Collaborative EHR, IT and Cybersecurity Initiative

Description

This initiative will assist rural providers in working with regional referral centers to upgrade, support, and expand information technology (IT) infrastructure and cybersecurity operations, integrate electronic health record (EHR) systems, improve and increase collaboration and communication between regional partners, and create cost savings through the creation of a "shared services" model with regionalized security monitoring and response.

Many rural providers suffer from a lack of available funding, meaning that they often rely on outdated IT systems and infrastructures. These systems require a higher overall cost in terms of overhead due to requirements related to staffing, security, and lack of interoperability. A lack of unified or integrated EHR systems can reduce the quality of patient care and increase the risk of hospital readmissions due to providers not having full access to a patient's full medical history at the time of treatment.

This initiative would allow regional hospitals to contract with regional referral centers as "hubs", which would serve as IT and cybersecurity resource centers. These hubs would establish IT provider-based centers which would provide services such as: cybersecurity upgrades, monitoring and response; infrastructure and regulatory compliance assessments; incident response and recovery support; reduction in overall hospital expenditures through shared services and group purchasing; ensure foundational IT operations are in place to support clinical care and regulatory compliance; and provide technical support and guidance in replacing outdated and insecure equipment used in direct patient care. The hubs could also provide guidance and technical support in the adoption and/or upgrading of EHR platforms to a unified regional provider.

Potential uses of funds:

- Establishment of regional IT provider-based hubs to assist/advise rural providers in upgrading IT and cybersecurity platforms; provide monitoring and response to incidents; provide infrastructure and regulatory compliance; assessments; provide incident response and recovery support; provide infrastructure and advise on EHR upgrades/conversions
- Procurement and deployment of updated IT and cybersecurity platforms
- Procurement and deployment of new/upgraded/updated EHR platforms (see note below)

Other considerations:

- No more than 5% of available grant funding (total of $50M based on the guidance recommended award planning amount) may be used to support funding the replacement of an EMR system if a previous HITECH certified EMR system was in place as of September 1, 2025.
- This limitation does not apply to upgrading or replacing IT and/or cybersecurity platforms.
- Funds cannot be used to expand existing programs that already receive funding through other federal grant programs. (Funds used to expand an existing program may only be applied to costs associated with new populations, new activities and new milestones.)

Main strategic goal(s): Sustainable access, Tech innovation

Uses of funds: D, F, K (non-exhaustive)

Technical score factors: C.1, F.2, F.3 (non-exhaustive)

Key stakeholders: Hospitals, Critical Access Hospitals, Rural Emergency Hospitals, Rural Health Clinics, Federally Qualified Health Centers, IHS/Tribal Facilities, Certified Community Behavioral Health Clinics, Community Mental Health Centers (non-exhaustive)

Outcomes (measurable, non-exhaustive):

- Number of regional "hubs" established to provide support to local providers and serving as IT provider-based hubs (total statewide)
- Total number of rural providers connected to regional hubs via IT and security operations (by county and total statewide)
- Total number of rural providers connected to regional hubs via EHR (by county and total statewide)
- Cost savings (by provider and total statewide)
- Upgraded systems uptime % (by provider)
- Total number of cybersecurity alerts triaged/worked by Security Operations Centers (by Security Operations Centers established)

Sustainability

This initiative will promote sustainability by enabling awardees the ability to reduce operational costs through modernization of technology environments. Once completed, awardees will have a sound IT infrastructure and cybersecurity posture that can easily be maintained through the shared services model and economies of scale created through this initiative during the grant period.

