SKYSCAPE | BUZZ | POWER UP NURSING

Capturing the $50B

How Rural Health Organizations Win Rural Health Transformation Funding

A practical workshop · July 28, 2026 · 1:00–2:00 PM EST · Live + Recorded

Presented by Skyscape · Co-presented with Power Up Nursing

YOUR PRESENTERS TODAY

Who you're learning from

K

Kristin Snowdon-Smith

Moderator

Director of Communications
Skyscape

E

Erica Joyce

Healthcare Consultant

RHTP Grant & Rural Health Strategy
Skyscape

T

Tanya Abreu

Founder & CEO

Power Up Nursing

Dr. Janice Adams

Chief Operating Officer

Power Up Nursing

Poll

How familiar are you with Rural Health Transformation Programs?

1. We're actively pursuing funding.
2. We've started exploring opportunities.
3. We're just learning.
4. We're looking for future opportunities.

WHY YOU'RE HERE

You'll leave knowing five things

1. **Are you eligible?**

   It's far broader than hospitals.

2. **How does the money flow?**

   CMS to your state to you.

3. **What makes an application fundable?**

   The five things evaluators reward.

4. **Your next 30 days**

   One concrete move before your window closes.

5. **What should we do over the next thirty days?**

   "You'll leave with practical next steps—not just information."

THE OPPORTUNITY

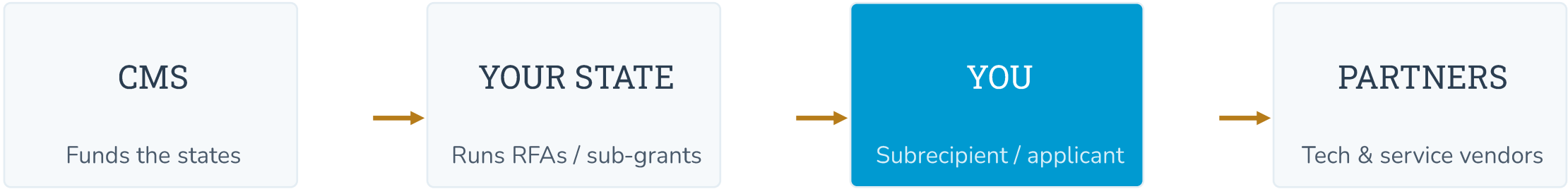
A once-in-a-generation rural health fund

$50B	5 yrs	50	~$200M
Total federal funding	FY2026 – FY2030	States, every one funded	Average per state, year one

Created to offset rural Medicaid pressure — so it's time-boxed, state-administered, and spent fast.

HOW THE MONEY FLOWS

You don't apply to CMS — you apply to your state



Common Priorities

- **Workforce Development**
- **Access to Care**
- **Behavioral Health Innovative Care Models**
- **Technology & AI**
- **Measurable Outcomes**

WHERE THE MONEY CAN GO

Five federal goal areas

1. **Make Rural America Healthy Again**

   Prevention, chronic disease, access

2. **Sustainable Access**

   Keeping rural care open and viable

3. **Workforce Development**

   Recruit, train, and retain clinical staff

4. **Innovative Care Models**

   Telehealth, coordination, new delivery

5. **Technology Innovation**

   Data, AI, and consumer-facing tools

WORKFORCE

Why Workforce Transformation Is Rural Health Transformation

Healthcare transformation begins with caregiver transformation.

1

Workforce Stability

Hospitals and clinics cannot transform when nurses leave, clinicians burn out, and critical roles remain unfilled.

2

Workforce Capability

Leadership, education, resilience, and professional development create the foundation for sustainable care delivery.

3

Workforce Performance

Technology, wellbeing, and quality improvement help clinicians perform at their best and improve patient outcomes.

The strongest RHTP strategies connect workforce stability, workforce development, and technology-enabled performance to create sustainable improvements in access, quality, and community health.

WORKFORCE

"Healthcare transformation begins with people.

Workforce stability, capability, and performance drive long-term transformation success.

1 **Workforce Wellbeing**

"Helping clinicians remain healthy, engaged and resilient."

2 **Leadership Development**

"Preparing leaders to support teams through change."

3 **Continuous Learning**

"Creating environments where people continue developing professionally."

4 **Technology Adoption**

"Helping technology reduce burden instead of adding burden."

5 **Quality Improvement**

"Supporting clinicians so they can consistently deliver excellent care."

6 **Executive Buy-in**

"Healthy clinicians create healthier organizations."

How do we actually support workforce transformation?

Buildings don't deliver healthcare. People do

1. **Education**

   "Helping clinicians remain healthy, engaged and resilient."

2. **Leadership coaching**

   "Preparing leaders to support teams through change."

3. **Workforce development**

   "Creating environments where people continue developing professionally."

4. **Digital health**

   "Helping technology reduce burden instead of adding burden."

5. **Better use of workforce data.**

   "Supporting clinicians so they can consistently deliver excellent care."

