Michigan Rural Health Transformation Annual Report

Note: MDHHS submitted its Year 1 annual report to the Centers for Medicare & Medicaid Services (CMS) in accordance with applicable reporting requirements. CMS has accepted the report as submitted. To support transparency, MDHHS is making the report publicly available and sharing it with the Michigan Legislature, with the understanding that certain information may be subject to further review, clarification, or refinement as CMS continues to work with states.

Initiative 1: Transforming Rural Health through Partnerships

#	Initiative Name
1	Transforming Rural Health through Partnerships

Narrative

The Transforming Rural Health through Partnerships Initiative builds and formalizes cross-sector partnerships among healthcare providers, public health agencies, community-based organizations, and regional stakeholders to improve access to integrated care in rural communities. The initiative expands coordinated care models, strengthens chronic disease management and preventive services, supports community health worker integration, and leverages data-sharing and referral infrastructure to improve health outcomes and long-term sustainability of rural healthcare delivery.

Budget Period 1 established the foundation for community-driven rural health partnerships focused on chronic disease management, CHW integration, and coordinated care projects. MDHHS allocated approximately $26.0M to this pillar and received 75 LOIs totaling approximately $23.0M by July 2026. One competitive GFO was released for chronic disease programming ($2.5M). Activities focused on standing up regional hubs, strengthening partnerships among FQHCs, rural hospitals, CAHCs, family resource centers, and community-based organizations, and preparing cross-sector networks to improve access to preventive, behavioral health, and chronic disease services.

Number of People Served	
Please provide the number of people served	**0 individuals served, implementation activities not yet started.**

Metrics

#	Metric	Current Value	As of Date
1	Number of trained and credentialed Rural CHWs through the MiCHWA cardiovascular health micro-credential track.	0[1]	07/31/2026

[1] Zero values are placeholders and should not be interpreted as confirmed baselines or reported performance. Depending on the measure, the appropriate value may be an established baseline, “N/A,” or a value to be determined. Values will be updated as applicable.

2	Number of established Self-Monitored Blood Pressure (SMBP) programs in rural clinics.	0	07/31/2026
3	Number of supported rural clinics or partner organizations (rural sites) establishing multi-disciplinary hypertension care teams (provider, nurse, pharmacist, and CHW).	0	07/31/2026
4	Number of rural counties with telehealth access to diabetes education.	0	07/31/2026
5	Number of rural home repairs completed to support chronic disease prevention.	0	07/31/2026
6	Percentage of high-risk patients with chronic conditions receiving regular contact from Hubs, CAHCs, and AAAs.	0	07/31/2026
7	Number of CHWs trained and employed in Hub partner network in rural communities.	0	07/31/2026
8	Percentage of shared referral and communication pathways between funded project hub partners. Number of executed referral and information-sharing agreements between funded project partners.	0	07/31/2026
9	Participation in evidence-based preventive and behavioral health programs for children and adolescents.	0	07/31/2026

Initiative 2: Workforce for Wellness

#	Initiative Name
2	Workforce for Wellness

Narrative

The Workforce for Wellness Initiative strengthens the rural health workforce through recruitment, training, retention, and workforce development strategies. The initiative supports educational pathways, workforce incentives, provider recruitment and retention efforts, and community health worker capacity building to address workforce shortages and improve access to primary care, behavioral health, maternal health, and other essential healthcare services in rural Michigan.

Budget Period 1 focused on developing Michigan's rural workforce pipeline through provider recruitment, retention, training, and educational pathway investments. MDHHS allocated approximately $44.7M to this pillar and received 18 LOIs totaling approximately $4.5M by July 2026. Five workforce-related GFOs totaling approximately $34.2M were released, supporting recruitment and retention programs, maternal health workforce development, EMS workforce initiatives, MSW training pathways, and health care career pipelines. Activities emphasized long-term workforce sustainability and addressing shortages in behavioral health, maternal health, EMS, and primary care services.

