavioral health services, including maternal mental health screening and treatment ▪ Home visiting and community supports during pregnancy, postpartum, infancy	*Behavioral Health Services* ▪ Mental health services ▪ Substance use disorder treatment ▪ Crisis stabilization services ▪ Integrated behavioral health within primary care settings
Specialty and Complex Medical Care ▪ Medical specialty care ▪ Surgical specialty services ▪ Oncology, cardiology, neurology, and other advanced specialties ▪ High-acuity outpatient specialty services	*Urgent, Emergency, and Stabilization Care* ▪ Urgent care services ▪ Emergency department services ▪ Trauma stabilization ▪ Emergency medical transport and transfer coordination	*Oral, Vision, and Ancillary Clinical Services* ▪ Dental services ▪ Vision care ▪ Audiology services ▪ Physical, occupational, and speech therapy services
Chronic Disease and Care Management ▪ Chronic condition management programs ▪ Population health management	*Pharmacy and Medication Management* ▪ Medication dispensing; pharmacy access ▪ Clinical pharmacy services	*Long-Term Services and Supports (LTSS)* ▪ Nursing facility services ▪ Home- and community-based services

DRAFT

▪ Community health worker services ▪ Remote patient monitoring	▪ Medication therapy management ▪ Medication adherence support	▪ Personal care services ▪ Supports for aging/disability populations
Post-Acute and Recovery Care ▪ Skilled nursing facility care ▪ Inpatient rehabilitation services ▪ Home health services ▪ Transitional care following hospitalization	*Care Coordination and Navigation* ▪ Care coordination services ▪ Patient navigation services ▪ Care transitions and discharge planning ▪ Community care hubs and network	*Health-Related Needs Support* ▪ Medically tailored meals ▪ Permanent supportive housing ▪ Medical respite care ▪ Non-emergency medical transportation

From: DOH Rural Health Transformation Program (DOH sponsored)
To: Chen, Steve
Subject: Fw: Public Comment on RHTP Evaluation Frameworks (Please Fund Youth Activities as a Preventative Health Solution in Rural Alaska)
Date: Thursday, March 12, 2026 7:54:42 AM
Attachments: Screenshot 2026-03-11 at 11.25.44 PM.png
Screenshot 2026-03-11 at 11.28.29 PM.png
Screenshot 2026-03-11 at 11.30.24 PM.png
Diving Board Rusted Bolts.jpeg

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From: Matt McDaniel <McDaniel10@outlook.com>
Sent: Wednesday, March 11, 2026 11:34 PM
To: DOH Rural Health Transformation Program (DOH sponsored) <RHTP@alaska.gov>
Subject: Re: Public Comment on RHTP Evaluation Frameworks (Please Fund Youth Activities as a Preventative Health Solution in Rural Alaska)

I also wanted to share my experience as a volunteer building affordable programs for youth. My hope is that I can further stimulate youth programs throughout rural Alaska. Please see our website for the Arctic Diving Club nonprofit. https://arcticdivingclub.org/ My business model is intended to financially break even after considering volunteer support and paying minimum overhead expenses. Our community provides 8 hours a month of coaching for $100 per month and up to 32 hours of practice time per month for $200. I have also utilized state funding to replace dilapidated diving boards throughout all municipal pools in Anchorage. I have done this with committed volunteers, contractors, and community leaders to ensure quality and minimum overheads. I am positive that this effort has improved the physical and mental well-being for hundreds of children and families who cannot afford to “pay to play”. There is no question that this effort has had a major impact on preventative health measures with the rural community in Alaska. Please see the before and after pictures of these recent renovations. My hope is that I can apply for funding to expand the impact of our diving club in North Anchorage

where children with limited economic opportunities can have affordable access to our programs. I would also like to stimulate this model for activates outside our community.

From: Matt McDaniel <McDaniel10@outlook.com>
Date: Wednesday, March 11, 2026 at 10:42 PM
To: RHTP@alaska.gov <RHTP@alaska.gov>
Subject: Public Comment on RHTP Evaluation Frameworks (Please Fund Youth Activities as a Preventative Health Solution in Rural Alaska)

As an Alaska Native Leader with 30 years of experience as a former administrator at the Alaska Native Medical Center, executive and board experience for multiple nonprofits, and Alaska Native Corps to included Regional and Village Corp entities, I have worked with rural communities in Alaska for most of my career. My feedback on the RHTP evaluation framework is that funding to support youth activities will provide measurable and sustainable outcomes supporting preventable health issues with youth throughout

rural Alaska. It is commonly known that exercise and diet will reduce chronic disease risks that are dependent on obesity to include heart attack, stroke, diabetes, etc. A safe environment for children to receive coaching, mentoring, and socialization with other children will also improve their mental health. And, as of now, there is a major disparity of affordable activities for children and families who cannot afford private/club sports. I would point to what basketball has done for the preventable health and mental wellbeing for many of the rural communities in the arctic slope. Please consider funding these programs that support preventative health solutions as a priority before these kids need actual medical support. If there is any way, I could contribute to this framework that would lead to our children having a place to go, to be active, to find a mentor, to avoid being on the streets, I would like to contribute. I have attached my resume as reference to my background along with my contact information below.

Warm Regards,

Matt McDaniel

(907) 382-0056

ALASKA ACADEMY OF NUTRITION & DIETETICS
PO Box 241522
Anchorage, AK 99524
www.eatrightAK.org

March 12, 2026

Commissioner Heidi Hedberg
Alaska Department of Health,
Commissioner's Office,
Rural Health Transformation Program
3601 C Street, Suite 902
Anchorage, Alaska 99503
Email: RHTP@alaska.gov

Re: Alaska Rural Health Transformation Program: Opportunity for Public Comment on Evaluation Frameworks

Dear Commissioner Hedberg:

The Alaska Academy of Nutrition and Dietetics (AKAND), representing 272 registered dietitians (RDs) and dietetic technicians, registered, is committed to reducing the burden of chronic disease and strengthening the American health care system through practical, evidence-based nutrition care.

