

State	Application Narrative or Summary	CHW Initiatives	Application Initiative/Strategy
AK	Application Narrative	Create "grow our own" high school to certification programs; Fund the development of online and in-person local training programs for high school students or recent graduates pursuing health care careers such as certification as paramedics, nursing assistants, medical coders/billers, behavioral health technicians, community health workers, CHA/PS, BHA/PIs, pharmacy technicians, and DHATs, advanced practitioners, and medical laboratory personnel, among others. Training opportunities would include stipends, distance learning options so students can stay in their communities, and career coaching.	Strengthen Workforce
		Fund or expand training and workforce development and certification programs: Create sustainable career pathways to address health care gaps through the implementation of flexible, virtual, and in-person training programs. Programs will include community health workers, CHA/PS, Behavioral Health Aide/Practitioners (BHA/PIs), and DHATs, direct care workers, family caregivers, home health aides, care navigators, peer behavioral health specialists, doulas, care coordinators, and developmental specialists. Programs may also include rehabilitation, therapists, Emergency Medical Technicians, paramedics, advanced practitioners, and medical laboratory personnel, mobile integrated health teams, and others.	Strengthen Workforce
AZ	Project Narrative	Training & Retention: Expand rural clinical rotations, expand the Rural Nursing and Allied Professionals Education Investment Program, and provide training opportunities for community health workers (CHWs), emergency medical technicians (EMTs), and behavioral health staff in rural settings, prioritizing programs with the highest educator needs.	Workforce Development
		Micro Grants for provider upskilling and residency support: Will fund specialized training programs for rural providers including Community Health Workers (CHW), Emergency Medical Technicians (EMTs), and behavioral health professionals, through partnerships with major health systems. The initiative also includes funding for well-being support and safety to improve retention and reduce burnout among the existing workforce.	Rural Health Workforce Development and Training Program
		Chronic Disease Prevention & Management Grant: Grant agreements with local health departments developed and executed. Grant orientation on fiscal and performance expectations provided. Technical assistance series launched on: Public health billing structures and sustainability planning; Implementation of chronic disease program models; Workforce development and retention strategies (Epidemiologists, CHWs, DIS)	Key Health Initiatives/Priority Initiatives Grant Portfolio
		Metrics and Evaluation Plan: Arizona will conduct a structured baseline assessment as part of early implementation to establish current levels for all workforce metrics. These include the number of rural preceptors, nursing students receiving educational incentives, nurse educators supported, and newly certified CHWs, EMTs, and paramedics practicing in rural communities.	Key Health Initiatives/Priority Initiatives Grant Portfolio
		Community Health Worker (CHW) and Workforce Reimbursement: Counties will evaluate opportunities to bill CHW services as part of their chosen sustainability approach. ADHS and AHCCCS will jointly provide statewide guidance, including options for eligible billing codes (CPT/HCPCS), documentation standards, and care coordination models, but counties will decide how best to incorporate CHWs within their local system of care	Key Health Initiatives/Priority Initiatives Grant Portfolio
CA	Project Abstract	Rural Health Workforce Development: The program will build a Statewide Workforce Mapping and Planning Tool to identify regional, county, and sub-county workforce needs; strengthen education pathways from high school to Community Colleges and 4-year universities with wraparound supports; expand regional upskilling through Train-the-Trainer programs in maternal health, chronic disease, behavioral health, and telehealth; and grow non-physician roles such as Community Health Workers, nurses, doulas, and midwives. The program will fund pipeline and pathway programs, the expansion of clinical placement and supervision sites, and include retention and relocation incentive payments.	Rural Health Workforce Development
CT	Project Narrative	Team-based chronic condition support within primary care for hypertension, diabetes, and chronic kidney disease, including pharmacist and nurse collaboration, practical remote monitoring where appropriate, care planning and medication management, community health worker navigation, and closed-loop referrals for transportation, nutrition, and other routine supports.	Population Health Outcomes