Rural Telehealth Initiative

Description

The primary purpose of this initiative is to efficiently provide the most appropriate level of care to patients in rural areas as close to home as possible through the use of telehealth/teleconsult services. This initiative is designed to allow for telehealth/teleconsult services to be offered through EMS, local health clinics (FQHC/RHC), rural hospitals, critical access hospitals, Rural Emergency Hospitals, and regional referral centers allowing them to provide services through telehealth/teleconsult that they currently do not have the ability to provide. The ability to access these services would allow patients to receive appropriate care closer to home, prevent unnecessary wait times for EMS by referring patients to more locationally appropriate providers thereby reducing travel time and "wall time" waiting times at tertiary providers, increasing patient volumes at local hospitals thus increasing revenues while increasing the level and types of services they can provide, reduce overcrowding at regional referral centers and tertiary care providers by reducing the number of lower-acuity patients they treat. Resources offered through this initiative would deploy proven telehealth programs to rural areas across the state; speed deployment and implementation of new telehealth service lines; provide for technological approaches to care for chronic disease prevention and management; improve access to care in multiple areas including maternal and fetal health, cardiac care, mental health and substance use disorder treatment, etc.; stabilize and improve recruitment and retention of providers to rural areas; and allow for communication between affected and interested parties, as well as legislators, etc. to continue to discuss and address regulatory barriers to telehealth delivery. The initiative would integrate and include inpatient virtual care (such as telestroke, tele-behavioral health, virtual nursing and tele-ICU); ambulatory access (video visits and eConsult services); chronic care support (remote patient monitoring) and specialized programs (such as dialysis services and infectious disease stewardship). This initiative would lead to patients being treated as locally as possible, whenever safe and possible, while reducing unnecessary transfers and ensuring access to care, increasing local volumes, and decreasing unnecessary utilization of tertiary beds. Additional sub-initiatives may be considered including the ability for first responders to acquire specialized tablets allowing for consultation with Certified Community Behavioral Health Clinics to provide crisis services to individuals requiring assistance that might otherwise be taken to Emergency Rooms or local jails which would not provide the necessary and appropriate levels of care to patients at the most appropriate locations.

Potential uses of funds:

- Creation of regional hubs to serve as primary support centers to local rural providers by providing telehealth and teleconsult services for specialties not currently offered at rural locations
- Funding for local provider (rural hospital, critical access hospital, rural emergency hospital, rural health clinic, federally qualified healthcare center, etc.) to integrate with a regional hub to receive and offer telehealth/teleconsult services to patients
- Funding for local hospital to serve as secondary support center for primary care services to local clinics if/when required and for local clinics to integrate with local hospitals to receive said services
- Funding for first responders to acquire specialized tablets allowing for communication and consultation with CCBHCs for crisis services for individuals

Other considerations:

- Funds cannot be used to expand existing programs that already receive funding through other federal grant programs. (Funds used to expand an existing program may only be applied to costs associated with new populations, new activities and new milestones.)
- No more than 5% of available grant funding (total of $50M based on the guidance recommended award planning amount) may be used to support funding the replacement of an EMR system if a previous HITECH certified EMR system was in place as of September 1, 2025. (if imagined as part of integration processes)
- This limitation does not apply to upgrading or replacing IT and/or cybersecurity platforms. (if imagined as part of integration processes)

Main strategic goal(s): Make rural America healthy again; workforce development; sustainable access; innovative care; tech innovation

Uses of funds: A, C, D, E, F, G, H, I, K (non-exhaustive)

Technical score factors: B.1, C.1, D.1, F.1, F.2, F.3 (non-exhaustive)

Key stakeholders: Hospitals, Critical Access Hospitals, Rural Emergency Hospitals, Rural Health Clinics, Federally Qualified Health Centers, IHS/Tribal Facilities, Certified Community Behavioral Health Clinics, Community Mental Health Centers (non-exhaustive)

Outcomes (measurable, non-exhaustive):

- Number of regional hubs created (total statewide)

- Number of endpoints deployed (number per county, total statewide)
- Number of telehealth consults provided (number per county, total statewide)
- Number of transfers avoided (number per county, total statewide)
- Number of tablets procured (number per county, total statewide)
- Number of first responder agencies contracting for services through a CCBHC (total statewide)

Sustainability

Successful awardees will transition to sustainability through increased revenue generation at rural facilities, an improved case-mix index, and insurance billing as the program scales up. Virtual nursing and sitter models will stabilize staffing levels and create career pathways for individuals, reducing personnel turnover and reducing patient lengths of stay, thus demonstrating an overall positive return on investment for this initiative. Chronic care management becomes sustainable through value-based care contracting, outcomes-based incentives, and insurance billing. Antibiotic stewardship programs can demonstrate sustainability through hospital-based contracting and demonstration of reduced antibiotic costs, as well as improved compliance with nationally mandated quality assurance programs. Ambulatory telehealth clinics can transition to insurance-based billing along with service level agreements for technology and administrative costs. Interprofessional eConsulting can move to a clinician supported subscription model, as opposed to billing insurance, once established practices for remote registration and patient consent are established. The enhanced reimbursement model established with the creation of CCBHCs will allow for the continued funding of the subscriptions required to fund continuing operation of a mobile, tablet-based telehealth program for first responders.