We thank the Department for the opportunity to review and comment on the draft Project Evaluation Framework and Portfolio Analysis Review Framework for Alaska's Rural Health Transformation Program (RHTP) and appreciate the Department's commitment to transparency and to developing evaluation tools that support meaningful rural health system transformation.

We offer the following suggestions for consideration as the Department finalizes these tools.

Clarify the evaluation of clinical services that address chronic disease and prevention. Several of the RHTP initiatives reference improving access to preventive services and strengthening care for individuals with complex or chronic conditions. We believe it is pertinent to clarify that proposals should incorporate evidence based clinically appropriate services and the appropriate qualified providers accordingly. When projects are designed to address specific

medical conditions such as eating disorders, diabetes, cardiovascular disease, or maternal health complications, to be effective that must be evaluated based on whether the appropriate intervention is being provided.

Health initiatives aimed at improving outcomes for chronic disease populations tend to focus on screening, care coordination, or general health education but may not always incorporate the specialized clinical services needed to address the underlying drivers of those conditions. Ensuring that project design aligns the proposed intervention with the appropriate clinical expertise can strengthen both implementation and outcomes.

For example, many chronic diseases have well-established nutrition-related treatment pathways. In these cases, clinical services such as Medical Nutrition Therapy (MNT), provided by a licensed RD or other qualified nutrition professional, represent a structured, evidence-based approach to assessing and managing nutrition-related risk factors associated with disease progression.

Clarifying within the framework that projects targeting specific clinical conditions should incorporate appropriate clinical services and expertise provides guardrails that ensure interventions are aligned with the conditions they seek to address. This can also support stronger project design by encouraging applicants to match the type of intervention whether that be clinical, community-based, or social support with the level of medical complexity of the population being served.

Ensure the evaluation framework captures the value of interdisciplinary care models. Many rural health transformation initiatives rely on interdisciplinary care teams that integrate primary care, behavioral health, and other specialized providers. We believe the rubric can better clarify how team-based models that incorporate non-physician providers and allied health professionals are evaluated within the "partnerships," "transformation potential," or "project outcomes" domains. This could include recognizing projects that demonstrate how specific provider types are integrated into care delivery to address identified health needs, improve care coordination, and support measurable clinical outcomes.

This aligns the proposed interventions with the appropriate provider expertise needed to deliver them effectively. For example, certain clinical interventions require specialized training and credentialing to ensure safe and evidence-based implementation. Nutrition-related interventions such as MNT[1] or medically tailored meals[2], are most effective when delivered or overseen by a licensed RD. Ensuring that projects proposing specific clinical services include the appropriate

[1] Moloney L, Rozga M, Steiber A, Handu D. The Effectiveness of Medical Nutrition Therapy in Prevention and Treatment of Chronic Disease: A Position Paper of the Academy of Nutrition and Dietetics. J Acad Nutr Diet. 2026 Feb;126(2):156219. doi: 10.1016/j.jand.2025.10.010

[2] Short E, Akers L, Callahan EA, Cliburn Allen C, Crespo-Bellido M, Deuman K, Dimond E, Hollowell C, López MÁ, Anderson Steeves E. The Role of Registered Dietitian Nutritionists within Food Is Medicine: Current and Future Opportunities. J Acad Nutr Diet. 2025 Aug;125(8):1075-1084. doi: 10.1016/j.jand.2025.03.004.

provider types can strengthen project feasibility, improve outcomes, and support sustainable care models in rural communities.

Consider additional clarity around sustainability and long-term financing pathways. The sustainability criterion is an important component of the evaluation rubric. It may be helpful to clarify that sustainability can include pathways such as integration into Medicaid or other payer reimbursement models, partnerships with community organizations, or alignment with existing value-based payment strategies. Providing this clarification may encourage applicants to design projects with stronger long-term financing strategies and promote collaboration with state agencies and health system partners to support interventions that address broader population health needs, rather than those that rely solely on short-term funding opportunities.

Provide additional detail on how portfolio-level balancing will be operationalized. The Department states that portfolio-level review will "respond to application patterns as

they emerge, and avoid over-concentration of funding in any single region, population, initiative, or service type." We are supportive of this type of review and agree that resources should not be overly concentrated in one area; however, to support transparency for applicants, it may be helpful for the Department to provide additional detail on how these portfolio considerations will be applied in practice. For example, clarification on how funding decisions will be made when multiple high-scoring projects are proposed within the same region or initiative area could help applicants better understand how individual project merit will be weighed alongside broader portfolio goals.

Providing this additional context may also help applicants more effectively design projects, structure partnerships, and plan for sustainable financing in alignment with the program's statewide transformation objectives.

AKAND appreciates the opportunity to provide input and looks forward to the continued development of the Rural Health Transformation Program. For additional information or questions please contact Becca Charbonneau at centumcento@gmail.com.

Sincerely,

Becca (Kirian) Charbonneau

MFN, CDCES, RDN-AP, LD

Public Policy Chair, AKAND

Dr. Brandy Seignemartin, PharmD
Executive Director
Alaska Pharmacy Association
3211 Providence Dr, PSB 111
Anchorage, AK 99508

March 13, 2026

Heidi Hedberg
Commissioner
Alaska State Department of Health
601 C Street, Suite 902
Anchorage, AK 99503

Dear Commissioner Hedberg and RHTP Team,

On behalf of the Alaska Pharmacy Association (AKPhA), thank you for the opportunity to provide comments on the draft Alaska Rural Health Transformation Program (RHTP) Project Evaluation Framework and Portfolio Analysis Review Framework. We appreciate the Department's thoughtful work in developing a transparent and balanced approach to evaluating proposals and assembling a portfolio of investments that advance Alaska's rural health transformation goals.