IA	Project Narrative	Iowa will also increase access to care by co-locating multiple types of healthcare (different service lines) in rural areas. This effort, titled Communities of Care, provides incentives and technical assistance to co-locate public health services, chronic disease care providers, nutrition services, behavioral health providers, Federally Qualified Health Centers (FQHCs), Area Agencies on Aging, and other community care providers to allow clients to access multiple types of services in one location. These partnerships will involve innovative care models to allow for these services to occur on the same visit. These co-location sites will employ community health workers to assist with complicated and comprehensive scheduling, service navigation, specialist care referrals, nutrition counseling, and social care. Rural Iowans face persistent challenges in accessing coordinated, person-centered care. Health and social services are often limited and geographically dispersed, and chronic disease remains a significant burden. To address these issues, Iowa will implement a structural transformation strategy centered on two core activities: (1) piloting co-located service delivery sites and (2) embedding Community Health Workers (CHWs) to enhance care coordination and chronic disease prevention. Funds can be used for CHW salaries. Each site will also employ Community Health Workers to support care coordination, system navigation, and chronic disease prevention. CHWs will manage complex scheduling across co-located services and provide real-time referrals (CH). At least one CHW per site will receive specialized training in Medicare and Medicaid benefit enrollment to support dually eligible individuals (E.2), a population that stands to benefit significantly from integrated care. Sites will be required to collect and report data on the number of dually eligible individuals served through the program and information regarding their unique needs.	Communities of Care
ID	Project Narrative	Health extenders to strengthen access to timely healthcare in rural communities. Idaho also anticipates aligning with priority efforts to implement Medicaid work requirements over the next year. Through rural job creation such as extender positions, rural residents can be employed full time in well-paying positions and transition off public benefits. Expected impact: Reduced emergency department utilization, improved chronic disease prevention and management, and strengthened local capacity for health promotion and prevention. Planned activities: Recruit, train, and deploy health extenders to provide outreach, patient navigation, and health education in underserved rural areas (CHWs included under health extenders).	Ensuring Accessible Quality Care through Innovative Models
IL	Project Summary	Training and Recruitment Program for Non-Traditional Healthcare Workers Close Workforce Gaps: Establish local training for roles like community health workers, doulas, and peer support professionals. Collaborative Approach: Partner with colleges, health systems, and community organizations to design rural-focused programs. Retention & Incentives: Provide funding and support to keep trained professionals in rural communities.	Building a Resilient Workforce
IN	Project Narrative	Activity 1: Certified Community Health Workers (CCHWs) Training. Indiana will pay for initial certification trainings to remove barriers to entry for individuals residing and working in rural counties and provide financial assistance for additional training to ensure that CCHWs that require upskilling are able to access those additional trainings. The CCHW training activity serves as a valuable opportunity to connect SNAP recipients with educational work pathways to support their communities' health and well-being.	Growing Our Rural Health Paraprofessional Workforce
KS	Project Narrative	Accountable Food is Medicine + Community Health Worker Deployment Program. Kansas' rural Food is Medicine (FIM) program will build on several successful rural Kansas pilot programs and a two-state planning process with Fresh Rx in Oklahoma, the results of which were presented to Secretary Kennedy's MAHA team this summer. The program leverages the State's already robust community health worker (CHW) program by deploying CHWs in rural primary care clinics (RHCs, FQHCs, and independent clinics) and CCBHCs at the rate of 20 per year (100 total). Six practice facilitators will provide on-site implementation and ongoing support for clinics. The Care Collaborative will recruit rural clinics, hire and supervise staff, and provide participating clinics with nutrition-related boot-camps and training on deployment and use of consumer-facing technologies discussed below. CHWs will screen for upstream drivers of health, like diabetes, depression, and Alzheimers. An additional 100 CHWs will be hired and deployed at the rate of 20 per year in regional extension offices by Kansas State University (K-State), which has a presence in all rural Kansas counties.	Expand Primary and Secondary Prevention Programs