Number of People Served	
Please provide the number of people served	**0 individuals served, implementation activities not yet started.**

Metrics

#	Metric	Current Value	As of Date
1	Number of enrolled students in postsecondary health programs.	0	07/31/2026
2	Number of MSWs employed in rural communities.	0	07/31/2026
3	Number of MSW students placed in rural settings.	0	07/31/2026
4	Number of provider grants awarded related to workforce.	0	07/31/2026
5	Percentage of counties considered within a maternity care desert.	0	07/31/2026
6	Number of total EMT/Paramedic workforce retained in rural communities.	0	07/31/2026
7	Number of newly licensed MSWs placed in rural behavioral health positions.	0	07/31/2026
8	Number of certified CHWs and CPs trained and employed.	0	07/31/2026
9	Number of rural providers utilizing the Rural Health Dashboard.	0	07/31/2026

Initiative 3: Interoperability in Action

#	Initiative Name
3	Interoperability in Action

Narrative

The Interoperability in Action Initiative enhances healthcare data exchange and interoperability across rural Michigan by strengthening health information exchange capabilities, community information exchange infrastructure, telehealth connectivity, and data integration. The initiative supports coordinated care, improved access to information, reduced administrative burden, and expanded technology adoption to improve care delivery, population health management, and patient outcomes in rural communities.

Budget Period 1 activities focused on expanding health information exchange, digital infrastructure, and rural provider connectivity. MDHHS allocated approximately $48.8M to this pillar and received 20 LOIs totaling approximately $16.8M by July 2026. No competitive GFOs had been released during this period; implementation primarily occurred through targeted LOIs and interagency partnerships. Activities included planning for interoperability governance, supporting rural provider participation in HIE/CIE systems, modernizing health technology infrastructure, and developing solutions to improve care coordination and data sharing across rural settings.

Number of People Served

Please provide the number of people served	**0 individuals served, implementation activities not yet started.**

Metrics

#	Metric	Current Value	As of Date
1	Percentage of rural health organizations that have completed a needs assessment.	0	07/31/2026
2	Percentage of rural provider organizations reporting satisfaction with health IT workflows, tools, and technology solutions.	0	07/31/2026
3	Percentage of rural providers exchanging data through a HIE.	0	07/31/2026
4	Percentage of rural providers integrating referral and secure messaging solutions into workflows, standard operating procedures, and/or client care.	0	07/31/2026
5	Percentage of rural community members reporting awareness of and satisfaction with local health and social service resources.	0	07/31/2026

Initiative 4: Care Closer to Home Blueprint

#	Initiative Name
4	Care Closer to Home Blueprint

Narrative

The Care Closer to Home Initiative expands community-based models of care that allow rural residents to receive services closer to where they live. The initiative promotes home- and community-based care, strengthens provider and community partnerships through hub-and-spoke models, improves transportation access, and expands access to behavioral health services to reduce barriers to care and improve health outcomes across rural communities.

Budget Period 1 focused on expanding access to services through transportation, behavioral health innovation, aging supports, and hub-and-spoke care delivery models. MDHHS allocated approximately $41.7M to this pillar and received 17 LOIs totaling approximately $18.5M by July 2026. One transportation-related GFO totaling approximately $12.0M was released. Activities emphasized reducing barriers to care, strengthening community-based service delivery, developing transportation solutions, advancing behavioral health access, and supporting aging-in-place strategies for rural residents.

Number of People Served

Please provide the number of people served	**0 individuals served, implementation activities not yet started.**

Metrics

#	Metric	Current Value	As of Date
1	Percentage of patients aged 65+ with a hospital readmission within 30 days due to medication error.	0	07/31/2026
2	Number of behavioral health providers per 100,000 residents in rural counties.	0	07/31/2026
3	Number of funded projects related to community-based transportation.	0	07/31/2026
4	Behavioral health-related emergency department visits per 100,000 residents in rural counties.	0	07/31/2026

Checkpoint Reporting

Stage 0 – Planning			
Checkpoint		Yes/No	Attachment(s)
0.1	Establish governance	Yes	MI_All_Initiatives_Evidentiary_Documentation.pdf
0.2	Submit project plan to CMS	Yes	MI_1Checkpoint0.2_Project Management Plan
Stage 1 – Project Preparation			
Checkpoint		Yes/No	Attachment(s)
1.1	CMS approval of project plan	Yes	MI_All_Initiatives_Evidentiary_Documentation.pdf
1.2	Launch initiative	Yes	MI_All_Initiatives_Evidentiary_Documentation.pdf
Stage 2 – Early Implementation			
Checkpoint		Yes/No	Attachment(s)
2.1	Continue initiative activities	No	
2.2	Achieve at least one post-launch milestone	No	
2.3	Establish metric reporting methodology	No	
2.4	Submit updated project plan to CMS	No	
Stage 3 – Midway Implementation			
Checkpoint		Yes/No	Attachment(s)
3.1	CMS approval of updated project plan	No	
3.2	Complete Q2 2028 milestones	No	
3.3	Report initial metric progress to CMS	No	
Stage 4 – Preparation for Completion			
Checkpoint		Yes/No	Attachment(s)
4.1	Share final deliverables plan with CMS	No	
4.2	CMS approval of final deliverables plan	No	
4.3	Complete post-program planning	No	
Stage 5 – Full Implementation			
Checkpoint		Yes/No	Attachment(s)
5.1	Submit final deliverables to CMS	No	
5.2	Complete all 2030 milestones	No	
5.3	Report updated metric progress to CMS	No	