Overall, we strongly support the structure and intent of the proposed frameworks. The emphasis on rural impact, measurable outcomes, sustainability, and partnership reflects the type of investments needed to strengthen Alaska's health system and improve health outcomes for rural communities. In particular, we appreciate the portfolio-level review approach, which recognizes that the full mix of projects should collectively advance the State's six RHTP initiatives while supporting diverse communities, provider types, and services across Alaska.

While we support the overall approach, we respectfully offer several recommendations that we believe will strengthen the evaluation process and ensure that RHTP investments build durable capacity within Alaska's health system.

Prioritize Alaska-Based Provider Leadership

RHTP represents a historic opportunity to strengthen Alaska's rural health care delivery system. To maximize long-term impact, we recommend clarifying that projects led by Alaska-based providers, tribal health organizations, and community organizations should be prioritized for funding. Local leadership ensures that projects are grounded in community needs, existing care delivery systems, and long-term sustainability.

Many successful transformation efforts occur when providers who already serve the community are empowered with new tools, partnerships, and resources. Strengthening the role of local providers will help ensure that RHTP investments result in durable system improvements rather than temporary pilots.

Clarify the Role of Vendor and Technology Partners

We recognize that technology platforms and other vendors can play an important role in supporting innovation and system improvements. However, we recommend clarifying that vendors should generally participate as partners within provider-led initiatives rather than as primary recipients of funding.

RHTP funds should primarily support service delivery capacity within Alaska's health care system. Technology vendors and platforms can be valuable partners, but funding should flow through Alaska-based provider organizations or community entities that remain accountable for implementation, outcomes, and sustainability. This approach will ensure that investments strengthen Alaska's health system rather than primarily supporting external technology deployments.

Strengthen Expectations for Meaningful Partnerships

We appreciate the inclusion of "Strength of Partnerships and Coordination" as a key scoring category within the project evaluation framework. We recommend further emphasizing the importance of meaningful and accountable partnerships, particularly with local providers, tribal health organizations, and community-based organizations.

Strong proposals should demonstrate clear roles, shared governance or coordination structures, and evidence of collaboration with existing systems and stakeholders. This will help ensure that projects integrate effectively with Alaska's existing health care infrastructure and avoid unnecessary duplication.

Encourage Integration with Existing Systems and Initiatives

Given the scale of the RHTP investment, it will be important to ensure that projects complement and strengthen existing systems rather than creating parallel or duplicative programs. We recommend that proposals be evaluated, in part, on how well they integrate with existing statewide initiatives, regional health systems, tribal health organizations, and community-based networks.

Projects that build upon and enhance current infrastructure—including care coordination networks, health information exchange capabilities, and community health resources—are more likely to produce sustainable system improvements.

Emphasize Long-Term Sustainability

We strongly support the inclusion of sustainability as an evaluation criterion. Where possible, proposals should demonstrate pathways to long-term sustainability beyond the RHTP funding period, including alignment with Medicaid reimbursement models, value-based payment arrangements, or other durable financing mechanisms.

Programs that strengthen the underlying financial and operational sustainability of Alaska's rural health system will produce the greatest long-term benefit for patients and communities.

Support Collaborative and Regional Models

Finally, we encourage continued emphasis on collaborative models that bring together multiple providers or organizations within a region. In rural areas especially, coordinated approaches can help maximize workforce capacity, improve care access, and achieve broader population health impact.

The portfolio-level review process outlined in the draft framework appropriately recognizes the value of geographic balance and diversity of provider types. Encouraging regional collaboration will further strengthen these goals.

Thank you again for the opportunity to provide input on these important frameworks. AKPhA appreciates the Department's leadership in advancing the Rural Health Transformation Program and we look forward to continued collaboration to ensure that this historic investment meaningfully improves access, quality, and sustainability of care for Alaskans.

Sincerely,

Brandy Seignemartin

Brandy Seignemartin, PharmD
Executive Director, Alaska Pharmacy Association

ALASKA BEHAVIORAL HEALTH ASSOCIATION

March 12, 2026

State of Alaska Department of Health
Commissioner's Office
Rural Health Transformation Program
3601 C Street, Suite 902
Anchorage, Alaska 99503

Re: Public Comment on RHTP Evaluation Frameworks

Dear Commissioner Hedberg, Deputy Commissioner Ricci, and Rural Health Transformation Program Team,

The Alaska Behavioral Health Association (ABHA) represents nearly 120 organizations providing mental health and substance use treatment across Alaska. Our mission is to ensure accessible, high-quality, and cost-effective behavioral health care across the state. Thank you for the opportunity to provide comments on the draft *Project Evaluation Framework* and *Portfolio Analysis Review Framework* for the Alaska Rural Health Transformation Program (RHTP). We appreciate the Department's effort to establish a transparent and structured process for evaluating both individual projects and the overall portfolio of investments intended to support rural health system transformation.

Overall, the frameworks provide a thoughtful structure for assessing project alignment, feasibility, and anticipated impact. As these tools are finalized, we offer the following observations and recommendations to help ensure the evaluation process reflects the realities of Alaska's rural health system across the full continuum of care, including mental health and substance use disorder services.

1. Clarify how project impact may be demonstrated across different types of health services

The Project Evaluation Framework appropriately emphasizes measurable outcomes, improved access, and reductions in health care costs. These are important goals for a program focused on system transformation. At the same time, different sectors of the health system often demonstrate impact in different ways.

