



Tennessee Hospital Association

Tennessee Rural Health Transformation Fund Application: Hospital Funding Pathways

April 28, 2026



forv/s
mazars

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Disclaimer

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Such analysis and conclusions should not be deemed opinions or conclusions by Forvis Mazars or the author(s) as to any individual situation as situations are fact-specific. The reader should perform their own analysis and form their own conclusions regarding any specific situation. Further, the author(s)' conclusions may be revised without notice with or without changes in industry information and legal authorities.



01

Introduction: Tennessee's Rural Transformation Program



Overview: Tennessee's Rural Health Transformation Program

Program Purpose

The Tennessee Rural Health Transformation Program is a CMS-approved, multi-year federal initiative designed to reach communities statewide to advance:

- **Rural healthcare access**
- **Make Rural Tennessee Healthy**
- **Workforce**
- **Infrastructure**
- **New care delivery models**

Initiatives and Investments

Initiatives tied to FY2032 targets, addressing baseline gaps with scalable, sustainable investments improving access, workforce, and care.

- **Approximately \$1 billion**
- **Expected over 5 years**
- **Supporting 17 initiatives**
- **Advancing 5 rural objectives**

Strategic Focus and Design

Tennessee's RHTP emphasizes value-based models expanding access, addressing rural disparities through whole system transformation aligned with CMS priorities:

- **Access**
- **Quality**
- **Sustainability**

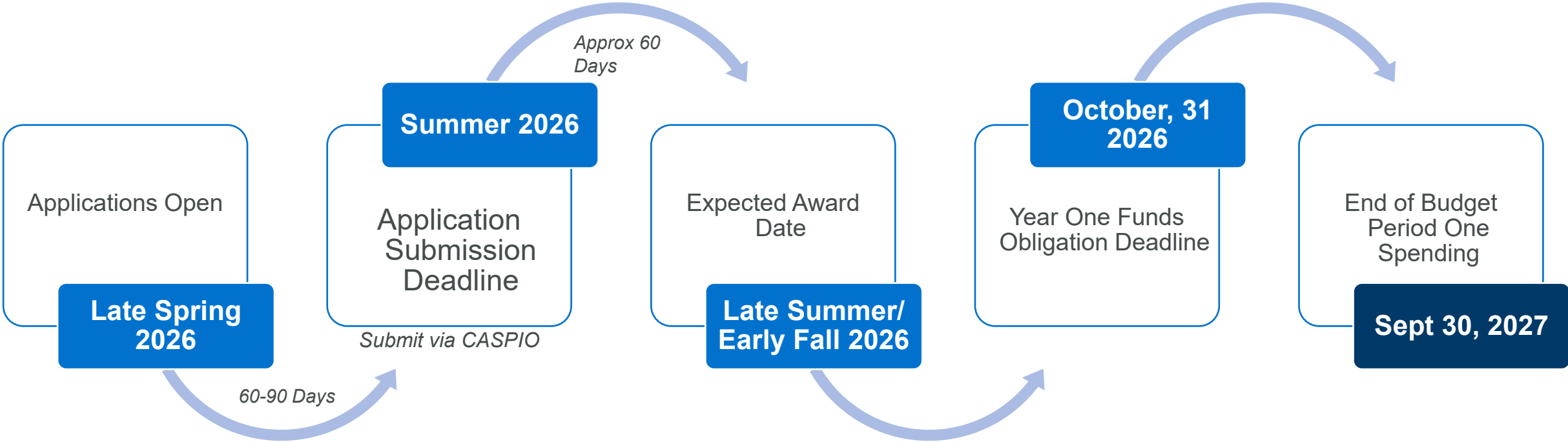
Purpose of this Webinar

This webinar provides THA members an overview of RHTP to support planning, readiness, partnerships, understanding eligibility, priorities, alignment, and compliance activities. The emphasis is on initiatives with direct hospital funding opportunities. Other initiatives (e.g., NEMT, MaRTHA) will be mentioned as partnership opportunities for hospitals.



<https://www.cms.gov/priorities/rural-health-transformation-rht-program/overview>

Year 1 Timeline



***Official dates and deadlines are forthcoming**
Updates and links to applications will be posted here

02

Hospital Funding Pathways Supporting Rural Access, Quality, and Sustainability



Leveraging TennCare Shared Savings to Advance Transformation

TennCare Shared Savings Program



Overview: TennCare’s 1115 waiver approved shared savings allow Medicaid reinvestment, separate from RHTP, with capital eligibility subject to RFA approval.



Opportunity for Hospitals: Hospitals may support rural access preservation, workforce stabilization, maternal health, resilience, and emergency preparedness initiatives.



Funding Availability/Distribution Mechanism: Approximately \$104M in competitive funding to advance access, stability, and system resilience.



Example: Larger capital projects involving new construction, major renovations, or significant facility modifications..

Capital Projects



New construction, expansions, or renovations that increase physical footprint or core infrastructure should be directed to the *TennCare Shared Savings Pathway*, given their larger scale, longer timelines, and higher compliance requirements.