State Policy Actions

Score Factor	Workload Funding Score Factor Criterion	Baseline	Commitment	Current Status	Supporting Evidence
B.2.	Presidential Fitness Test	0 Points: A State does not require schools to reestablish the Presidential Fitness Test	No Commitment		
B.3.	SNAP Food Restriction Waiver Policy	25 Points: State with active bill in the State legislative process	No Commitment		
B.4.	Nutrition Continuing Medical Education	0 Points: States that have no requirement for nutrition to be included in continuing medical education (CME) for physicians as well as no pending State bill requiring nutrition to be included in CME for physicians	No Commitment		
C.3.	Overall CON Score	50 Points: 45-79 score from the Cicero report for States with moderate CONs across facility categories	No Commitment		
	CON - Behavioral Outpatient	Unrestricted	No Commitment		
	CON - Medical Outpatient	Restricted	No Commitment		
	CON - Behavioral Inpatient	Restricted	No Commitment		
	CON - Imaging	Restricted	No Commitment		
	CON - Medical Inpatient	Restricted	No Commitment		
	CON - Day Services	Unrestricted	No Commitment		

	CON - Long-term Care Facilities	Restricted	No Commitment		
	CON - Ancillaries	Restricted	No Commitment		
	CON - Other	Unrestricted	No Commitment		
D.2.	Physician - Medical Licensure Compact	100 Points: IMLC Member State serving as SPL (State of principal license)	No Commitment		
	Nurse - Nurse Licensure Compact	50 Points: Pending NLC legislation	No Commitment		
	EMS - EMS Compact	0 Points: Not a Member State	No Commitment		
	Psychology - PSYPACT	100 Points: PSYPACT participating	No Commitment		
	Physician Assistant - PA Compact	50 Points: Legislation filed to become a PA Compact member	No Commitment		
D.3.	PA - Scope of Practice	75 Points: Advanced Scope of Practice	No Commitment		
	NP - Scope of Practice	0 Points: Restricted Scope of Practice	No Commitment		
	Pharmacist - Overall Score	0 Points: 0-3 score from Cicero report for States with restricted authority	No Commitment		
	Pharmacist - Drug Administration	0 Points: Restricted Authority	2 Points: Full Authority	0 Points: Restricted Authority	House Bill 5108 of 2025 - Michigan Legislature
	Pharmacist - Lab Testing	1 Point: CLIA-Waived Authority	2 Points: Full Authority	0 Points: Restricted Authority (Narrow CLIA-Waived List)	House Bill 5108 of 2025 - Michigan Legislature
	Pharmacist - Independent Prescribing	0 Points: Restricted Authority	6 points: Full Authority Grounded in a Standard of Care Model	0 Points: Restricted Authority	House Bill 5108 of 2025 - Michigan Legislature
	Dental Hygienist - Overall Score	50 Points: Semi Restricted Scope of Practice (3-5 types tasks)	No Commitment		