Maternal and Fetal Health Initiative – Obstetric Digital Regionalization

Description

This initiative is being proposed to address the maternal and fetal health crisis currently impacting most of rural Alabama due to the closure of multiple Labor and Delivery units at rural facilities. Many rural facilities have been faced with the difficult decision to close their L&D units due to the overhead costs of maintaining 24/7 coverage for L&D services with continuing low volumes. Furthermore, the loss of rural L&D services has led to an overall decrease in the provision of primary maternal and fetal health care in those rural counties as OB-GYNs seek to practice in locations closer to the physical locations of the hospitals that still possess active, fully staffed L&D units. While the impact of the reduction in maternal and fetal health services is felt by all women in rural areas throughout their pregnancies and post-natal care, the impact is most acutely felt by those women whose pregnancies are deemed to be "high-risk". This program seeks to address issues directly related to lack of access to care by connecting smaller rural providers without immediate access to high-quality maternal and fetal health services to regional care hubs that can provide those services via digital maternity care platforms and through the use of telerobotic ultrasound devices to ensure that patients receive appropriate care close to home. This initiative also allows for regional care hubs to connect with a Central Coordinating Provider to allow for additional access to specialties that are not necessarily available at the regional hub level. One central provider can provide experience and staffing for services not normally available in many locations in the state to the regional care hubs and, through them, to the smaller providers already collaborating with the regional hubs.

Potential uses of funds:

- o Establish regional referral hubs to provide services to local rural healthcare providers
- o Provide funding for local providers (rural hospitals, critical access hospitals, rural emergency hospitals, rural health clinics, federally qualified healthcare centers, etc.) to connect with regional referral hubs to provide services
- o Acquire and install telerobotic ultrasound devices at regional hubs and, through the regional hubs, to smaller rural hubs throughout the state to allow for optimization of maternal and fetal health services delivery

Other considerations: Funds cannot be used to expand existing programs that already receive funding through other federal grant programs. (Funds used to expand an existing program may only be applied to costs associated with new populations, new activities and new milestones.)

Main strategic goal(s): Make rural America healthy again, sustainable access, innovative care, tech innovation

Uses of funds: A, C, D, F, G, I, K (non-exhaustive)

Technical score factors: B.1, B.2, C.1, F.1, F.2, F.3 (non-exhaustive)

Key stakeholders: Hospitals, Critical Access Hospitals, Rural Emergency Hospitals, Rural Health Clinics, Federally Qualified Health Centers, IHS/Tribal Facilities, non-profit healthcare organizations (non-exhaustive)

Outcomes:

- Number of regional hubs created (total statewide)
- Number of local providers connected with regional providers to receive services (number per county, total statewide)
- Number of telehealth consults provided (number per county, total statewide)
- Number of transfers avoided (number per county, total statewide)
- Number of telerobotic ultrasound procedures performed (number per county, total statewide)

Sustainability

This initiative is designed for long-term sustainability through multiple revenue streams post initiation combined with cost savings. Strong commitments from Alabama's major payors recognize the cost-effectiveness of preventing costly complications, with a pilot project in Texas having demonstrated $450,000 in cost savings at a single clinic supported by Blue Cross/Blue Shield. The health information exchange instituted as a part of this initiative becomes self-sustaining through subscription fees from participating hospitals, while existing telehealth infrastructure provides continuing operational support. Enhanced hospital efficiency and increased consultation volumes generate sustainable revenues, with regional centers benefitting from improved capabilities and competitive positioning ensuring workforce retention and financial stability. For telerobotic ultrasound, these procedures are reimbursable by medical payors. New changes to telehealth reimbursement creates incentives to pursue telehealth in local communities. Improved health outcomes and efficiencies created through this initiative reduces unnecessary hospital transfers, increases local delivery volumes and improves timeliness of care along with patient satisfaction.

Prevention, Screening and Treatment – Cancer Digital Regionalization Initiative

Description

Residents in rural areas do not have the same access to preventative care, detection and treatment for cancer as residents in suburban and urban areas. In 2023, the Alabama Department of Public Health established OPERATION WIPE OUT (www.operatonwipeout.org) as an evidence-based plan to eliminate cervical cancer as a public health problem. Alabama continues to be the first and only state in the U.S. with such a plan in place. This initiative would seek to duplicate the successful model established by OPERATION WIPE OUT to target other cancers that can be prevented and/or detected early (such as breast, cervical, colorectal and lung cancers) through cross-sector partnerships while improving access to screening services in rural areas. The lessons learned from the evidence-based OPERATION WIPE OUT are based on three core principles: 1) the initiative is not led by one centralized organization; 2) it is based on strategic partnerships where all partners play important roles in the success of the endeavor; and 3) local partners take the lead in their own communities. The construction of brick and mortar clinics are neither realistic nor cost-effective to provide cancer screening in rural areas close to residents. Using an alternative approach to screening is more efficient and cost effective and has a greater outreach.