		Consumer-Facing Technologies Program. Through its procurement process, the State will select multiple vendors to furnish consumer-facing technologies supporting healthy lifestyles to be available to rural residents through local primary care clinics. The Care Collaborative will educate providers on integrating these technologies into ongoing patient care, and CHWs will facilitate local program operations.	Expand Primary and Secondary Prevention Programs
		Integrated Care for Dual Eligible Beneficiaries Program. Working with the State and its participating clinics, the Care Collaborative will identify rural dual-eligible beneficiaries who may require a higher level of care management services. Nurse health coaches will reach out to these beneficiaries to secure consent for services. The health coaches, in partnership with the beneficiary's primary care provider, will develop and execute a comprehensive care plan. As appropriate, these services will include wearable devices and installation of ambient sensors in the patient's home. Health coaches will also coordinate with the CHWs in beneficiaries' communities to arrange for other supportive services.	Expand Primary and Secondary Prevention Programs
		Mobile Cancer Screening Program. Leveraging a vehicle and equipment previously donated to the Kansas Masonic Cancer Alliance, this project will deliver screenings for skin and urological cancers in ten rural communities each year where these services are not presently available. CHWs will work with local providers to schedule screenings. This program will be operated under a grant from the State to the University of Kansas Cancer Center.	Expand Primary and Secondary Prevention Programs
LA	Project Narrative	Health Professions Training Grants: Create grant program to expand existing allied health training programs (e.g., creating distance learning and hybrid programs, establishing rural satellite campuses or training sites) prioritizing high-demand positions and to create new training programs (e.g., community paramedicine, CHWs).	Build a Sustainable Rural Health Workforce
		Strengthen local workforce pipelines through "Grow-Your-Own" Career Pathway and Community Access Network initiatives to build a unified workforce development approach, upskilling community health workers and allied professionals (including EMTs and paramedics) through mentorships, micro-credentialing, and shadowing opportunities with regional health systems. Middle and high school-based healthcare clubs and mentorship programs will also be established to inspire early interest in health careers. The LDOE and Louisiana Community and Technical Colleges will help identify partnerships to apply.	Strengthen Health and Emergency Systems through Workforce Expansion and Integration
MA	Project Narrative	Launch regional community paramedicine and tele-EMS pilot programs to provide urgent "treat-in-place" care in rural and Remote (FAR) parishes, the EMS and care deserts with long hospital travel times and limited emergency infrastructure, where treat-in-place protocols could provide significant benefits. The pilot programs will equip paramedics, nurses, and community health workers to deliver care closer to home, ultimately reducing delays in access to urgent care. Louisiana Ambulance Association has served as a key stakeholder and stands ready to assist LDH in identifying partners for the pilot programs.	Strengthen Health and Emergency Systems through Workforce Expansion and Integration
		Create Chronic Disease Management (CDM) Networks to convene rural hospitals, RHCs, FQHCs, and group practices to build a network of providers that will assess local needs for chronic disease management, stand up regional CDM programs, and further build local capacity for medium and long-term management of chronic diseases throughout rural communities. To ensure local sustainability, CDMs will also integrate community-based allied health positions (community health workers, community paramedics, care coordinators, public health nurses, community navigators) to support chronic-disease outreach, education, and self-management programs stood up through CDM networks.	Population Health Advancement Initiative
MD	Project Narrative	Implement Rural Maternal Health Continuum of Care Project to support existing clinical and community organizations with additional consulting, expertise, training, and equipment to improve rural maternal health access and outcomes...we will use clinical and community integrated solutions to improve rural maternal health across the continuum of care. These efforts include expanding prenatal care to harder-to-reach populations via mobile health, training and developing rural doula supports and specialized community health workers, and providing 24/7 resources for parenting support and innovative strategies for maternal nutrition needs.	Innovation in Rural Care Models
		Coordinate with Local Public Health Shared Service Arrangements (SSAs) to support pooled staffing, service coordination, and real time data feedback to support preventative health activities in rural areas. Funding for this Activity would create linkages with the rural serving SSAs to support data sharing, service referrals, and expand the role of SSA community health workers to support this initiative and Activities 1, 2, and 6 in the Population Health Advancement Initiative.	Healthy Rural Communities