Capital Project Guidance

Match Funding Pathway to Capital Magnitude: The appropriate funding pathway should be driven by the scale of the capital investment, while strategic importance should guide overall project prioritization.

Segment Large Projects Strategically: Multi-component initiatives should be broken into discrete projects and submitted under the appropriate funding categories rather than bundled into a single application, recognizing that approval may vary by component and not all elements may be funded.

Plan for Hospital Cost Participation: Given expected interest, hospitals should anticipate partial awards and consider contributing hospital funds to strengthen applications and demonstrate commitment.



Strengthening Rural Systems Through Hospital Service Integration

HRP: Service Line Expansion & Co-Location



Overview: Expands integrated primary, behavioral, specialty, diagnostic, and mobile services within rural hospitals and clinics to improve access, coordination, and sustainability.



Opportunity for Hospitals: Supports portfolio based rural delivery models and partnerships with regional specialists to diversify services, strengthen viability, and keep care local.




Funding Availability/Distribution Mechanism: Approximately \$95M over five years for staffing, equipment, telehealth, minor modifications; competitive RFA, excluding major or new construction.



Example: Minor facility modifications, staffing, equipment, or mobile health services to add a new clinical specialty within existing settings

Minor Capital Projects Note

A background image of a modern operating room with surgical lights and a table.

Modest renovations, space reconfiguration, equipment installation, or build-outs within existing facilities that support service activation or expansion may be appropriate for *HRP Service Line Expansion and Co-location*, subject to applicable capital limits (approximately 20 percent at the project level).

Advancing Maternal and Infant Health Outcomes in Rural Tennessee

HRP: Maternal & Child Health



Overview: Strengthens maternal, infant, and child health systems through integrated, resilient care models across pregnancy, postpartum, and early childhood in rural communities.



Opportunity for Hospitals: Supports rural hospitals via hub and spoke models, perinatal quality improvement, maternal behavioral health support, and technology enabled maternity care.



Funding Availability/Distribution Mechanism: Approximately \$97M over five years via competitive HRP grants; two award tracks, staffing and technology eligible, major construction excluded.



Example: Population-based, cross-setting initiatives (e.g., mobile prenatal units, school-based clinics, postpartum remote monitoring)

Rural Fetal and Infant Mortality Reduction



Overview: Strengthens rural systems of care to reduce fetal and infant mortality through coordinated investments in facilities, workforce, and digital infrastructure.



Opportunity for Hospitals: Rural birthing hospitals are expected to be key partners, given their role in Medicaid-covered births and high-need maternal and infant care.



Funding Availability/Distribution Mechanism: A request for grant proposal is expected in the coming months, with multiple awards totaling approximately \$4.5M over five years (up to \$300K annually per award).



Example: Rural systems-of-care strengthening initiatives (e.g., obstetric and neonatal infrastructure, maternal health workforce support, digital perinatal care tools)

Priority Rural Health Investments: Modernizing Rural Health Technology

HRP: HealthTech



Overview: Modernizes rural health technology to improve access, quality, efficiency, and sustainability across hospitals and clinics.



Opportunity for Hospitals: Supports EHR modernization, interoperability, telehealth, AI enabled tools, cybersecurity, and technologies enabling value based and performance-based care. This includes initiatives to increase referrals through TN Community Compass to address social drivers of health.



Funding Availability/Distribution Mechanism: Approximately \$95M over five years via competitive RFA for staffing, equipment, telehealth, minor modifications; major construction excluded.



Example: Projects primarily focused on reducing administrative burden, improving care coordination, or increasing efficiency (for example, AI documentation tools, EHR optimization, or billing accuracy improvements)



Partner Cautiously on Tech Initiatives



**Application
Leadership
Matters**



**Hospitals Must
Maintain Control**



**Mitigate Cost and
Compliance Risk**



**Plan for
Reimbursement-
Based Funding**



**Cybersecurity Is
Mandatory**

03

Elements of a Strong Application



TDOH Expectations for Applicants and Sub-Awardees

Applicants (Lead Awardees)

Planning, Accountability, and Compliance

- ❑ Clearly define problem, population, outcomes, metrics, and success criteria
- ❑ Submit a concrete work plan, aligned with RHTP priorities that demonstrates measurable impact for populations across Tennessee's 89 rural counties, as defined by TDOH.
- ❑ Include evaluation and sustainability planning beyond the funding period
- ❑ Comply with all TDOH and CMS reporting and oversight requirements

Partnership and Local Alignment

- ❑ Build meaningful partnerships beyond letters of support
- ❑ Align projects with locally identified needs and community priorities
- ❑ Provide ongoing CHC updates, including at least one annual presentation

Statewide Coordination

- ❑ Engage with statewide infrastructure, including HIE and Community Compass
- ❑ Hospitals may reference alignment with other RHTP initiatives (e.g., CHCs) in the application narrative to support integrated transformation and coordination, when applicable.