6. **Wellness initiatives.**

7. **Continuous improvement.**

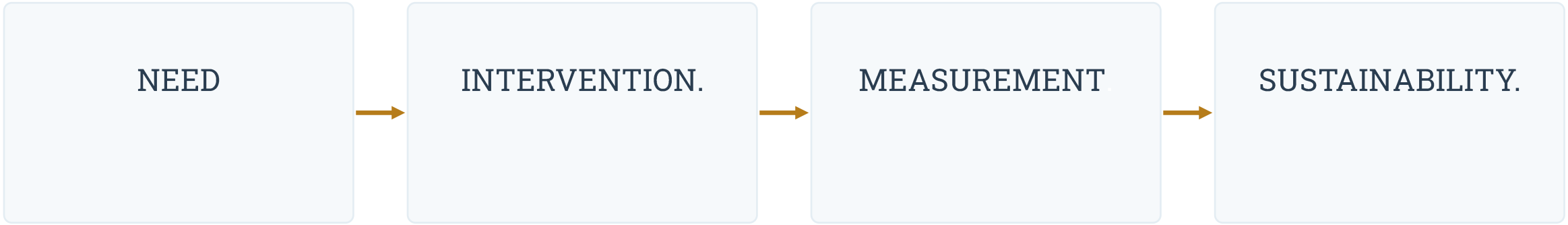
HOW TO ACTUALLY WIN

Anatomy of a fundable application

1	Confirm eligibility	Your category + rural service area
2	Find your state's vehicle	The RFA / RPGP that fits your project
3	Align to a NAMED initiative	Match your project to a state priority
4	Build a credible budget	License vs. build; a real sustainability plan
5	Name your technology partner	Funded in scope, not retrofitted later
6	Define measurable outcomes	Competitive projects, demonstrate how success will be measured.

STRUCTURE

What Evaluators Need to See



The strongest applications don't simply promise change. They explain exactly how they'll know change occurred.

ALIGN TO YOUR STATE

Every state already told you what it wants

Kansas	Behavioral health, SUD, telehealth, technology
North Carolina	AI documentation + clinical decision support
Florida	Mobile health, workforce pipelines, telehealth + HIE
Maryland	Rural nursing & allied-health workforce pipelines

Read your state's CMS project abstract. Mirror its language back in your application.

THE MYTH-BUSTER

It's not just hospitals

SUD / Recovery facilities	CCBHCs	FQHCs	Rural Health Clinics
Rural hospitals & CAHs	LTC / post-acute	Local health departments	Tribal health programs

If you serve rural patients and fit an eligible category, you likely have a path — from a Florida rural clinic to a Central Valley medical group.

TECHNOLOGY

Partnership Architecture

1 APPLICANT

Not just hospitals

2 CLINICAL PARTNER

Deliver Care

3 TECHNOLOGY PARTNER

Enables care

4 EDUCATION PARTNER

Supports adoption

5 WORKFORCE PARTNER

Strengthen clinicians

6 MEASUREMENT STRATEGY

Demonstrates value

PROOF IT WORKS

A rural recovery org, positioned for $4M+

$4M+

A rural substance-use recovery organization — what made the application fundable:

Eligible category	A substance-use recovery organization
Aligned to a named initiative	Mapped to the state's behavioral / SUD priority
Credible budget + sustainability	Funded year one with a path beyond the grant
Named a technology partner	Workforce, telehealth, and clinical tools in scope

THE TECHNOLOGY THAT MAKES APPLICATIONS FUNDABLE

Capability that maps to the goal areas

1

Workforce readiness

Education, onboarding, competency, retention

→ Workforce Development

2

Care Coordination

Secure messaging, communication, coordination, telehealth

→ Innovative Care / Access

3

Clinical Decision Support

Clinical Knowledge reference content, AI

→ Technology Innovation

4

Measurement

Dashboards, reporting, analytics

THE SMART STRUCTURE

What happens after you receive funding?

1. **ROLES**
   Not just hospitals
2. **GOVERNANCE**
   Deliver Care
3. **COMMUNICATION**
   Enables care
4. **MEASUREMENT**
   Supports adoption
5. **REPORTING**
   Strengthen clinicians
6. **SUSTAINABILITY**
   Demonstrates value

ACT NOW

Your 30-Day Rural Transformation Roadmap

WEEK 1	Understand your state's priorities.
WEEK 2	Identify your project.
WEEK 3	Develop partnerships.
WEEK 4	Define measurable outcomes and sustainability.

Deadlines shift as states post in waves — Maryland's Notice of Intent (Aug 7) is the nearest, landing just after this session.

THE CLOCK IS REAL

Windows are open now — and they close fast

Annual tranches	New funding each year, FY26–FY30
Obligate by Oct 30, 2026	Year-one funds must be committed
Spend by Sept 30, 2027	The hard back-stop on year one
Rolling RFAs	States post in waves — some give ~2 weeks

YOUR NEXT STEP

Book your free RHTP Fit Assessment

- **30 minutes, no cost** — A focused working session with our team
- **We confirm your eligibility** — Matched to your state's open opportunity
- **You leave with a path** — A fundable route — or an honest 'not yet'

Ready to find your funding?

SCAN QR CODE

Questions?

Thank you for joining. Let's find your funding.

rhtp@skyscape.com

Scan to book a Fit Assessment