	Dental Hygienist - Dental Hygiene Diagnosis	Unallowable Task	No Commitment		
	Dental Hygienist - Prescriptive Authority	Unallowable Task	No Commitment		
	Dental Hygienist - Local Anesthesia	Direct	No Commitment		
	Dental Hygienist - Supervision of Dental Assistants	Unallowable Task	No Commitment		
	Dental Hygienist - Direct Medicaid Reimbursement	Allowable Task	No Commitment		
	Dental Hygienist - Dental Hygiene Treatment Planning	Unallowable Task	No Commitment		
	Dental Hygienist - Provision of Sealants	Allowable Task	No Commitment		
	Dental Hygienist - Direct Access to Prophylaxis	Allowable Task	No Commitment		
E.3.	Short-term, limited-duration insurance (STLDI)	100 Points: STLDI plans are not restricted in the State beyond the latest federal guidance	No Commitment		
F.1.	Medicaid Payment for at Least One Form of Live Video	100 Points: Reimbursed	No Commitment		
	Medicaid Payment for Store and Forward	100 Points: Reimbursed	No Commitment		
	Medicaid Payment for Remote Patient Monitoring (RPM)	100 Points: Reimbursed	No Commitment		
	In-State Licensing Requirement Exception	100 Points: Exceptions are in place	No Commitment		
	Telehealth License/Registration Process (including special licenses)	0 Points: No registration Process in place	No Commitment		

First-Tier Entities

				Reference Columns						
Entity ID	First-Tier Entity (Subrecipient or Contractor)	Entity Type	Obligated Funds	Uncategorized Funds	Total Disbursed Funds	Unliquidated Obligations	Sum of Downstream Disbursements	Retained Disbursed Funds	Sum of Unpaid Downstream Commitments	Net Available Unliquidated Obligations
				Obligated Funds – Sum of Obligations assigned on Use of Funds tab	*Sum of Disbursed Amount assigned on Use of Funds tab*	*Column E – Column G*	*Sum of Column J across second-tier entities on Downstream Reporting tab*	*Column G – Column I*	*Sum of Column K across all downstream entities on Downstream Reporting tab*	*Column H – Column K*
1	Michigan Health & Hospital Association	Health System	$8,625,000.00	$0.00	$0.00	$8,625,000.00	$0.00	$0.00	$0.00	$8,625,000.00
2	Michigan Community Health Worker Alliance	Other Rural Healthcare Workforce Training	$250,000.00	$0.00	$0.00	$250,000.00	$0.00	$0.00	$0.00	$250,000.00
3	Access Health Inc.	Other Health IT Vendors or Health IT Consultant	$600,000.00	$0.00	$0.00	$600,000.00	$0.00	$0.00	$0.00	$600,000.00
4	American Indian Health & Family Serv of SE MI INC	Tribal Healthcare Provider	$665,877.00	$0.00	$0.00	$665,877.00	$0.00	$0.00	$0.00	$665,877.00
5	Guidehouse	Grants Management Vendor	$500,000.00	$0.00	$0.00	$500,000.00	$0.00	$0.00	$0.00	$500,000.00
6	Michigan Public Health Institute	Other Consulting/Contractor	$2,696,000.00	$0.00	$552,782.65	$2,143,217.35	$0.00	$552,782.65	$0.00	$2,143,217.35

Use of Funds

				Reference Columns						
Entity ID	First-Tier Entity (Subrecipient or Contractor)	Entity Type	Obligated Funds	Uncategorized Funds	Total Disbursed Funds	Unliquidated Obligations	Sum of Downstream Disbursements	Retained Disbursed Funds	Sum of Unpaid Downstream Commitments	Net Available Unliquidated Obligations
				Obligated Funds – Sum of Obligations assigned on Use of Funds tab	*Sum of Disbursed Amount assigned on Use of Funds tab*	*Column E – Column G*	*Sum of Column J across second-tier entities on Downstream Reporting tab*	*Column G – Column I*	*Sum of Column K across all downstream entities on Downstream Reporting tab*	*Column H – Column K*
1	Michigan Health & Hospital Association	Health System	$8,625,000.00	$0.00	$0.00	$8,625,000.00	$0.00	$0.00	$0.00	$8,625,000.00
2	Michigan Community Health Worker Alliance	Other Rural Healthcare Workforce Training	$250,000.00	$0.00	$0.00	$250,000.00	$0.00	$0.00	$0.00	$250,000.00
3	Access Health Inc.	Other Health IT Vendors or Health IT Consultant	$600,000.00	$0.00	$0.00	$600,000.00	$0.00	$0.00	$0.00	$600,000.00
4	American Indian Health & Family Serv of SE MI INC	Tribal Healthcare Provider	$665,877.00	$0.00	$0.00	$665,877.00	$0.00	$0.00	$0.00	$665,877.00
5	Guidehouse	Grants Management Vendor	$500,000.00	$0.00	$0.00	$500,000.00	$0.00	$0.00	$0.00	$500,000.00
6	Michigan Public Health Institute	Other Consulting/Contractor	$2,696,000.00	$0.00	$552,782.65	$2,143,217.35	$0.00	$552,782.65	$0.00	$2,143,217.35

Additional Information

Success Stories
Please share success stories that you want to highlight as result of your State's implementation of the RHT Program.
MDHHS advanced from program award to governance establishment, outreach to 252 organizations, 143 executed LOIs totaling $73.5M, release of seven GFOs totaling $48.7M, and a successful CMS site visit within the first seven months of implementation.