Sub Awardees and Local Partners

Program Execution and Reporting

- ❑ Execute defined scopes of work consistent with applicant approved timelines
- ❑ Support performance measurement and data reporting requirements
- ❑ Operate under reimbursement-based grants with adequate cash flow; no pre-contract spending
- ❑ Comply with applicable TDOH and CMS requirements flowed down by the lead applicant

Coordination and Integration

- ❑ Participate in care coordination and workflow alignment with lead applicants
- ❑ Engage in statewide or regional coordination activities as required

Elements of a Strong RHTP Application: Scoring Criteria

Five Critical Application Components (Reflected in Scoring)

- 1) Community Need (35%):** Demonstrates clear alignment with CMS and Tennessee RHTP priorities and uses local data to define a specific, high-impact rural need.
- 2) Project Quality (35%):** Shows meaningful community and cross-sector partnerships, proposes an outcome-focused solution to a significant rural health challenge, and demonstrates strong execution capability, including experienced leadership and operational readiness.
- 3) Sustainability (10%):** Presents a credible plan for lasting system change that continues beyond the grant period and reduces reliance on future state or federal funding.
- 4) Evaluation and Measurement (10%):** Defines clear metrics, data sources, and methods to track progress and report outcomes.
- 5) Budget (10%):** Aligns costs to proposed activities, complies with applicable caps, and avoids ineligible expenses.



Project Fit Matters: Apply to the Right RHTP Initiative

Align Each Project to the Correct Initiative

Hospitals must match each project application to the appropriate RHTP initiative so that the proposed solution, outcomes, and budget directly align with program intent, community need, and the specific transformation goals Tennessee and CMS expect each initiative to advance.



Start With the End in Mind

A key question in determining initiative fit is: “What problem are we trying to solve?” The answer should drive initiative selection and ensure the project is evaluated against the correct goals, outcomes, and scoring criteria.



Apply for Focused, Discrete Projects

Hospitals should submit applications for clearly defined projects aligned to a single RHTP initiative, rather than aggregating multiple projects into one request. This allows applicants to clearly define the problem, demonstrate impact, and align with initiative-specific evaluation criteria.



Provide Context Across Applications

If submitting multiple applications, describe how related submissions fit within a broader transformation strategy, including sequencing, dependencies, shared infrastructure, or phased implementation, where applicable.

Submitting Multiple Applications

- **Multiple Categories:** Hospitals may submit multiple applications across categories.
- **One Award:** Only one award is made per initiative category, based on highest score.
- **Guidance:** If submitting multiple applications:
 - Reference related proposals in the narrative.
 - Explain how initiatives align and support system-level transformation.
 - Clearly distinguish scope and deliverables.
- **Long Term Perspective:** Plan with a multi-year lens; many RHTP initiatives span up to five years, though funding is awarded annually.
- **TN FAQ:** Linked applications may be identified and tracked within the narrative.
- **When in Doubt, Ask Early:** Hospitals with questions about initiative fit are encouraged to contact RuralHealth@TN.gov before applying

Preparing a Competitive Application

Connecting Opportunity, Organizational Strategy/Capabilities, and Community Need

Opportunity & Competition

- Funding is limited and will be highly competitive
- Projects must advance CMS & state transformation goals

Alignment & Execution Capacity

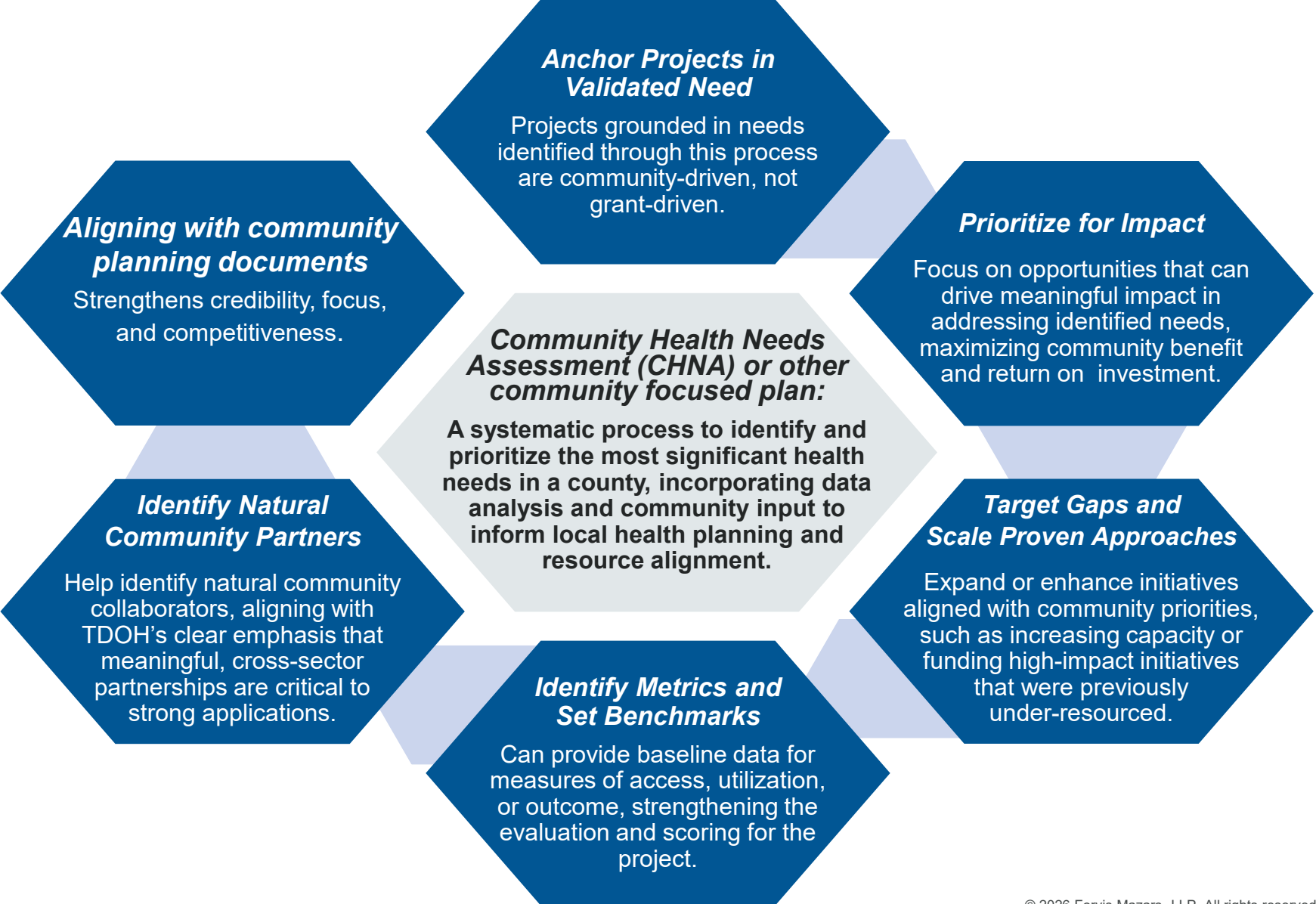
- Participation requires sustained leadership and staff investment
- Projects must align with organizational strategy and capabilities