Potential uses of funds:

- o Establish regional referral hubs to provide services to local rural healthcare providers
- o Provide funding for local providers (rural hospitals, critical access hospitals, rural emergency hospitals, rural health clinics, federally qualified healthcare centers, etc.) to connect with regional referral hubs to provide services
- o Provide funding for mobile screening units to be offered in conjunction and consultation with local providers to allow for screening to be offered locally without accidental duplication of services with established local primary care physicians, clinics and hospitals that already have established screening protocols and services
- o Use community partnerships to establish community activation teams to provide social mobilization and education

Other considerations: Funds cannot be used to expand existing programs that already receive funding through other federal grant programs. (Funds used to expand an existing program may only be applied to costs associated with new populations, new activities and new milestones.)

Main strategic goal(s): Make rural America healthy again

Uses of funds addressed: A, D, G, I, K (non-exhaustive)

Technical score factors: B.1, B.2, C.1, F.1 (non-exhaustive)

Key Stakeholders: Hospitals, Critical Access Hospitals, Rural Emergency Hospitals, Rural Health Clinics; Federally Qualified Health Centers; IHS/Tribal Facilities; non-profit healthcare organizations, community partners (non-exhaustive)

Outcomes:

- Number of regional hubs created (total statewide)
- Number of local providers connected with regional providers to receive services (number per county, total statewide)
- Number of mobile screening opportunities offered (number per county, total statewide)
- Number of patients screened using mobile services (number per county, total statewide)

Sustainability

Most preventative care services are already deemed reimbursable by major payors. Increased screenings allow for many cancers to be caught early, when treatment is less costly than if diagnosis and treatment are delayed. Integration with local programs increases local support, increasing volumes and improving reimbursement streams. Telehealth and mobile units are lower-cost means to deliver screening than costly in-person centers, allowing a greater reach while reducing overall costs.

Rural Workforce Initiatives

Description

The purpose of this initiative is to increase and improve the number of providers of healthcare in rural Alabama through programs that increase the number of rural physicians with needed specialties, nurses (both LPN and RN), EMS professionals (both EMTs and paramedics), certified nurse midwives, and technical staff. Throughout the country, all states are facing a reduction in the overall number of healthcare workers in all fields in rural areas, with a severe shortage of specific providers, especially specialists, which is having a detrimental impact on the provision of care in rural areas, and a reduction in healthy lifestyles among residents.

Proposed use of funds:

- o Provide funding to the Alabama School of Healthcare Sciences to establish a rural healthcare track through the funding of curriculum development and equipment procurement
- o Provide funding to develop and implement remote training opportunities for EMTs and paramedics through the use of online and/or virtual technology ("Bring the class to the student")
- o Provide funding to rural hospitals, critical access hospitals, rural emergency hospitals, rural health clinics and federally qualified healthcare centers to establish relationships with, and offer training for, the community college system to expand training for LPN/RN students by allowing for those classes to be offered at a virtual level on-site at the local healthcare providers, potentially using provider staff as additional teachers/trainers ("Bring the class to the student")
- o Provide funding to rural hospitals, critical access hospitals, etc. to create pathways for individuals to "work their way through the ranks" while they train – for example, offer training to LPNs currently employed at that provider to allow them to eventually become RNs, etc.
- o Establish/expand Graduate Medical Education programs, especially those that provide for specific specialty training to provide services currently lacking in rural areas (such as OB/GYN services through the establishment or expansion of Family Medicine – Obstetrics (FM-OB) programs).
- o Provide funding to create/expand training programs for Certified Nurse Midwives
- o Provide incentives for healthcare practitioners to relocate to rural areas
- o Provide free or reduced-cost education and training for individuals

Other considerations: Funds cannot be used to expand existing programs that already receive funding through other federal grant programs. (Funds used to expand an existing program may only be applied to costs associated with new populations, new activities and new milestones.)