Sustainability Planning
What are the most significant updates or changes to your sustainability plan based on the past year's experiences, successes, and challenges?
Sustainability planning during the reporting period focused on establishing long-term program infrastructure, governance, and financing mechanisms that will support continuity beyond the federal funding period. MDHHS established an Advisory Council, formalized governance structures across MDHHS, MPHI, Guidehouse, Tribal Partners, and other stakeholders, and developed five-year implementation and annual work plans to support long-term program management. The State also structured investments through a combination of Letters of Intent, Grant Funding Opportunities, and Interagency Agreements designed to promote statewide reach, accountability, and long-term partnership development. Technical assistance strategies, program monitoring functions, evaluation activities, and data infrastructure planning were initiated to support continuous improvement and inform future sustainability decisions.

Rural Definition
Please provide the definition of 'rural area' that the State used to determine whether subrecipients were considered to be rural.
Michigan defines rural areas to include 75 counties that are either fully rural or partially rural counties as identified by the Federal Office of Rural Health Policy (FORHP) within the Health Resources and Services Administration (HRSA). The program prioritizes counties with high chronic disease prevalence, limited access to hospitals, primary care, OB/GYN, and behavioral health services, high Medicaid dependence, socioeconomic vulnerability, and significant rates of child poverty or aging populations.

Rural Health Transformation Program (RHTP) Annual Report

Evidence submitted as: MI_1Checkpoint0.2_Project Management Plan

Checkpoint 0.2: Submit project narrative to CMS

Checkpoint Narrative
The RHTP Project Management Plan serves as the primary tool for organizing, coordinating, and monitoring implementation across each of Michigan's four RHTP initiatives. The plan translates initiative-level goals into defined stages, projects, and milestones, providing a structured view of the work required to move each initiative from planning through implementation and completion. For each milestone, the plan identifies anticipated start and target completion dates to support sequencing, identified in the project narrative by fiscal year. Notes are included as needed to document key considerations, dependencies, decisions, risks, or other information relevant to implementation and ongoing monitoring. The plan is intended to be a living management tool and will be updated as implementation progresses, milestones are achieved, timelines or dependencies change, and additional actions are identified. Quarterly review of the plan will support progress monitoring, early identification of implementation risks or delays, coordination across RHTP initiatives, and alignment with overall program objectives and requirements.

Initiative 1: Transforming Rural Health through Partnerships

Number	Milestones/Tasks	Target Start	Target Due Date	Status	Task Owner	Notes
Stage 0	Planning					
CHW & CIE Chronic Disease Monitoring						
0.1	Hire or Assign 1 FTE Analyst.	12/31/2025	03/31/2026	Complete	Program Director	All Program & Data Monitoring Analysts started by 3/31/26.
0.2	Identify Pilot Sites.	12/31/2025	03/31/2026	Complete	Program Director	Informed by chronic disease partners.
0.3	Convene Stakeholders to Design Collaborative Framework and Workflows.	12/31/2025	03/31/2026	Complete	Program Director	Convened chronic disease stakeholders through a series of virtual meetings.
Chronic Disease & Healthy Homes Collaborative						
0.1	Establish Governance/Advisory Committees	12/31/2025	03/31/2026	Complete	Program Director	Advisory Council established April 2026.
0.2	Develop Program Guidelines	12/31/2025	03/31/2026	Complete	Program Director	Healthy Homes guidelines were refined and finalized based on CMS feedback.
0.3	Conduct Rural Needs Assessment.	12/31/2025	03/31/2026	In Progress - OnTrack	RHTP Advisory Council and Michigan Center for Rural Health (MCRH)	Assessments ongoing.
CHW Medicaid Integration & Billing Support						
0.1	Select Vendor for Resource Development.	12/31/2025	03/31/2026	Complete	Program Director	Michigan Center for Rural Health (MCRH)
Evaluation & Data Management						
0.1	Define Evaluation Framework.	12/31/2025	03/31/2026	Complete	Program Director and Evaluation Contractor	Guidehouse is the evaluation contractor.
0.2	Hire 2 Data Analysts.	12/31/2025	03/31/2026	Complete	Program Director	All Program & Data Monitoring Analysts started by 3/31/26.
0.3	Assign Program Managers.	12/31/2025	03/31/2026	Complete	Program Director	Two Program & Data Monitoring Analysts assigned to each initiative.
Stage 1	Project Preparation					
CHW & CIE Chronic Disease Monitoring						
1.1	Assign Staff.	04/01/2026	09/30/2026	Complete	Program Director	All Program & Data Monitoring Analysts started by 3/31/26.
1.2	Finalize Project Plan.	04/01/2026	09/30/2026	Complete	Program Director	