Impact & Return on Investment

- Applications should be treated as a business case
- Strong proposals define need, partnerships, and measurable results



The Importance of Community Alignment



County Health Councils (CHCs): Natural RHTP Partners for Hospitals

CHC partnerships position hospitals as system enablers and fiscal stewards, strengthening local alignment, execution, credibility, and long-term sustainability.

How Hospitals and CHCs Work Together in RHTP:

Application: Hospitals align CHNAs and clinical data with CHC validated priorities

Implementation: Hospitals integrate Community Health Improvement Plan (CHIP) priorities—developed and maintained at the community level—into care delivery, while CHCs convene and align partners.

Alignment: A CHC letter of support may strengthen an application by demonstrating alignment with validated community priorities.

Governance: Hospitals report progress; CHCs support local monitoring and mid course adjustment.

Fiscal Management: When CHCs are not 501(c)(3) entities, a hospital may serve as a fiscal agent to manage funds, compliance, and reimbursement flow.

Shared Execution Model: Hospitals contribute clinical expertise, infrastructure, data, referral pathways, and fiscal stewardship, while community-based organizations deliver services with local reach and trust. This model allows hospitals to enable and sustain community identified solutions without assuming sole responsibility for service delivery.

Complementary State Tools: CARE grants complement RHTP by supporting CHC led, cross sector implementation of CHNA and CHIP priorities. Together, these mechanisms reinforce locally governed delivery models that align hospital participation with community defined needs.

Validate Organizational Alignment

Hospitals need to validate that the RHTP initiative(s) they are considering pursuing are aligned with organizational strategies, finances, and capabilities.

Strategic Fit

- Does this initiative clearly advance one or more priorities in our current strategic plan?
- Would we pursue this initiative even without grant funding, or is it grant-driven?

Financial Sustainability

- How does the expected return compare to our internal ROI or capital hurdle rate?
- How will the initiative be sustained after grant funding ends?

Operational Readiness

- How does the initiative integrate into existing service lines or care models?
- Who owns operations post-award, and do they have bandwidth?

Execution

- Have we successfully delivered similar initiatives before, and what proof points can we cite?
- Can we meet aggressive timelines, reporting, and compliance requirements?

IT and Data Systems

- Are the outcomes measurable using existing systems, or will system changes be required?
- Can we meet cybersecurity and data-governance expectations?

Right Team, Strong Application



Build a cross-functional application team aligned to CHNA priorities, organizational strategy, and the state's RHTP goals.



Assign an Executive Sponsor to ensure enterprise alignment, signal leadership commitment, and remove barriers.



Pair clinical and operational leadership to validate the care model, feasibility, workflow integration, staffing implications, and implementation readiness.



Include finance, quality/analytics, and IT to ensure a defensible budget, measurable outcomes and reporting, interoperability, and cybersecurity readiness.



Consider an experienced grant writer and designated project manager to manage timelines and translate requirements into a cohesive, evaluation-aligned narrative.