Behavioral health initiatives frequently operate on longer time horizons than acute medical interventions. Projects focused on early intervention, crisis diversion, workforce stabilization, or improved care coordination may significantly improve community outcomes but may not produce immediate reductions in utilization or costs within a short evaluation period.

Clarifying that strong proposals may demonstrate impact through system stabilization, prevention, improved care coordination, or avoided crises would help ensure the rubric does not unintentionally favor projects that produce short-term utilization metrics over those that strengthen long-term system

performance.

2. Recognize workforce and infrastructure initiatives as key drivers of transformation

In rural Alaska, workforce and infrastructure constraints remain among the most significant barriers to care. Many communities face persistent shortages of behavioral health providers, supervision capacity, and clinical support infrastructure.

Projects that expand workforce pipelines, strengthen clinical supervision capacity, improve telehealth infrastructure, or enhance care coordination may not always produce immediate patient-level outcome metrics. However, these efforts are often foundational to sustained improvements in access and quality of care.

Explicitly recognizing workforce and infrastructure initiatives as legitimate drivers of transformation within the evaluation framework would help ensure that proposals addressing these structural barriers are evaluated appropriately.

3. Clarify how portfolio-level analysis will consider service gaps across the health system

The Portfolio Analysis Review Framework provides an important mechanism for considering the collective impact of projects funded in each round. Reviewing the overall portfolio for geographic distribution, initiative alignment, and rural reach is a thoughtful approach.

As this framework is applied, it may be helpful to clarify how service gaps across the health system will be considered alongside geographic distribution and initiative alignment. In many rural communities across Alaska, behavioral health and substance use disorder services represent some of the most significant access gaps in the health system. Workforce shortages, limited treatment capacity, and the lack of specialty services contribute to ongoing challenges in accessing care.

Ensuring that portfolio-level analysis considers these types of systemic service gaps, in addition to geographic and initiative-based balance, will help the program support a mix of projects that reflects both statewide priorities and the most pressing unmet needs across rural communities.

4. Recognize system-level transformation outcomes

Many of the barriers facing Alaska's rural health system involve coordination challenges, workforce shortages, and infrastructure limitations rather than isolated service gaps. Projects that improve data infrastructure, strengthen workforce development pathways, expand telehealth capacity, or enhance coordination between providers and community partners can produce meaningful long-term improvements in access and outcomes.

Recognizing these types of system-level improvements within the evaluation process will help ensure that proposals addressing structural challenges receive appropriate consideration.

5. Clarify expectations related to cost savings and financial impact

The evaluation framework includes consideration of cost savings and financial sustainability. These are appropriate considerations in a program designed to support long-term system transformation.

However, in many areas of health care—particularly behavioral health—the financial impact of an intervention may be reflected not only through direct cost reductions but also through avoided downstream utilization. For example, effective behavioral health interventions may reduce emergency department visits, hospitalizations, justice system involvement, or other high-cost services over time. These impacts often occur across multiple parts of the health system and may not be immediately captured as direct program savings within a short evaluation period.

Clarifying that financial impact may include avoided downstream utilization and broader system cost avoidance would help ensure that projects addressing high-cost drivers of health care utilization are evaluated appropriately.

Thank you again for the opportunity to provide feedback. We appreciate the Department's commitment to transparency and public engagement as these evaluation tools are finalized and look forward to continued collaboration as the Rural Health Transformation Program moves forward.

Sincerely,

Victoria Kildal

Victoria Kildal, PsyD, LPCS, CDCS, ABHC | Chief Executive Officer
Lance Johnson | Chief Operations Officer
Alaska Behavioral Health Association

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From: DOH Rural Health Transformation Program (DOH sponsored)
To: Anders, Victoria; Chen, Steve
Subject: Fw: Public Comment on RHTP Evaluation Frameworks (Safety Net Connect)
Date: Thursday, March 12, 2026 4:04:34 PM

From: Jomo Starke <jomostarke@safetynetconnect.com>
Sent: Thursday, March 12, 2026 3:02 PM
To: DOH Rural Health Transformation Program (DOH sponsored) <RHTP@alaska.gov>
Cc: Chris Cruttenden <ccruttenden@netchemistry.com>; Teresa Lin <teresa@safetynetconnect.com>; Keith Matsutsuyu <kmatsutsuyu@safetynetconnect.com>
Subject: Public Comment on RHTP Evaluation Frameworks (Safety Net Connect)

Thank you for the opportunity to comment on the draft Project Evaluation Framework and Portfolio Analysis Review Framework. Both documents reflect a thoughtful approach to balancing project-level merit with statewide impact. We offer two comments for the Department's consideration.

1. Outcomes Criterion - Clarification on "Credible Literature"

The Project Evaluation Framework references "credible literature" as a basis for supporting proposed outcomes. We recommend the Department clarify that peer-reviewed, published evidence from analogous patient populations and care delivery settings outside of Alaska qualifies as credible literature for scoring purposes. Many technology-enabled care models have been validated in safety-net and rural systems in other states but have not yet been deployed in Alaska. Requiring Alaska-specific evidence as a precondition for high scores on this criterion could unintentionally disadvantage proven solutions and limit the range of innovations the state can fund. Evidence from comparable settings - particularly those serving similar disease burden, insurance mix, and access constraints - should be recognized as relevant and credible.

2. Transformation Potential Criterion - Recognizing Catalytic Investments

The Transformation Potential criterion appropriately values system-level change. We

recommend the Department add language recognizing that projects with smaller funding requests can demonstrate high transformation potential when they remove systemic bottlenecks that constrain the effectiveness of other funded projects. For example, a technology investment that addresses specialist access barriers can improve outcomes across primary care, maternal health, behavioral health, and chronic disease management initiatives simultaneously. Evaluating transformation potential based solely on the scale of the individual project's budget or scope may inadvertently overlook investments with outsized system-wide impact. Recognizing catalytic projects that unlock capacity for other RHTP-funded work would strengthen the portfolio's overall return.