		We propose allocating RHTP funds to the Maryland Department of Labor (MD Labor) to expand its Registered Apprenticeship program to focus on healthcare apprenticeships not currently available in rural parts of the State. We will expand annual placements, including for community health workers (CHWs), certified nursing assistants, licensed practical nurses, medical assistants, alcohol and drug counselors, and Certified Peer Recovery Specialists (Peers). MD Labor will use funds to support employer costs for items such as apprentice instruction and preceptor pay, as well as infrastructure costs of developing and scaling the program of apprenticeships in new healthcare fields and new geographic areas.	Transform the Rural Health Workforce
ME	Project Narrative	Activity 1.5: Expand Community Health Worker and Peer Support Programs. Community Health Worker (CHW) Program: Maine has a long-standing and well-organized CHW workforce, with an estimated 200 individuals, a forthcoming certification process, and integration into several team-based APMs. Despite this foundation, there remains significant opportunity to further support CHWs in statewide health improvement efforts. This activity will provide a focused investment in CHWs to serve rural communities by delivering targeted interventions and bridging the gap between individuals and healthcare providers. Maine CDC will deploy CHWs across a variety of settings. In schools, they can encourage children and families to engage with school health offerings, while in other settings they can help vulnerable populations access telehealth and other consumer-facing technology innovations. Maine will continue to support contractual relationships between CBOs employing CHWs and healthcare entities under APMs. Funds will also support professional association infrastructure, as well as training and certification needs for the workforce.	Population Health: Promoting Timely Access to High-quality Care
MI	Project Narrative	Strengthen chronic disease management, behavioral health, prenatal care, and preventive services through CHW supported interventions - Chronic Disease Collaborative Care Fund, competitive funding opportunity will pilot and scale evidence-based interventions that improve outcomes for chronic conditions. CHW integration and behavioral health support are included as complementary strategies to enhance care delivery, includes CHW training and microcredentialing; collaborative Care Integration and Sustainability Fund - funding will also strengthen the long-term sustainability of CHW services within rural health and social care networks by supporting innovative solutions enable partners to build capacity, enhance operational infrastructure, and implement effective billing strategies for CHW services.	Transforming Rural Health through Partnerships
		Leverages CIE, HIE, and interoperable dashboards to coordinate care, track outcomes, support CHW workflows, and enable billing and operational efficiency.	Transforming Rural Health through Partnerships
		Supports sustainable CHW services and hub operations through innovative financing, mentorship assistance, shared resources, and longterm operational planning.	Transforming Rural Health through Partnerships
		CHW integration is a key performance program objective.	Transforming Rural Health through Partnerships
NC	Project Application	Connects provider groups, FQHCs, EMS, CHWs, peer coaches, Mas, and doulas through a hub and spoke model.	Care Closer to Home
		Develop a community doula and community health worker program. This program will train and certify doulas for rural deployment and integrate them with CHWs to provide culturally appropriate perinatal support in rural communities. The CHW will serve as the frontline staff responsible for creating awareness about the program within the community, using social media, community events, and presentations to churches, schools and providers, to recruit pregnant women as early in pregnancy as possible in efforts to increase the number of women receiving prenatal care in the first trimester. The CHW will also be responsible for facilitating opportunities to build social support among the pregnant, postpartum, and interconnection women participating in the program.	Build a Robust & Resilient Workforce & Innovative Care Team Models for Rural Communities Challenge: Persistent rural health workforce s
ND	Project Narrative	Technology-driven peer support through a user-friendly digital platform that will share resources, track progress, promote local events, and celebrate success stories will help embed North Dakota Moves Together into the fabric of our communities. We'll partner with innovators to deploy wearables and biometric tools that connect patients with providers and front-line community health workers.	Make North Dakota Healthy Again