Main strategic goal(s): Make rural America healthy again, workforce development (non-exhaustive)

Uses of funds: A, D, E, G, K (non-exhaustive)

Technical score factors: B.1, B.2, C.1, C.2, F.1 (non-exhaustive)

Key stakeholders: Hospitals, Critical Access Hospitals, Rural Emergency Hospitals, Rural Health Clinics, Federally Qualified Health Centers, IHS/Tribal Facilities, non-profit healthcare organizations, community partners (non-exhaustive)

Outcomes:

- Number of new students accepted to rural remote training programs (number per county, total statewide)
- Number of programs established at existing rural providers to offer remote training for EMS (total statewide)
- Number of programs established at existing rural providers to offer remote training for LPN/RN (total statewide)
- Number of programs established to provide specialized GME in rural areas (total statewide)
- Number of GME program graduates practicing in rural counties post-education (number per county, total statewide)
- Number of students entering certified nurse midwife training programs created or expanded through this initiative (total statewide)

Sustainability

Sustainability for workforce development programs comes in several forms. Alabama faces a severe healthcare workforce shortage crisis, both now and in the immediate future. Any efforts to increase the workforce will show sustainability through an increase in the total number of providers offering services to Alabama residents. Specialized programs to educate potential new members of the workforce stand to increase the amount of graduates that choose to remain and practice in rural areas, thus improving the overall health of the residents of those areas. Remote/mobile training programs are less expensive to establish and maintain than new, "brick-and-mortar" programs, while allowing the introduction of new students that might not ordinarily be able to attend

classes or training due to transportation or distance issues. Additional providers in rural areas increase overall reimbursement for services in those areas and prevent loss of revenues to urban areas where rural residents are required to go for treatment due to lack of available options. Furthermore, more localized training programs encourage community buy-in and engagement, adding support and sustainability to the programs established.

Simulation Training Initiative

Description

This initiative will improve the quality of care in rural hospitals, clinics and FQHCs by providing training in specific services they do not offer on a routine basis, but that many residents of those rural areas desperately need. By partnering local providers with tertiary referral centers, local providers would be better positioned to care for their patients, reducing travel and wait times for patients, increasing patient volumes and equivalent revenues for providers, reducing overcrowding at tertiary care providers, and working to ensure that patients receive the appropriate level of care at a location as close to home as possible. The Children's Hospital of Alabama ("Children's") currently offers a healthcare education simulation program (Children's of Alabama Community Healthcare Education Simulation, "COACHES") which consists of a multidisciplinary team of pediatric critical care trained physicians and nurses that conduct simulation training interventions in rural and community hospitals with a goal of improving pediatric patient outcomes. With proper training, local providers are better equipped to keep children within their community, when appropriate, saving the healthcare system dollars through a reduction in transportation costs while increasing local provider volumes and reimbursements and decreasing overcrowding and wait times at larger referral centers. Expansion of a program like this to include more locations visited per year, along with the creation and implementation of additional programs in other specialties, will keep more patients closer to home, give local providers better tools to treat their patients, increase patient volumes at local providers, and reduce overcrowding at regional referral centers.

Proposed use of funds:

- Expand the COACHES program operated by Children's to allow for a greater outreach and more training locations per year
- Create new or expand other existing simulation-based training programs based on the COACHES model for other specialties that experience a high number of transfers out of local providers to regional referral centers due to lack of staffing/training
  - Maternal & Neonatal Emergencies
  - Cardiac Services
  - Trauma

Other considerations: Funds cannot be used to expand existing programs that already receive funding through other federal grant programs. (Funds used to expand an existing

program may only be applied to costs associated with new populations, new activities and new milestones.)

Main strategic goals: Make rural America healthy again, sustainable access, workforce development

Uses of funds: A, B, D, E, G, J, K (non-exhaustive)

Technical score factors: B.1, C.1, C.2, D.1 (non-exhaustive)

Key stakeholders: Hospitals, Critical Access Hospitals, Rural Emergency Hospitals, Rural Health Clinics, Federally Qualified Health Centers, HIS/Tribal Facilities, non-profit healthcare organizations (non-exhaustive)

Outcomes:

- o Number of training programs established/expanded to provide simulation training in specialties (total statewide)
- o Number of training sessions offered to providers in rural areas (number per county, total statewide)
- o Number of patients transferred to regional providers from rural providers in specialties for which simulation training has been established (number per county, total statewide)
- o Number of patients treated at local providers by rural providers in specialties for which simulation training has been established (number per county, total statewide)

Sustainability

The current COACHES program is operated and supported by Children's of Alabama and faculty members within the University of Alabama Birmingham Department of Pediatrics. Any statewide expansion, or creation of a new program, would seek to partner with a health provider with current teaching ability to support and operate additional hubs for these simulation programs. It is expected that the work undertaken after the preparedness simulations and resultant quality improvement structures would result in self-sustaining practices being imbedded in the usual practice of the hospitals involved in providing and/or receiving the training. Once established, the training should endure and be available for hospitals to deploy independently after the grant period ends.