1.3	Implement Initial Workflows/ Protocols.	04/01/2026	09/30/2026	In Progress - OnTrack	Program Director	
1.4	Deliver Patient Education and Monitoring Tools.	04/01/2026	09/30/2026	Upcoming	Michigan Center for Rural Health (MCRH)	
Chronic Disease & Healthy Homes Collaborative						
1.1	Launch RFA.	04/01/2026	09/30/2026	Complete	Program Director	Closed 8/11/26.
1.2	Conduct Webinars.	04/01/2026	09/30/2026	Complete	Bureau of Grants and Purchasing (BGP)	
1.3	Provide Technical Assistance.	04/01/2026	09/30/2026	Complete	Bureau of Grants and Purchasing (BGP)	
1.4	Select Grantees.	04/01/2026	09/30/2026	In Progress - OnTrack	Program Director	Selection ongoing; informed by a robust review process.
CHW Medicaid Integration & Billing Support						
1.1	Technical Assistance for Medicaid Billing Readiness.	04/01/2026	09/30/2026	In Progress - OnTrack	Michigan Center for Rural Health (MCRH)	
1.2	Deploy Toolkit/Technology.	04/01/2026	09/30/2026	In Progress - OnTrack	Michigan Center for Rural Health (MCRH)	
Evaluation & Data Management						
1.1	Setup Data Collection Systems.	04/01/2026	09/30/2036	In Progress - OnTrack	Program Director and Evaluation Contractor	
1.2	Implementation Contracts with Hubs.	04/01/2026	09/30/2026	Complete	Grant Manager	
Stage 2	Early Implementation					
CHW & CIE Chronic Disease Monitoring						
2.1	Full Implementation of Interventions.	10/01/2026	09/30/2027	Upcoming	Partnerships Subrecipients	
2.2	Collect Interim Outcome Data.	10/01/2026	09/30/2027	Upcoming	Partnerships Subrecipients and Evaluation Contractor	
2.3	Adjust Protocols.	10/01/2026	09/30/2027	Upcoming	Evaluation Contractor	
Chronic Disease & Healthy Homes Collaborative						
2.1	Execute Grants.	10/01/2026	09/30/2027	In Progress - OnTrack	Grant Manager	This project scope has changed (reflected in the project narrative); milestones are still relevant.
2.2	Facilitate Partnerships.	10/01/2026	09/30/2027	In Progress - OnTrack	Partnerships Subrecipients	

2.3	Provide Training.	10/01/2026	09/30/2027	In Progress - OnTrack	Partnerships Subrecipients and Michigan Center for Rural Health (MCRH)	
2.4	Establish Monitoring Protocols.	10/01/2026	09/30/2027	In Progress - OnTrack	Program Director and Evaluation Contractor	
CHW Medicaid Integration & Billing Support						
2.1	Execute Agreements.	10/01/2026	09/30/2027	In Progress - OnTrack	Grant Manager	Not executed by end of reporting period, but executed before submission of annual report.
Executed agreements represent the shift of RHTP initiatives from planning and preparation into active implementation.						
2.2	Facilitate Partnerships.	10/01/2026	09/30/2027	In Progress - OnTrack	Michigan Center for Rural Health (MCRH)	
2.3	Provide Training.	10/01/2026	09/30/2027	Upcoming	Michigan Center for Rural Health (MCRH)	
2.4	Establish Monitoring.	10/01/2026	09/30/2027	Upcoming	Program Director and Evaluation Contractor	
Evaluation & Data Management						
2.1	Collect and Validated Initial Outcome Data.	10/01/2026	09/30/2027	Upcoming	Program Director or Designee	
Stage 3	Midway Implementation					
CHW & CIE Chronic Disease Monitoring						
3.1	Refine Care Models.	10/01/2027	09/30/2028	Upcoming	Project Director, Michigan Center for Rural Health (MCRH), Evaluation Contractor, and Partnerships Subrecipients	
3.2	Convene Stakeholders to Share Lessons Learned.	10/01/2027	09/30/2028	Upcoming	Michigan Center for Rural Health (MCRH)	
Chronic Disease & Healthy Homes Collaborative						
3.1	Engage CHWS for Education, Follow-up, Navigation.	10/01/2027	09/30/2028	Upcoming	Partnerships Subrecipients	
3.2	Track Outputs.	10/01/2027	09/30/2028	Upcoming	Analysts and Partnerships Subrecipients	
CHW Medicaid Integration & Billing Support						