NE	Project Narrative	Co-locating community health workers (CHWs) and patient navigators with local health departments (LHDs) and agricultural extension offices; Obtain legislative authority for State CHW certification; Implement by FY2026-2027. Create a Medicaid SPA to reimburse defined CHW services (e.g., education, navigation, integration/coaching); Submit no later than Q4 2027. 2.3 Rural Health Hubs and Statewide CHW Network: The Rural Health Hubs and Statewide CHW Network initiative will increase access to preventive care. The program will enable data-sharing across rural health care facilities and community partners by embedding CHWs within LHDs, tribal organizations, ag extension offices, or rural hospitals and facilities. Each participating LHD district will staff a minimum of 10 CHWs supported by supervisors who ensure alignment with local needs. LHDs, tribal organizations, ag extension offices, rural clinics, and rural hospitals and facilities will need to apply to participate in the program and priority will be given to areas with negative health outcomes as indicated in statewide health data. Subawardees will fund vendor partners that can provide technological solutions for seamless, bidirectional interoperability to share data and enhance care coordination. Subawardees will use technical assistance to engage payers and community partners to ensure sustainable value-based care. Nebraska will develop a formal CHW certification pathway and maintain a statewide registry, defining core competencies and specialized endorsements such as home visiting and lactation support. A statewide CHW Community of Practice (COP) will provide training, TA, and quality improvement, such as quarterly COP meetings for peer learning and resource sharing. CHWs will work with private insurance and prepare a Medicaid SPA to establish reimbursement for DHW services, ensuring long-term sustainability.	Regionalized Rural Access and Navigation
NH	Project Summary	Objective 2.1: Employ a primary care and prevention first model, expanding rural primary care practices to integrate interdisciplinary team based care including behavioral health, SUD, CHWs, and addressing unmet health related needs.	Create Sustainable Long-Term Access to Care for Rural Residents through Transformational Care Models and Partnerships that Allow Rural Facilities and Clinicians to Work With Primary Care, Specialty Care, and EMS Providers to Coordinate Operations, Sharing Technology and Resources
NJ	Project Summary	RHT1 funding will support recruitment, training, and retention of the healthcare workforce we need to keep our rural residents healthy. Investments are required to train and recruit a highly-skilled clinical workforce serving NJ's rural residents. Investments are required to recruit and train high quality non-clinical professionals who can serve as trusted healthcare extenders. These professionals could include community health workers, community dental health coordinators, SUD peers, doulas, and lactation care professionals.	Workforce
NM	Full Grant Application Package	The plan includes using funding to launch K-12 health career pathway programs in rural, frontier, and tribal communities, expand rural clinical rotations, apprenticeships, and residency tracks for high-need professions, and provide targeted outreach and mentorship to inspire students to pursue health care careers. Our approach also includes incentives such as paid training time, certification support, and defined career ladders for licensed practical nurses (LPNs), community health workers (CHWs), peer support workers, and home and community-based services (HCBS) caregivers.	Rooted in New Mexico: Building Tomorrow's Rural Health Workforce
NV	Project Narrative	Community Health Workers (CHWs) & Peer Support Specialists (PSSs) – There is strong support in Nevada for a scalable, community-based, and cost-effective workforce recruitment and training for CHWs and PSSs as a bridge to connect rural residents with the health system within rural and frontier communities.	Workforce Recruitment & Rural Access Program
OH	Project Narrative	Rural-specific training programs for community health workers (CHWs), patient navigators, and other para-professionals to provide upskilling in critical topics such as outreach to rural communities, meeting the unique needs of aging Ohioans, effective care coordination in SBHCs, patient education on use of remote monitoring tech devices and apps for chronic disease management, health promotion to educate rural residents about the importance of health behaviors and strategies to improve healthy eating and active living.	Workforce
		College sites are also prime locations to provide clinical rotations for medical students, creating a pipeline of clinicians to serve in rural communities upon graduation. Each site will staff a community health worker or similar navigator to provide care and resource coordination for patients, conduct community outreach to engage consumers in primary care at the SBHC, and to provide patient education and support for utilization of consumer tech and remote monitoring equipment.	Ohio Rural School Based Health Centers (SBHCs)