BREMSS Expansion initiative

Description

The Birmingham Regional Emergency Medical Services System ("BREMSS") is one of Alabama's six regional EMS agencies and has been in continual operation since 1972, with primary goals of EMS system development, monitoring, education and improvement. In 1996, BREMSS developed and deployed a regional trauma system and began routing critically injured patients based on injury severity and trauma availability. By 2013, the trauma system had expanded statewide, with a regional stroke system expanded statewide by 2017. Currently, there are nearly 100 hospitals in Alabama and 4 surrounding states that participate in the system at different levels to care for sick and injured patients responded to by EMS services. The current BREMSS STEMI (cardiac) system is set to go statewide in 2026, routing certain heart attack patients to the appropriate hospital. BREMSS also maintains a regional hospital diversion system that allows hospitals to communicate their current availability for certain areas (Critical Care, CT Scanning, L&D, Med/Surg and psychiatric care). Additional funding would allow for the diversion system to also be expanded statewide, allowing all EMS and hospitals participating in the program to more accurately and appropriately determine the correct location for emergent patients transported by EMS to receive treatment.

Proposed use of funds: To expand BREMSS diversion system availability statewide to all EMS and hospitals.

Other considerations: Funds cannot be used to expand existing programs that already receive funding through other federal grant programs. (Funds used to expand an existing program may only be applied to costs associated with new populations, new activities and new milestones.)

Main strategic goals: Make rural America healthy again, sustainable access, innovative care, tech innovation

Uses of funds: F, G, H, I, K (non-exhaustive)

Technical score factors: B.1, B.2, C.1, C.2, F.1, F.2 (non-exhaustive)

Key stakeholders: EMS, rural hospitals, critical access hospitals, rural emergency hospitals, regional referral centers, rural health clinics, federally qualified health centers, community partners (non-exhaustive)

Outcomes:

- o   Number of hospitals included in BREMSS (total statewide)

- Number of EMS/ambulance services included in BREMSS (total statewide)
- Number of additional services included in BREMSS statewide (total statewide)
- Number of calls appropriately diverted to appropriate location through use of BREMSS (number by county, total statewide)

Sustainability

Currently, BREMSS is fully funded for its operations. It is anticipated that additional expansions to BREMSS would be low-cost as the investment would be to expand the system to cover additional specialties within the healthcare system, but that the overall cost for the investments would be low, and any maintenance cost for the additional units would be covered as a part of normal BREMSS operations.

EMS Treat-in-place Initiative

Description

Many EMS units are often unavailable to take local calls due to transporting low-acuity patients that do not ordinarily require full Emergency Department level of care or inpatient admission. These situations reduce overall ambulance availability for true emergencies in local communities, which can be exacerbated in rural communities that often have a lower overall number of ambulances available for transport. Excess transports also increase the number of patients treated in Emergency Departments, increasing the amount of time EMS is required to wait at Emergency Departments before they can discharge their patient to the hospital, increasing the total EMS turnaround time and reducing coverage for other patients requiring service. Implementing a treat-in-place model would allow for EMS providers to have the ability to treat patients at their homes, saving transportation costs, reducing ED overcrowding, and decreasing the resource burden on hospitals. It would also keep ambulances in the community thereby reducing response times and improving overall care for residents, especially in rural areas.

Potential use of funds:

- o Establish a pilot program to institute "treat-in-place" for EMS providers
- o Fund protocol development, telehealth consulting equipment, software, cellular connectivity, training

Other considerations: Probable changes in existing scope of practice rules for EMT/Paramedics would need to be instituted to allow program to be successful

Strategic Goals: Make rural America healthy again, sustainable access, innovative care, tech innovation

Uses of funds: A, D, E, F, G, I, K (non-exhaustive)

Technical score factors: B.1, B.2, C.1, C.2, D.3, F.1, F.2 (non-exhaustive)

Key stakeholders: EMS, rural hospitals, critical access hospitals, rural emergency hospitals (non-exhaustive)

Outcomes:

- o Number of patients treated in place (number by county, total statewide)
- o Number of transports prevented (number by county, total statewide)
- o Number of telehealth consults as part of treat in place visit (number by county, total statewide)
- o Number of EMS providers offering treat-in-place option (total statewide)

Sustainability

Currently, EMS services are only truly reimbursed when a patient is transported and are not reimbursed for any services provided that do not result in patient transport to or from a medical provider. With certain policy changes, reimbursement for "treat-in-place" protocols would pay for these services, allowing them to continue past the grant period. The investment in this pilot would serve to provide necessary equipment to allow for policy changes to be affected, and reimbursement would continue to allow the services to be provided.