04

Mechanics of Sub-Awardee Project Budgeting



Why Budget Mechanics Matter

For Reviewers: Demonstrates feasibility, accountability, and readiness to perform

For pass through entities: Reduces financial, compliance, and audit risk

For sub awardees: Enables smooth implementation, reimbursement, and reporting

Core Budgeting Principles

Scope of work drives the budget



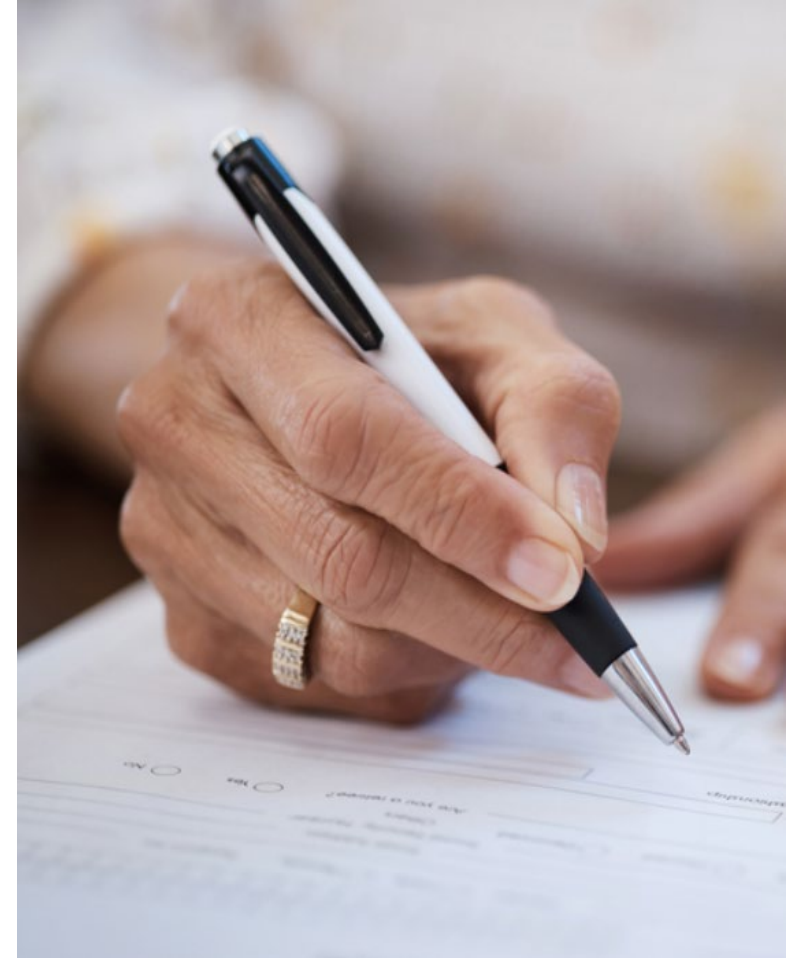
Use a detailed line-item structure



Apply allowability standards to every cost



Budget narratives are essential



Building a Compliant, Executable Sub-Award Budget

Required Budget Components



Standard Cost Categories

Personnel (titles, percent effort, hourly rates or salaries)

Fringe benefits (with documented rates)

Travel (purpose, frequency, cost basis)

Equipment (if allowable and capitalization thresholds)

Supplies

Contractual or consultant costs (distinct from sub-awards)

Other direct costs

Indirect costs (approved negotiated rate or de minimis, if applicable)



Indirect Costs

Sub-awardees may use either:

- A federally negotiated indirect cost rate, or
- The 10% de minimis rate of modified total direct costs (if eligible)

Rates must be documented, consistently applied, and not duplicated elsewhere in the budget.

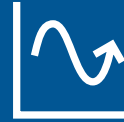


Compliance with Prime Awards

Sub-awardee budgets must comply with:

- Prime funder rules (including federal cost principles and program-specific restrictions)
- Pass-through entity policies
- Any applicable caps, exclusions, or match requirements

Because the prime recipient is ultimately responsible for sub-awardee compliance, upfront budget accuracy is critical.



Design for Monitoring and Reimbursement

Budgets should align with reporting periods, milestones, or deliverables to support:

- Timely invoicing
- Efficient review and approval
- Ongoing financial monitoring and risk management

Poorly structured budgets increase administrative burden and delay reimbursement.



Cost-Sharing/Match (if required)

Match must be:

- Clearly identified in the budget
- Supported by allowable funding sources
- Tracked separately but reported consistently



Final Internal Consistency Check

Before submission or execution, ensure totals reconcile across:

- Budget forms
- Budget narratives
- Scope of work

Costs should scale logically with effort, capacity, and expected outcomes.