		Provide upskilling to community health workers (CHWs) to address ruralspecific needs and to support RHTP projects including training on utilization of consumer facing technology and remote monitoring devices to support healthy lifestyle and chronic disease management.	Rural Health Workforce Pipeline and Development Projects
OR	Project Summary and Narrative	Hire community health workers to assist with accessing resources related to social determinants of health and supporting use of technological devices.	Healthier Ohio Initiatives
		Expand community health worker outreach models, such as the Connected Care for Older Adults (CCOA) model, to new rural clinics. In the CCOA model, community health workers (CHWs) improve care for frail adults 55 and older through home visits, information, education, coordination with primary care providers to existing community services. The initial pilot successfully reduced ED and hospital utilization, increased Advanced Directive completion, connected over 400 patients and their families to community resources, and improved patient, caregiver, and provider experience.	Healthy Communities & Prevention
PA	Project Narrative	PA can build on encouraging signs of growing team-based care: 73% of PA hospitals report employing community health workers, 74% employ mental health therapists, and 28% employ doulas, all of which have the potential to add to revenue at rural hospitals and CHCs. These models demonstrate the potential to expand and broaden the rural health workforce while sustainably improving access and patient outcomes. The Commonwealth will invest in innovative, team-based workforce initiatives that make rural health care more attractive, leverage the full range of provider skill sets, and strengthen the long-term sustainability of services for rural residents. Given the severity of rural workforce shortages, it is essential to adopt refreshed workforce models that integrate new roles, shared staffing, and interprofessional collaboration. Table 19 presents a range of possible training options: Key focus - Build a rural CHW workforce to address social and health needs and complement clinical care. Core element - Rural-focused CHWs can address social and health needs. Sustainability can be achieved through public and private insurance reimbursement models.	New and Expanded Workforce Models for Rural Pennsylvania
RI	Project Narrative	Hubs will expand beyond traditional clinic walls and bring care more directly to rural residents through community-led care coordination, leveraging trusted community infrastructure such as libraries, EMS stations, schools, and CLCs as local access points for care and information. Multidisciplinary care teams will collaborate to deliver integrated primary care, specialty care, behavioral health, oral health, and pharmacy services. Care coordination will prioritize individuals with multiple chronic conditions, complex social needs, or the pattern of high-cost, preventable acute care utilization. CHWs will be essential members of the care team, coordinating services across clinical and community settings, conducting preventive health screenings (such as for breast and cervical cancer), facilitating referrals, arranging virtual or in-person well-care visits with primary care providers, and addressing barriers such as transportation and social needs. They will coordinate closely with the mobile health network established under Initiative 2 to enhance services to residents who cannot easily access fixed sites.	Integrated Rural Population Health Infrastructure
SC	Project Narrative	This initiative also aims to establish the island's first PACE in partnership with BHS and the Town of New Shoreham, and PACE Rhode Island, while expanding a Community Health and Aging-in-Place Program to build wellness, transportation, and social support capacity through employment of a full-time CHW and accessible facilities.	Building Capacity for Block Island Health and Human Services
		The Tribe will also implement a Tribal Health Award Program, offer sign-on and retention incentives, and coordinate with the State to train CHWs and behavioral health aides to strengthen local capacity and ensure continuity of care.	Modernizing Health Care Delivery for the Narragansett Indian Tribe
		South Carolina will develop targeted incentive and training programs for healthcare providers, nurses, community health workers (CHWs), and other frontline professionals to enhance clinical competency, support workforce development, and strengthen recruitment and retention efforts across rural communities.	Shoring Up to Sustainability