Thank you for considering these comments. We look forward to the finalized frameworks.

-j
--
Jomo Kenneth Starke
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Turnagain COMMUNITY HEALTH
A new identity for the Girdwood Health Clinic

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www.turnagaincommunityhealth.org

March 12, 2026

Rural Health Transformation Program
Commissioner's Office, Alaska Department of Health
3601 C. Street, Suite 902
Anchorage, AK 99503

SUBJECT: Public Comment on Draft RHTP Portfolio Review and Project Evaluation Frameworks

Dear RHTP Program Leaders,

Thank you for the opportunity to provide comments on the draft Rural Health Transformation Program (RHTP) Portfolio Analysis Review Framework and Project Evaluation Framework. Turnagain Community Health appreciates the State's efforts to implement a thoughtful, transparent process for evaluating RHTP proposals and advancing meaningful improvements in Alaska's health system.

As a small rural Federally Qualified Health Center serving communities around the Turnagain Arm, we support the framework's focus on measurable outcomes, alignment with state priorities, and portfolio balance. These elements are important to ensuring that RHTP investments support long-term improvements in health outcomes and system sustainability.

From the perspective of a small rural provider, we offer several considerations that may strengthen the framework's ability to support transformation in Alaska's smaller and geographically isolated rural communities.

First, it would be helpful for the review framework to explicitly recognize the operational realities of small rural health organizations. Rural clinics often operate with limited staffing and administrative capacity, and successful projects may be smaller in scale but highly impactful for the communities they serve. Evaluation criteria that consider feasibility within small organizations, considered alongside overall scale, will help ensure that rural innovations remain competitive.

Second, additional clarity around geographic equity would be beneficial. While the portfolio framework appropriately considers regional balance, it would be helpful to clarify how geographic distribution will be weighed relative to project strength. Small rural communities and organizations would like assurance that strong local proposals will remain competitive alongside larger initiatives proposed by multi-region organizations.

Third, we encourage the State to recognize the important role that community-based primary care providers, particularly Federally Qualified Health Centers and Tribal health organizations, play as anchor institutions in Alaska's rural health system. These organizations already provide integrated primary care, behavioral health services, care coordination, and enabling services, and are well positioned to implement sustainable transformation initiatives.

Fourth, the evaluation framework should consider the challenges of measuring outcomes in small rural populations. Projects serving small communities may demonstrate meaningful improvements in access, care coordination, or chronic disease management even when sample sizes are limited. Flexibility in evaluation approaches that recognize qualitative and process improvements will allow rural projects to demonstrate success in ways that reflect local realities.

Finally, we encourage the State to prioritize projects that strengthen the long-term sustainability of rural health systems. Initiatives that support workforce innovation, community health worker programs, technological innovations, and participation in value-based care models can significantly improve access to care while stabilizing rural health infrastructure.

We have provided specific suggested edits to each of the two documents that align with the above general comments starting on the next page.

We appreciate the Department's commitment to engaging stakeholders in the development of the RHTP program. With thoughtful attention to the realities of rural health care delivery and implementation of systems change in these settings, this initiative has the potential to support innovative, community-driven solutions that improve health outcomes across Alaska's diverse communities.

Thank you again for the opportunity to provide input.

Sincerely,

Deborah Erickson

Deborah Erickson, MBA
Chief Executive Officer
Turnagain Community Health
A new identity for Girdwood Health Clinic

Portfolio Analysis Review Framework

Section 1: Project Service Area

This section focused heavily on geographic distribution, but not on rural feasibility or scale differences.
Suggested Addition:

> "In evaluating geographic distribution, the State will also consider the feasibility and scale of projects proposed by smaller rural organizations. Projects serving smaller populations may still provide meaningful community-level impact and may represent important opportunities to test innovative rural care delivery models."

Section 4: Organization Type

This section lists all organization types, but does not explicitly acknowledge rural safety-net providers.
Suggested Addition:

> "In assessing organizational representation within the portfolio, the State will consider the important role of community-based safety net providers, including Federally Qualified Health Centers, Tribal health organizations, and other rural primary care providers that serve as anchor institutions for health care delivery in rural communities."

Project Evaluation Framework

Row 1: Alignment with State & Federal RHTP Goals and Initiatives

This section should ensure rural relevance strengthens alignment scoring. For example, Column 5 (Excellent) could include "Projects that directly address barriers to care in rural or geographically isolated communities and demonstrate strong alignment with rural health system priorities may receive this highest rating.

Row 3: Outcomes

Caution against penalizing rural projects for small population size. For example, for Column/Score 5 (Excellent) add at the end "…at a meaningful scale relative to the population served, including projects operating in small rural communities."

Row 4: Rural Impact

Clarify what counts as rural impact. For example, Column/Score 5 (Excellent) could be revised to read "Impact of project and outcomes for rural residents is significant. The explanation clearly demonstrates how the project improves health care for rural residents and addresses barriers unique to geographically isolated communities."

Row 6: Strength of Partnerships and Coordination

Emphasize the importance of community-based primary care (FQHCs and Tribal health organizations). For example, Column/Score 4: Add "…including coordination with community-based primary care providers." Column/Score 5: Add "…and demonstrate strong integration across primary care providers, public health systems, and community organizations serving rural populations."

Row 8: Workplan and Monitoring

Column/Score 3: Add "…including realistic implementation strategies appropriate for the size and operational capacity of the proposing organization." Column/Score 5: Add "…and demonstrates readiness for implementation in rural or resource-limited settings."