05

Preparing for Compliance



Key Compliance Considerations for Subrecipients



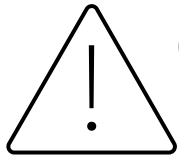
- Subrecipients are subject to all applicable federal statutes, regulations, and award terms passed down by the State.
- SAM.gov registration must remain active and be updated annually.
- Prior CMS approval may be required for changes to scope, key personnel, or budgets.
- Funds may be used only for allowable costs under federal rules and applicable RHTP restrictions.
- Program-specific funding caps and limitations imposed on the State also apply to subrecipients.
- Subrecipients may be required to participate in CMS activities and are subject to corrective action for noncompliance.
- Reporting requirements are anticipated

Building a Strong Compliance Foundation

Reference

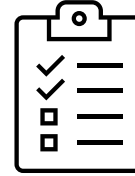
Core Readiness Areas

- **Policies and Procedures:** Clear, complete and current
- **Financial Management Systems:** Ability to track federal awards separately
- **Staffing:** Sufficient expertise to manage federal awards and reporting



Common Risk Areas – Why Planning Early Is Important

- Financial management and internal control gaps
- Unsupported or unallowable costs
- Budget and award changes without prior approval
- Procurement documentation and suspension/debarment check



Key Policies to Have in Place

- Financial and Cash Management
- Cost Principles and Budgeting
- Cost Sharing and Matching
- Program Income
- Internal Controls
- Procurement and Conflict of Interest
- Reporting and Record Retention
- Fixed Assets and Inventory Management
- Time and Effort
- Audit and Monitoring

06

Concluding Thoughts



Concluding Thoughts – Part 1

- 1. Focus on outcomes, not specific activities:** Align outcomes clearly to rural health transformation goals. Consider what will change, not necessarily fixed tactics.
 - *Example - Improve timely access to primary care and behavioral health services for rural residents.*
- 2. Define work at the functional level:** Group work into broad categories to maintain flexibility while aligning with allowable uses of funds.
 - *Example - Workforce support activities may include recruitment assistance, temporary staffing solutions, or retention strategies.*
- 3. Use adaptable implementation language:** Describe approaches as needs-based, responsive, or tailored. Avoid overly detailed task sequencing that limits adjustments.
 - *Example - Activities will be implemented based on local capacity, staffing availability, and community need.*



Concluding Thoughts – Part 2

4. **Acknowledge rural variability up front:** Position adaptability as intentional and expected due to difference in geography, provider capacity, and patient needs.
 - *Example - Strategies are designed to be responsive to rural conditions rather than uniform across sites.*
5. **Align budgets to allowable purposes:** Tie costs to use categories, not specific vendors or products. Use role-based staffing descriptions in lieu of fixed positions or FTEs.
 - *Example - Funds will support health IT and operational tools that enhance care coordination. Staffing approaches may include a mix of employees, contractors, or shared resources.*
6. **Design metrics around outcomes not methods:** Measure change in access, efficiency, or capacity.
 - *Example - Increase in completed referrals or follow-up encounters.*



07

Questions/Discussion/Next Steps



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Appendix I

Resources



Reference Links

Tennessee Resources:

- [Tennessee RHTP Application](#)
- [Tennessee Rural Health Access Website](#)
- [Tennessee RHTP FAQ](#)
- RHTP Informational Session (3.31.26)
 - [Recording and Transcript](#)
 - [Presentation Slides](#)
- RHTP Informational Webinar (4.15.26)
 - [Recording and Transcript](#)
- Contact/Questions: ruralhealth@tn.gov

CMS Resources:

- [CMS RHTP Overview](#)
- [CMS RHTP FAQ \(April 2026\)](#)

Additional Resources:

- [Rural Health Information Hub](#)
- [THA/Forvis Mazars RHTP Compliance Compendium](#)
- [THA/Forvis Mazars' Hospital Funding Opportunities Information](#)



RHTP Compliance Guidance – Current Status

Federal Guidance

Primary Governing Authorities

- **2 CFR 200** – Uniform Administrative Requirements, Cost Principles, and Audit Requirements
- **2 CFR 300** – HHS supplements to Uniform Guidance
- **2 CFR 170** – FFATA reporting
- **2 CFR 180** – Suspension and Debarment
- **HHS Grants Policy Statement**
- **CMS RHTP program guidance and award specific terms**

State Guidance

- The state has not issued additional, stand-alone compliance requirements at this time.
- Additional state-specific guidance may be issued later and should be monitored closely.
- TN materials consistently point stakeholders back to federal program requirements and award terms.
- Hospitals should not assume state requirements will be less stringent than federal ones.
- As the prime recipient, TN is responsible for monitoring subrecipient compliance with federal standards.



Appendix II

Application Support



Right Team, Strong Application (Additional Details)

Team Sport: The strongest applications align with the CHNA, organizational strategy, and the state's goals, and are developed by a cross-functional, strategy-aligned team.

Core Roles to Include

- **Senior Executive Sponsor:** Ensures alignment with enterprise goals and rural access strategy, signals leadership commitment, and marshals resources.
- **Community Partnerships Lead:** Coordinates with public health, social services, and community organizations; brings data sources to validate community need; helps size potential impact and alignment with initiative objectives.
- **Clinical Leadership:** Validates clinical relevance, care model design, and expected impact on outcomes.
- **Operations Leader:** Assesses feasibility, organizational capacity, workflow integration, staffing implications, and implementation readiness.
- **Finance:** Evaluates ROI; supports budgeting; ensures the grant does not duplicate existing investments; supports sustainability planning based on ongoing costs and/or avoided expenditures (example: reduced uncompensated ED utilization).
- **Quality or Analytics Lead:** Develops measurable outcomes, evaluation plans, and reporting metrics.
- **IT Lead:** Supports interoperability, cybersecurity, and technology deployment requirements.
- **Project Manager:** Oversees application development, timelines, work plans, and coordination across functions; ideally involved in CHNA development.