3.1	Rural Partners Implement Billing Systems.	10/01/2027	09/30/2028	Upcoming	Partnerships Subrecipients	
3.2	Integrate Workflows.	10/01/2027	09/30/2028	Upcoming	Partnerships Subrecipients	
Evaluation & Data Management						
3.1	Midpoint Analysis.	10/01/2027	09/30/2028	Upcoming	Project Director, Michigan Center for Rural Health (MCRH), Evaluation Contractor, and Partnerships Subrecipients	
3.2	Generate Reports.	10/01/2027	09/30/2028	Upcoming	Evaluation Contractor	
3.3	Refine Data Collection.	10/01/2027	09/30/2028	Upcoming	Evaluation Contractor	
Stage 4	Preparation for Closing					
CHW & CIE Chronic Disease Monitoring						
4.1	Finalize Deliverables.	10/01/2029	09/30/2030	Upcoming	Analysts and Partnerships Subrecipients	
4.2	Ensure Pilot Site Implement Refined Models.	10/01/2029	09/30/2030	Upcoming	Project Director, Michigan Center for Rural Health (MCRH), Evaluation Contractor, and Partnerships Subrecipients	
4.3	Consolidate Training/Toolkits.	10/01/2029	09/30/2030	Upcoming	Michigan Center for Rural Health (MCRH)	
Chronic Disease & Healthy Homes Collaborative						
4.1	Analyze Health, Housing, Economic Outcomes.	10/01/2029	09/30/2030	Upcoming	Evaluation Contractor	
4.2	Adjust Interventions as Needed.	10/01/2029	09/30/2030	Upcoming	Project Director, Michigan Center for Rural Health (MCRH), Evaluation Contractor, and Partnerships Subrecipients	
CHW Medicaid Integration & Billing Support						
4.1	Midpoint Evaluation.	10/01/2029	09/30/2030	Upcoming	Evaluation Contractor	

4.2	Adjust Technical Assistance.	10/01/2029	09/30/2030	Upcoming	Michigan Center for Rural Health (MCRH)	
4.3	Finalize Billing Integration.	10/01/2029	09/30/2030	Upcoming	Partnerships Subrecipients	
Evaluation & Data Management						
4.1	Finalize Evaluation Deliverables.	10/01/2029	09/30/2030	Upcoming	Analysts and Partnershhips Subrecipients	
4.2	Summarize Lessons Learned.	10/01/2029	09/30/2030	Upcoming	Analysts and Partnershhips Subrecipients	
Stage 5	Full Implementation					
CHW & CIE Chronic Disease Monitoring						
5.1	Full Implementation.	10/01/2030	09/30/2031	Upcoming	Partnerships Subrecipients	
5.2	Report Outcomes for Hypertension, Diabetes, Cardiovascular Disease.	10/01/2030	09/30/2031	Upcoming	Partnerships Subrecipients	
Chronic Disease & Healthy Homes Collaborative						
5.1	Conduct Final Evaluation.	10/01/2030	09/30/2031	Upcoming	Evaluation Contractor	
5.2	Document Case Studies.	10/01/2030	09/30/2031	Upcoming	Evaluation Contractor	
5.3	Develop Sustainability Plans	10/01/2030	09/30/2031	Upcoming	Partnerships Subrecipients	
5.4	Share Findings.	10/01/2030	09/30/2031	Upcoming	Michigan Center for Rural Health (MCRH)	
CHW Medicaid Integration & Billing Support						
5.2	Full CHW Billing Integration.	10/01/2030	09/30/2031	Upcoming	Partnerships Subrecipients	
5.2	Measure and Document Outcomes.	10/01/2030	09/30/2031	Upcoming	Evaluation Contractor	
Evaluation & Data Management						
5.1	Complete Evaluation.	10/01/2030	09/30/2031	Upcoming	Evaluation Contractor	
5.2	Report Measurable Outcomes.	10/01/2030	09/30/2031	Upcoming	Analysts and Partnerships Subrecipients	
5.3	Document Recommendations.	10/01/2030	09/30/2031	Upcoming	Evaluation Contractor	