Pacific Community of Alaska
3001 Porcupine Drive Anchorage, AK 99501

Contact Information:
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March 12, 2026

State of Alaska, Department of Health,
Commissioner's Office,
Rural Health Transformation Program,
3601 C Street, Suite 902,
Anchorage, Alaska 99503
RHTP@alaska.gov

RE: Public Comment on RHTP Evaluation Frameworks

Thank you for the opportunity to provide public comments on the Rural Health Transformation Program (RHTP) evaluation framework and scoring rubric. We appreciate the effort to establish a structured and transparent process for evaluating projects that aim to strengthen rural health systems and improve access to care.

The comments below are intended to help strengthen the evaluation framework by ensuring that community-based organizations (CBOs), community health worker (CHW) programs, and locally driven initiatives can be fully and fairly represented within the rubric criteria. Many community-based programs operate with different resources, data access, and evaluation infrastructure than large clinical systems. As a result, certain elements of the rubric, such as reliance on clinical data, published literature, or expectations of large-scale measurable outcomes, may unintentionally disadvantage community-led initiatives that nonetheless demonstrate meaningful impact at the local or regional level.

For the purposes of this feedback, **Level 5 of the rubric metrics** is used as a reference benchmark to illustrate potential challenges and opportunities for strengthening the framework. The following comments outline key considerations and provide example revisions of Level 5 language that may help clarify expectations while maintaining the rigor and intent of the evaluation process.

1. DEMONSTRATED NEED:

Identified Key Challenges / Concerns

- Limited access to clinical data for CBO/CHW programs
- Heavy reliance on published literature undervalues local innovations
- Chronic issues may not read as "urgent"
- High-need population targeting not explicit

Recommended Metric Changes / Strengthening Suggestions

- Prioritize community-based initiatives implemented at a local and/or regional level
- Include multiple evidence sources at both primary and secondary levels (data trends, community input, surveys)
- Show clear linkage to feasible, culturally and linguistically responsive solutions
- Include measurable outcomes at meaningful local or regional scale

Suggested Level 5 language:

"The project demonstrates a clear and pressing community or regional need using multiple sources at both primary and secondary levels, including data trends, community input, surveys, and regional planning documents. The need is framed in terms of current gaps, disparities, or barriers affecting high-need populations. The proposal clearly links the identified need to a feasible, evidence-informed, or innovative solution, with strategies for community engagement, culturally and linguistically responsive services, and measurable outcomes at a meaningful population for that locality or regional scale."

2. OUTCOMES:

Identified Key Challenges / Concerns

- Small CBOs may struggle with overly ambitious outcomes
- Innovative interventions conducted at a local or regional level may lack published literature
- Non-clinical, community-focused outcomes (trust, engagement, cultural responsiveness) undervalued
- Small pilots may struggle to show "meaningful scale"

Recommended Metric Changes / Strengthening Suggestions

- Include community-based and disaggregated metrics
- Combine quantitative and qualitative outcomes
- Ensure outcomes advance RHTP goals and demonstrate impact at meaningful scale

Suggested Level 5 language:

"Outcomes are ambitious, clearly defined, and supported by credible evidence or promising practices. They include both clinical and community-based measures, such as care coordination encounters, health-related social needs resolution, and engagement with underserved populations, and can be reliably measured. Outcomes are tracked using disaggregated data to ensure impact across key populations, including minority communities, rural residents, and other high-need groups. Each outcome clearly advances State RHTP goals, targeted initiatives, and demonstrates measurable impact at a meaningful community or population scale."

3. RURAL IMPACT

Identified Key Challenges / Concerns

- "Significant" impact is vague
- Qualitative outcomes often overlooked
- Weak causal link between activities and outcomes

Recommended Metric Changes / Strengthening Suggestions

- Explicitly include both quantitative and qualitative outcomes
- Recognize impact on trust, engagement, cultural and linguistic responsiveness, and local networks, coalitions, and collaboratives
- Strengthen logical connection between activities and outcomes

Suggested Level 5 language:

"Project impact on rural residents is significant and clearly explained, including both quantitative outcomes (e.g., services delivered, workforce growth) and qualitative outcomes (e.g., community trust, engagement, cultural and linguistic responsiveness)."

4. TRANSFORMATION POTENTIAL

Identified Key Challenges / Concerns

- "Structural transformation" ambiguous
- Local projects may be undervalued if system-level impact unclear
- Alignment with other projects optional but unclear

Recommended Metric Changes / Strengthening Suggestions

- Clarify practical definitions of structural transformation (workforce, care coordination, technology)
- Highlight local, scalable improvements
- Make alignment with other projects optional
- Include both quantitative and qualitative outcomes

Suggested Level 5 language:

The proposal demonstrates a well-designed investment plan to improve and, where feasible, structurally enhance rural health care delivery. The project's impact extends beyond the applicant organization, benefiting communities, partners, or the broader regional health system. Where applicable, the project may align with or complement other RHTP-funded initiatives, leveraging existing resources to amplify statewide impact.

5. STRENGTH OF PARTNERSHIPS AND COORDINATION

Identified Key Challenges / Concerns

- Ambiguity about what constitutes sustainability
- Small projects may have limited capacity to support others
- Incremental system-level impact undervalued

Recommended Metric Changes / Strengthening Suggestions

- Expand definition beyond funding to include operational, workforce, financial, and community integration
- Allow direct or indirect contributions to other projects
- Recognize incremental impact and small-scale pilots with achievable targets
- Require clear strategies and metrics for sustaining project and broader benefits

Suggested Level 5 language:

The project demonstrates clear strategies to maintain its outcomes over time, including operational, workforce, and financial plans. Where applicable, the project also strengthens the sustainability of other projects, organizations, or regional systems, for example through shared resources, capacity-building, or integration into broader health infrastructure. System-level impact can be incremental but should be clearly articulated.