Why an Experienced Grant Writer Matters

- **Speed and accuracy:** Quickly interprets funding guidance, eligibility rules, and evaluation criteria—reducing rework and missed deadlines.
- **Stronger positioning and narrative:** Aligns program design, outcomes, and budgets into a cohesive story that differentiates the applicant and reflects what funders competitively reward.
- **Avoids common pitfalls:** Anticipates issues that lead to rejection (eligibility misreads, weak evaluation plans, unallowable costs) and cross-walks content to scoring rubrics to avoid lost points.
- **Efficient SME engagement and data use:** Extracts the right inputs quickly and integrates data and evidence without overloading the narrative; keeps budget tightly tied to activities and intended outcomes.
- **Quality under pressure:** Maintains clarity, compliance, and polish under compressed timelines, improving competitiveness with fewer iterations

Appendix III

Case Studies



Case Study: System Backed Strategy for Strengthening Rural Access



West Tennessee Healthcare is building a replacement hospital in Bolivar to modernize care delivery for Hardeman County and nearby rural communities. The new micro-hospital replaces a 1974 structure and incorporates expanded emergency and inpatient capacity, updated imaging and diagnostic services, and negative-pressure isolation rooms to strengthen readiness for future infectious-disease events. The project is supported in part by a \$9.61 million Healthcare Resiliency Program–Capital Investment (HRP-CI) award and is being constructed on land donated by the City of Bolivar, reflecting a strong public-health system partnership.

As construction advances, the hospital intends to use time-limited operational funds, including HRP-CI, to enhance the value of the capital investment without funding construction. These resources would support equipping ED bays for tele-enabled consults, enhancing imaging workflows to shorten time-to-diagnosis, and optimizing stabilization during high-volume periods. Flexible outpatient pods and procedure spaces would allow scheduled services and basic diagnostics to be delivered locally, creating predictable access for Medicaid members and reducing unnecessary travel out of the county. This strategy is consistent with established state practice, under which Tennessee has supported rural access initiatives and operational improvements to reinforce hospital resiliency and service capacity.

West Tennessee Healthcare contributes the capital match, project leadership, and long-term operating oversight that ensure the new facility remains sustainable after initial implementation support phases end. As new care coordination and diagnostic workflows reduce avoidable transfers, shorten ED revisits, and improve episode level efficiency, the system plans to absorb successful roles such as navigators, transfer coordinators, or tele consult coverage into its ongoing budget. This approach enables Shared Savings funds to function as a launch platform rather than a recurring subsidy, transitioning to a stable operating model supported by demonstrated performance improvements.

The resulting emergency and outpatient platform offers faster diagnostics, reduced delays, and strengthened care continuity, while the modern footprint improves preparedness for future public health emergencies. By pairing HRP-funded infrastructure with targeted operational investments and sustained system participation, the Bolivar project demonstrates how rural hospitals can leverage capital improvements into long-term gains in access, quality, and community health.

- <https://www.wth.org/services/west-tennessee-healthcare-bolivar-hospital/wth-bolivar-rural-emergency-hospital-construction/>
- <https://www.wth.org/news/west-tennessee-healthcare-breaks-ground-on-new-bolivar-hospital/>

Case Study: Building Local Behavioral Health Capacity in Rural Tennessee



Macon Community Hospital serves a rural area where limited outpatient behavioral health capacity has placed growing pressure on the emergency department and primary care providers. Patients experiencing mental health or substance use crises often presented repeatedly due to delays in follow up care and limited local options. To address these challenges, the hospital partnered with HOPE Family Health to strengthen the transition from emergency stabilization to ongoing community based behavioral health care, drawing on EmPATH principles to support timely assessment, stabilization, and discharge planning.

Under the model, patients presenting to the emergency department with behavioral health needs receive timely assessment and stabilization, followed by active care coordination prior to discharge. Rather than relying on passive referrals or distant inpatient placement, patients are connected directly to outpatient therapy, medication management, and enabling services through HOPE Family Health. A dedicated behavioral health case management function supports discharge planning, facilitates referrals, and helps address barriers such as transportation, medication access, and insurance eligibility, ensuring clear next steps after an ED visit.

From the hospital perspective, aligning outpatient behavioral health capacity with emergency care improved patient flow while reducing avoidable repeat emergency department visits. The model limited unnecessary transfers for stabilization and follow up care and created more predictable discharge pathways for patients with high behavioral health needs. By formalizing the partnerships required to move patients efficiently from crisis to community-based treatment, the initiative strengthened local behavioral health infrastructure in a manner appropriate for rural volumes and demonstrated how integrated hospital-community partnerships can improve access, patient flow, and sustainability without creating standalone programs.