CCBHC Development Initiative

Description

Certified Community Behavioral Health Clinics (CCBHC) are designed to ensure access to coordinated comprehensive behavioral health care. They are required to serve anyone who requests care for mental health or substance use disorder, regardless of ability to pay. CCBHCs are required to provide Crisis Services, Outpatient Mental Health and Substance Use Disorder treatment, Person and Family Centered Treatment Planning, Community-Based Mental Health Care for Veterans, Peer Family Support and Counselor Services, Targeted Care Management, Outpatient Primary Care Screening and Monitoring, Psychiatric Rehabilitation Services and Screening, Diagnosis and Risk Assessment for patients. While several Community Mental Health Centers (CMHC) in Alabama have already begun the process of converting to CCBHCs, many other Centers do not have the financial capability to convert to this model. This initiative would allow the remaining CMHCs the opportunity to apply for funding to convert to a CCBHC.

Proposed use of funds:

- o Support planning, development and implementation for CMHCs to convert to CCBHC

Other considerations: Funds cannot be used to convert existing programs that already receive funding for conversion through other federal grant programs. (Funds used to expand an existing program may only be applied to costs associated with new populations, new activities and new milestones.)

Main strategic goals: Make rural America healthy again; innovative care

Uses of funds: A, B, G, H, I (non-exhaustive)

Technical score factors: B.1, B.2 (non-exhaustive)

Key stakeholders: CMHCs, CCBHCs, ADMH(?), community partners

Outcomes:

- o Number of CMHCs converted to CCBHC status (total statewide)
- o Number of patients receiving primary care screening and monitoring (numbers by county, total statewide)
- o Number of patients receiving mental health services with the CCBHC as the primary provider (numbers by county, total statewide)
- o Number of patients receiving substance use disorder treatment services with the CCBHC as the primary provider (numbers by county, total statewide)

Sustainability

CCBHCs are reimbursed using a different model than CMHCs. The reimbursement model for CCBHCs is more sustainable long term, while providing a more comprehensive suite of services to patients. The investment in this initiative would be to fund the development and implementation of the conversions only, with sustainability being achieved through an increase in reimbursement accomplished by a completed conversion.

Community Medicine Initiative

Description

This initiative will serve Alabama rural communities by providing preventative health screenings, navigate connections to appropriate healthcare, address food access issues and healthy food choices, encourage physical fitness and activities and broadly disseminate educational materials and teachings to educate Alabamians how to participate in improving their own health.

Potential uses of funds:

- o Procurement of mobile wellness units
- o Procurement of mobile groceries
- o Provide new/expanded locations for provision of screening/mobile grocery services

Other considerations:

- o Funds cannot be used to expand existing programs that already receive funding through other federal grant programs. (Funds used to expand an existing program may only be applied to costs associated with new populations, new activities and new milestones.)
- o Awardees should coordinate the provision of mobile wellness units with local healthcare providers to reduce the possibility of accidental duplication of services, which can reduce overall patient volumes at local providers and potentially inhibit their ability to continue to serve the local communities.

Strategic Goals: Make rural America healthy again, innovative care

Uses of Funds: A, G, I, K (non-exhaustive)

Technical score factors: B.1, B.2, C.1, F.1 (non-exhaustive)

Key stakeholders: community leaders, local healthcare providers (hospitals, critical access hospitals, rural emergency hospitals, primary care physicians) (non-exhaustive)

Outcomes:

- o Number of mobile wellness units procured (total statewide)
- o Number of mobile groceries procured (total statewide)
- o Total number of wellness visits provided (number by county, total statewide)
- o Total number of mobile grocery visits provided (number by county, total statewide)

Sustainability

Sustainability for this initiative would be accomplished through partnerships with insurers, hospitals, and health systems. The partners derive value from community coaches through the ability to educate the community on good nutrition, physical activity, and prevention and wellness, with the correlating impacts to the overall health of the community through a decrease in chronic disease. Sustainability is achieved through an overall reduction in healthcare expenditures related to chronic conditions caused by unhealthy living, lack of access to healthy foods, and lack of education on disease management.