6. SUSTAINABILITY

Identified Key Challenges / Concerns

- Ambiguity about what constitutes sustainability
- Small projects may have limited capacity to support others
- Incremental system-level impact undervalued

Recommended Metric Changes / Strengthening Suggestions

- Expand definition beyond funding to include operational, workforce, financial, and community integration
- Allow direct or indirect contributions to other projects
- Recognize incremental impact and small-scale pilots with achievable targets
- Require clear strategies and metrics for sustaining project and broader benefits

Suggested Level 5 language:

The project demonstrates clear strategies to maintain its outcomes over time, including operational, workforce, and financial plans. Where applicable, the project also strengthens the sustainability of other projects, organizations, or regional systems, for example through shared resources, capacity-building, or integration into broader health infrastructure. System-level impact can be incremental but should be clearly articulated.

7. WORKPLAN AND MONITORING

Identified Key Challenges / Concerns

- Identified Key Challenges / Concerns
- Ambiguity about what constitutes sustainability
- Small projects may have limited capacity to support others
- Incremental system-level impact undervalued

Recommended Metric Changes / Strengthening Suggestions

- Clarify workplans can be adaptive (e.g., responsive to community needs and/or conditional changes), phased and realistic
- Include both quantitative and qualitative monitoring
- Encourage adaptive management based on feedback
- Recognize measurable early progress and community engagement

Suggested Level 5 language:

The project includes a clear, actionable workplan with defined milestones, responsibilities, and timelines that prioritize early implementation to achieve measurable progress within the RHTP funding period. The proposal demonstrates effective monitoring, learning, and adaptive management practices, using both quantitative and qualitative data to guide iterative improvements and maximize impact. Workplan activities should align with the project's identified needs, population focus, and intended outcomes.

Overall, these suggested clarifications aim to ensure that the evaluation framework fully captures the diverse ways rural health improvement occurs. By recognizing community-based evidence, qualitative outcomes, phased implementation, and scalable local impact, the framework can better support innovative and culturally responsive programs that align with the goals of RHTP.

Thank you again for the opportunity to provide input. We appreciate the program's commitment to continuous improvement and to supporting initiatives that strengthen rural health systems and communities.

Feel free to contact us for any questions or clarification needed.

Ma le faaaloalo lava

Tafilisaunoa Toleafoa
Executive Director

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Submitted via: RHTP@alaska.gov

March 12, 2026

State of Alaska, Department of Health
Commissioner's Office, Rural Health Transformation Program
3601 C Street, Suite 902
Anchorage, AK 99503

RE: Alaska Rural Health Transformation program: Opportunity for Public Comment on Evaluation Frameworks

To Whom It May Concern:

On behalf of the Alaska Native Tribal Health Consortium (ANTHC), thank you for the opportunity to respond to the Alaska Department of Health's ("Department") solicitation for public comment on the Alaska Rural Health Transformation Program Evaluation Frameworks. ANTHC is a statewide Tribal health organization serving all 229 tribes and all Alaska Native and American Indian (AN/AI) people in Alaska. ANTHC provides a wide range of statewide public health, community health, environmental health, and other programs and services for Alaska Native people and their communities. ANTHC operates programs at the Alaska Native Medical Center, the statewide tertiary care hospital for all AN/AI people in Alaska, under the terms of Public Law 105-83.

The Department has proposed two evaluation tools to review projects under the Alaska Rural Health Transformation Program (RHTP). One evaluation tool, the "Project Evaluation Framework," is designed to assess each project submitted for RHTP funding. The other evaluation tool, the "Portfolio Analysis Review Framework," is designed to provide a comprehensive review of all projects to consider how all proposed projects will collectively produce outcomes that meet the needs of Alaska's rural population across the state. ANTHC will provide comment on each tool separately.

Project Evaluation Framework

We appreciate the effort made to evaluate projects in a way that considers the challenges for smaller organizations in the most rural parts of the state. We recommend some modifying language to further support remote communities.

When using "impact" as a measure of a project, please modify "impact" to say, "impact proportional to the community that you serve," or "impact measured relative to the targeted community's population."

Please avoid the word "magnitude" in the measures. We recommend replacing the word "magnitude" with "proportion," or "significance."

In the Outcomes section of the rubric, please remove the reference to "credible literature." There may be a paucity of literature specific to the most remote areas of the state.

Alaska Native Tribal Health Consortium
4000 Ambassador Drive, Anchorage, Alaska 99508
Main: (907) 729-1900 | Fax: (907) 729-1901 | **anthc.org**

Portfolio Analysis Review Framework

We recognize the importance of an over-arching assessment of the statewide effect of all projects combined.

We recommend that the sub-categories used to identify project service areas be re-considered. The goal of RHTP is to better coordinate care and these sub-categories do not reflect existing regional coordination such as referral patterns, transportation patterns, or on-and-off road factors. Project service areas should be clearly tied to who is served – not the address of the organization applying to RHTP. We encourage using the Advisory Council and/or the Stakeholder Committee to recommend a more effective measure of statewide distribution that reflects the hub-and-spoke model that crosses the currently proposed service area designations. Please ensure that there is an option included in the sub-categories that includes "statewide services" based on home communities of individuals served.

Under Populations Served, we recommend against identifying a single racial group ("Alaska Native peoples") as this population, like all Alaskans, might fit into any of the other categories identified.

In addition to the feedback on the rubrics, ANTHC would like to take this opportunity to encourage the Department to forward every Letter of Interest (LOI) submitted through the portal to the next step of evaluation so that every project identified in LOIs can be evaluated through these rubrics, unless the LOI was found ineligible based on federal rules.