<https://mainstreetmediatn.com/articles/gallatinnews/hope-family-health-expands-to-gallatin/>

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Case Study: Expanding Rural Access to Oncology Services



A rural hospital serving a multi-county region faced limited access to oncology services, requiring patients to travel long distances for chemotherapy and specialty care. This created delays in treatment, reduced adherence, and lost downstream revenue for the hospital. To address these gaps, the hospital partnered with an urban health system to co-locate oncology service lines within its facility, enabling specialty providers to deliver care locally while also establishing infusion services administered by local clinical staff with appropriate specialty support.

Under the model, urban-based oncologists and care teams rotated into the rural hospital or supported services through coordinated scheduling and tele-oncology. The rural hospital invested in space, equipment, and infusion capabilities, enabling patients to receive treatment closer to home. Shared protocols, data integration, and care coordination ensured consistency in clinical quality and patient experience across sites.

The partnership structure allowed the rural hospital to retain a portion of facility and service-line revenue while leveraging the specialty expertise of the urban partner. Over time, patient volumes increased, outmigration declined, and care continuity improved. Hospital leadership reported strengthened financial performance, expanded service offerings, and improved access to cancer care, while establishing a sustainable model for specialty service expansion in a rural setting.

Case Study: Maternal and Child Health Capacity Expansion in a Rural Birthing Hospital



A rural birthing hospital in a large maternity care desert had been facing delayed obstetric triage, prolonged neonatal transfer times, and inconsistent postpartum follow up. Through a maternal and child health initiative, the hospital partnered with regional perinatal experts to standardize emergency drills and clinical pathways across the emergency department, labor and delivery, and transport teams. Teleconsultation for obstetric and neonatal concerns was introduced to provide timely specialty input that previously required long travel. Upgraded call center systems enabled real time routing of referrals, while a mobile pregnancy application delivered education reminders and resource links to support prenatal care, postpartum visits, and behavioral health screening.

To operationalize these changes, the hospital implemented monthly obstetric and neonatal simulations that involved emergency nurses, respiratory therapy, and transport partners. Perinatal readiness drills were added to charge nurse huddles, and standardized hemorrhage and hypertensive crisis kits were placed in both the emergency department and labor and delivery. A same day teleconsult pathway supported non urgent specialty questions, while rapid teleconsultation was used for time sensitive cases without immediate onsite coverage. Before discharge, staff scheduled postpartum appointments and placed warm behavioral health referrals through the enhanced call center platform to ensure follow through.

Within six months, the hospital saw earlier specialty input, higher postpartum visit completion, more consistent depression screening, and smoother neonatal transfers. Clearer workflows and regular drills reduced last minute diversions. The hospital aligned its tracking to initiative metrics, allowing progress to be monitored alongside peer facilities.

Case Study: Hospital-Directed Digital Modernization to Extend Access



A rural hospital serving four small towns relied on fragmented legacy systems that limited telehealth reach, slowed information exchange, and increased documentation burden. Using the health technology initiative, the hospital created a unified digital framework focused on telehealth, interoperability, analytics, automation, and cybersecurity. A technology assessment guided priorities, leading to expanded video visits and remote patient monitoring, timely exchange of labs, imaging, and referral updates with regional partners, and automated intake, scheduling prompts, and results routing to reduce clinician workload.

An implementation office worked with clinical leads from the emergency department, primary care, and imaging to standardize telehealth workflows, incorporate device checks, and ensure contingencies for limited bandwidth. Remote monitoring kits were assigned at discharge, with nurse care managers reviewing vital signs and escalating as needed. Interoperability improvements ensured faster posting of external results, analytics linked digital encounters to outcomes, and automation reduced documentation time. Cybersecurity controls were reinforced through updated protections and role-based training.

Over the first year of implementation, telehealth follow-up increased among remote residents, external results posted more quickly, documentation time decreased, and short-interval follow-up improved. Clinician rework declined, and privacy audits showed full compliance. The hospital reported gains across initiative metrics, including telehealth adoption, interoperability performance, workflow efficiency, and user satisfaction with digital tools.

Case Study: EMR Upgrades and AI Integration



A critical access hospital in Tennessee operated across multiple electronic medical record (EMR) platforms spanning the hospital, outpatient surgery center, and affiliated primary care clinic, creating fragmentation in patient information, billing, and care coordination. This lack of interoperability led to inefficiencies in clinical workflows, delays in claims processing, and challenges maintaining continuity of care across settings.

To address these gaps, the hospital received a Healthcare Resiliency Program-Practice Transformation grant to modernize its core EMR infrastructure and align all outpatient sites onto a single, integrated platform. The initiative focused on improving data sharing, streamlining documentation, and enhancing revenue cycle performance.

With a unified EMR platform in place, the hospital is now well positioned to pursue additional grant opportunities focused on cybersecurity and advanced technologies. Planned investments include strengthening systemwide cybersecurity protections to safeguard patient data and meet evolving compliance standards. The hospital is also evaluating ambient AI tools to reduce provider documentation burden by generating real-time clinical notes, alongside revenue cycle automation solutions designed to improve coding accuracy, reduce claims denials, and accelerate reimbursement.

Together, these efforts position the hospital to operate more efficiently, improve care continuity, and compete effectively in an increasingly data-driven environment.