SD	Project Narrative	This initiative will expand community health workers (CHW) and community health representatives (CHR) through training, technical assistance, and capacity building, while strengthening the workforce through sustainable reimbursement, stakeholder collaboration, and professional development. It will focus on five core activities designed to increase access to health services, grow the rural workforce, and enhance organizational capacity, education, and technical support for CHWs and CHRs. Support long-term financial sustainability by assisting organizations with Medicaid claims and billing processes, establishing Medicare billing pathways for CHWs/CHR, and supporting the integration of CHWs into organizational structures to ensure durable funding and reimbursement.	Advance the Rural Workforce
TN	Project Application	Tennessee will accelerate the successful, evidence-based Community Health Worker (CHW) lead to rural communities to improve health outcomes for rural Tennesseans. Tennessee has already laid the groundwork by investing in CHWs through TennCare and the TN CHW Association (TNCHWA), becoming the first state with a CHW organizational accreditation pathway that ensures evidence-based practices are consistently implemented. Accreditation at the organization level helps ensure better outcomes and maximizes ROI; TennCare, TNCHWA, and NCQA partnered to establish TNCHWA as the state accrediting agency. RHT funds will support rural providers to launch evidence-based CHW programs, obtain accreditation, and receive short-term bridge support while TennCare explores sustainable reimbursement pathways for CHW services.	Rural Capacity Building: Targeting Efficiency to Improve Access to Leadership Skills and Specialty Services
UT	Program Summary	2.3. Increase health career pathways through the creation of "grow our own" high school to certification programs 2.D. Develop multidisciplinary local training programs for rural high school students or recent graduates pursuing healthcare careers including distance-learning options so students can stay in their communities. The certification types that will be the focus of this "grow our own" initiative may include the following, based on community need: paramedic, nursing assistant, behavioral health technician, community health worker, behavioral health technician, behavioral health coach, master addiction counselor, prescribing psychologist, other clinical or non-clinical community, behavioral health, and health professionals. 2.E. Provide support that may include stipends, internships, apprenticeships, clinical supervision, or career coaching.	Rural Incentive and Skill Expansion (RISE)
WA	Project Narrative	3.2. Expand services and resources through rural health provider network 3.B. Expand and establish integrated rural health provider networks such as a rural health clinic network, pediatric trauma network, or community health worker network.	Sustaining Health Infrastructure for Prevention (SHIFT)
		Washington proposes using \$2-4 million per year of RHT Program funds to increase training and hiring opportunities for community health workers (CHWs). Washington will add modules for training related to rural health, telehealth, and digital navigation to the existing CHW learning management system (LMS). Washington will expand capacity in the CHW LMS to increase the number of training slots available and recruit staff like pharmacy technicians to receive CHW training. The state will provide stipends to rural hospitals to include CHWs and digital navigators in care planning. Washington will also embed this community-based workforce into an existing infrastructure that includes rural social care networks, a WA 211 call center, and a developing community information exchange (CIE) system.	Prevent Disease and Manage Care in Community settings
		Pilot community health worker integration and study the return on investment in 2026. Sustain support through Medicaid coverage starting in 2028 (\$60 million).	Rural Talent Recruitment and Retention
		Competitive grant for rural facilities. Providers will request reimbursement for CHW services not covered by insurance. The grant will enable facilities to expand their CHW workforce for services such as patient outreach and enrollment, patient navigation, chronic disease management, and others defined through a core funding opportunity. The grant will partner with training programs to ensure adherence to core competency requirements.	Rural Talent Recruitment and Retention
WI	Application Narrative	Study on utilization, cost, impact, and return on investment. DHS will commission a study to measure the effectiveness and efficiency of CHW integration. The study will inform development of a Medicaid state plan amendment to sustain services. Grantees will be required to participate in the study to demonstrate the impact and scope of CHW services	Rural Talent Recruitment and Retention
		This project will support the Wisconsin Association of Community Health Workers, which has established the structure to enhance skills and resilience through peer-to-peer learning, support, and mentorship. The association has established a supervisor/peer group to ensure supervisors have better understanding of CHW roles, responsibilities, and retention techniques. Support for the association ensures CHWs are directly involved in decisions involving workforce development and integration.	Rural Talent Recruitment and Retention