Thank you for the opportunity to comment. The RHTP presents a significant opportunity to address critical priorities for Alaska. Evaluation of projects and the portfolio of projects will require nuanced understanding of health care delivery in bush communities. We appreciate the solicitation for input.

Sincerely,

Monique R Martin

Digitally signed by Monique R Martin
Date: 2026.03.12 16:45:29 -08'00'

Monique R. Martin
Vice President, Intergovernmental Affairs

Alaska Native Health Board

THE VOICE OF ALASKA TRIBAL HEALTH SINCE 1968

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ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

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KETCHIKAN INDIAN COMMUNITY

KODIAK AREA NATIVE ASSOCIATION

MANIILAQ ASSOCIATION

METLAKATLA INDIAN COMMUNITY

MT. SANFORD TRIBAL CONSORTIUM

NATIVE VILLAGE OF EKLUTNA

NATIVE VILLAGE OF EYAK

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NORTON SOUND HEALTH CORPORATION

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SOUTHCENTRAL FOUNDATION

SOUTHEAST ALASKA REGIONAL HEALTH CONSORTIUM

TANANA CHIEFS CONFERENCE

YAKUTAT TLINGIT TRIBE

YUKON-KUSKOKWIM HEALTH CORPORATION

VALDEZ NATIVE TRIBE

March 12, 2026

State of Alaska Department of Health
Commissioner's Office
Rural Health Transformation Program
3601 C Street, Suite 902
Anchorage, AK, 99503
Via email: RHTP@alaska.gov

RE: Public Comment on RHTP Evaluation Frameworks

Dear Commissioner Hedberg:

The Alaska Native Health Board (ANHB)[1] writes in response to the Department of Health's solicitation for public input regarding two draft evaluation tools that will be used to review projects under Alaska's Rural Health Transformation Program (RHTP). We appreciate the opportunity to offer our feedback on these documents, and we thank the Department for its commitment to a transparent and open RHTP application evaluation process.

ANHB supports the intent of these documents, the Draft Project Evaluation Framework and the Draft Portfolio Analysis Review Framework, in ensuring consistency, balance, and transparency in RHTP application review. The Project Evaluation Framework is specific as to how it will score individual applications, and its review criteria clearly reflect the Department's priorities with the RHTP, taking into account the need to balance the State's proposed initiatives with maximizing program impact and staying within federal funding limits. Likewise, we are supportive of the Portfolio Analysis Review Framework's purpose in ensuring that RHTP investments support Alaska's diverse communities and health system needs.

As these documents are revised and then used to review applications, we urge the Department of Health and the Alaska Community Foundation to ensure that small organizations, including the Tribes and Tribal Health Organizations (T/THOs) that provide care in some of Alaska's most remote and frontier communities, will have equal access to RHTP funding despite limitations to bandwidth and capacity. We are supportive of the assistance built into the RHTP via the Planning and Readiness grants as well as the technical assistance outlined in the state's application. We urge you to ensure that these sources of support line up with the needs that small organizations will have when preparing robust applications able to score highly according to these two documents. To that end, we offer the following feedback for your consideration:

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[1] ANHB was established in 1968 to promote the spiritual, physical, mental, social, and cultural well-being and pride of Alaska Native people. ANHB is the statewide voice on Alaska Native health issues and is the advocacy organization for the Alaska Tribal Health System (ATHS), which is comprised of Tribal health programs that serve all of the 229 Tribes and over 234,000 Alaska Native and American Indian people throughout the state. As the statewide Tribal health advocacy organization, ANHB supports Alaska's Tribes and Tribal programs to achieve effective consultation and communication with state and federal agencies on matters of concern.

- Project Evaluation Framework, “Transformation Potential” category: For small organizations operating in remote communities, the “robust investments” that would earn 5 points under this category may not be feasible or necessary to meet immediate needs. Initiatives that small organizations can undertake, and that reflect their communities’ most pressing needs, might earn only 2 of 5 points according to the way this category is currently written. Please consider editing this category to ensure that rural organizations are equally able to pursue needed projects in their communities, even if those are smaller than large organizations’.

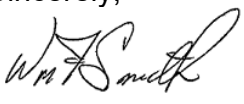
- Project Evaluation Framework, “Demonstrated Need Aligned with Intervention” and “Outcomes” categories: Significant documentation is required to achieve a score of 4 or 5 points on each of these categories: for example, “data trends,” “documented community/regional planning input,” and “credible literature.” In rural communities, these sources may not already exist, requiring applicants to conduct significant and technical groundwork. Please consider future drafts of this category with data source availability in mind. Additionally, please ensure that RHTP Readiness and Planning grants, as well as technical assistance, will provide small organizations with what they need to develop strong applications along the lines of these two criteria.

- Portfolio analysis criteria: The Portfolio Analysis Review Framework does not contain significant detail on how these criteria will be operationalized during RHTP application assessment. We understand that it may be used in a more holistic way than the scoring rubric in the Project Evaluation Framework. However, we do urge the Department to ensure that portfolio review according to these criteria will continue to be balanced and transparent.

Small Tribes and Tribal Health Organizations (T/THOs) are the backbone of care in rural Alaska, connecting patients to services across long distances while keeping care as close as possible to home. The RHTP has critical potential to support T/THOs operating in rural areas and to improve care for some of the nation’s most rural residents. We urge the Department to continue prioritizing the needs of Alaska’s remote communities as Alaska moves into the application review process.

Thank you for your team’s hard work in building out the RHTP and for your commitment to improving access to care for all Alaskans. If you have any comments or questions regarding our feedback, please contact ANHB at (907) 729-7510 or anhb@anhb.org.

Sincerely,



Chief William F. Smith, Chairman
Alaska Native Health Board