Rural Health Practice Initiative

Description

This initiative will serve Alabama rural communities by establishing networked rural health clinics in rural, underserved areas throughout Alabama. These clinics will allow the creation of comprehensive, patient-centered hubs with the ability to combine physical and behavioral health services by emphasizing preventative care and chronic disease management. Clinics will offer telehealth services, remote patient monitoring and virtual consultation to allow rural patients to be connected to specialists and can also serve as "support" centers for other rural health clinics. Additionally, specialty clinics can be established at rural educational facilities (e.g. high schools, etc.) to provide primary care services to not only students but also parents, teachers, staff and their families as well.

Potential uses of funds:

- Establish or upgrade existing clinics in rural areas to offer the networked services
- Workforce recruitment, training and pipeline initiatives to expand clinical capacity
- Develop and implement a shared services model with other clinics to reduce administrative complexity and overhead, reduce unnecessary cost and improve efficiency
- Promote community engagement efforts and collaboration with other rural clinics
- Acquisition of equipment for telehealth and remote patient monitoring services
- Establish specialty clinics in rural educational facilities to serve students, teachers, staff and families

Other considerations:

- o Funds cannot be used to expand existing programs that already receive funding through other federal grant programs. (Funds used to expand an existing program may only be applied to costs associated with new populations, new activities and new milestones.)
- o Only a limited amount of funding can be used to effect facility upgrades and none can be used for new construction.

Strategic Goals: Make rural America healthy again, sustainable access, workforce development, innovative care

Uses of Funds: A, C, D, E, F, G, H, I, K (non-exhaustive)

Technical score factors: B.1, B.2, C.1, D.1, F.1 (non-exhaustive)

Key stakeholders: community leaders, local healthcare providers (hospitals, critical access hospitals, rural emergency hospitals, primary care physicians), rural health clinics, federally qualified health centers (non-exhaustive), local educational facilities

Outcomes:

- Number of clinics opened (total statewide)
- Number of patients seen by county of residence (number by county, total statewide)
- Number of trainees (MD, RN, LPN, etc.) placed in rural "hubs" (total statewide)
- Number of behavioral health visits/consults (number by county, total statewide)

Sustainability

Sustainability for this initiative is through direct reimbursement from payors. Patient visits are reimbursed when the patient has some form of insurance, which covers many of the costs of continued operation. Having additional clinics located in areas suffering from a lack of access to primary care providers serves to improve overall community health through chronic disease management and monitoring, improving overall community health and reducing unnecessary healthcare expenses for providers, leading to long-term stability.

Provider Infrastructure Initiative

Description

This initiative will serve Alabama rural communities by establishing a fund allowing for rural providers to pursue infrastructure upgrades. These upgrades should allow for providers to be more efficient and effective in delivering quality care by allowing for necessary plant improvements to be accomplished, reducing maintenance and overhead costs and allowing providers more flexibility in offering services. These infrastructure repairs and upgrades should allow for providers in rural areas to continue to offer quality care, while reducing necessary annual maintenance costs and ensuring upkeep costs are commensurate with patient volumes, thus improving the overall financial stability of the provider.

Potential uses of funds:

- Minor building renovations or alterations
- Equipment upgrades

Other considerations:

- o Funds cannot be used to meet matching requirements for any other federal funding, to supplant existing State, local, tribal or private funding of infrastructure, procure equipment that are the legal responsibility of another party under federal, state or tribal law.
- o Funds cannot be used for construction or building expansion, purchase or significant retrofitting of buildings, cosmetic upgrades, or any other cost that materially increases the value of the capital or useful life as a direct cost.
- o Total funding for this initiative cannot exceed 20% of the total funding CMS awards the state under this program ($40M/yr based on application budget)

Strategic Goals: Sustainable access

Uses of Funds: J (non-exhaustive)

Technical score factors: B.1(non-exhaustive)

Key stakeholders: community leaders, local healthcare providers (hospitals, critical access hospitals, rural emergency hospitals, primary care physicians), rural health clinics, federally qualified health centers (non-exhaustive)

Outcomes:

- o Number of projects approved (number per county, total statewide)

- Number of providers approved (number per county, total statewide)

Sustainability

Sustainability is seen through improvements in facility infrastructure, reducing overall capital costs related to facility overhead and maintenance, and places the awardees in a position to offer more and improved services to patients. These additional and improved services, combined with lower annual maintenance costs and overhead, improve the financial situation for rural providers, making the providers themselves more sustainable through existing reimbursement mechanisms than before.