Initiative 2: Workforce for Wellness

Number	Milestones/Tasks	Target Start	Target Due Date	Status	Task Owner	Notes
Stage 0	Planning					
High School to Health Care Pipeline						
0.1	Partner with AHECs, schools, and rural hospitals.	12/25/2025	09/30/2026	Complete	Program Director	AHECs, schools, and rural hospitals received Letters of Intent (LOIs).
0.2	Design pipelines program.	12/25/2025	09/30/2026	In Progress - OnTrack	Program Director	Informed by workforce partners.
0.3	Execute contracts.	12/25/2025	09/30/2026	In Progress - OnTrack	Grant Manager	Not executed by end of reporting period, but executed before submission of annual report.
BSW to Clinical MSW Stipend University Led MSW Scholarship						
0.1	Hire or assign 0.5 FTE.	12/31/2025	09/30/2026	Complete	Program Director	All Program & Data Monitoring Analysts started by 3/31/26.
0.2	Develop RFP, guidelines, evaluation standards.	12/31/2025	09/30/2026	Complete	Program Director and Specialist	Closed 8/11/26.
Maternal Health Provider Recruitment & Training						
0.1	Hire or assign 1 FTE.	12/31/2025	09/30/2026	Complete	Program Director	All Program & Data Monitoring Analysts started by 3/31/26.
0.2	Collaborate with task force.	12/31/2025	09/30/2026	In Progress - OnTrack	Program Director	
LLMSW Supervision Stipend Program						
0.1	Hire or assign 0.5 FTE.	12/31/2025	09/30/2026	Complete	Program Director	All Program & Data Monitoring Analysts started by 3/31/26.
0.2	Develop program guidelines.	12/31/2025	09/30/2026	In Progress - OnTrack	Program Director	
0.3	Coordinate with universities.	12/31/2025	09/30/2026	In Progress - OnTrack	Program Director or Designee	
CHW/CP Trainings & Certification						
0.1	Develop guidelines, certification pathways, stipends.	12/31/2025	09/30/2026	In Progress - OnTrack	Michigan Community Health Worker Alliance (MiCHWA)	
0.2	Identify counties with greatest need.	12/31/2025	09/30/2026	In Progress - OnTrack	Michigan Community Health Worker Alliance (MiCHWA)	
Rural Health Dashboard						

0.1	Hire or assign 1 FTE.	12/31/2025	09/30/2026	Complete	Program Director	All Program & Data Monitoring Analysts started by 3/31/26.
0.2	Convene advisory group.	12/31/2025	09/30/2026	In Progress - OnTrack	Program Director	
0.3	Identify key metrics.	12/31/2025	09/30/2026	In Progress - OnTrack	Program Director and Evaluation Contractor	
EMS Retention & Recruitment						
0.1	Hire or assign 0.5 FTE.	12/31/2025	09/30/2031	In Progress - OnTrack	Program Director	All Program & Data Monitoring Analysts started by 3/31/26.
0.2	Develop guidelines.	12/31/2025	09/30/2031	In Progress - OnTrack	EMS Subject Matter Expert	MDHHS EMS team supported EMS subrecipient identification.
Rural Health Provider Recruitment & Retention						
0.1	Hire or assign 0.5 FTE.	12/31/2025	09/30/2027	Complete	Program Director	All Program & Data Monitoring Analysts started by 3/31/26.
Stage 1	Project Preparation					
High School to Health Care Pipeline						
1.1	Targeted outreach to rural high schools.	10/01/2026	09/30/2027	In Progress - OnTrack	Michigan Dept. of Education (MDE) and Workforce Subrecipints	
1.2	Collect baseline student interest data.	10/01/2026	09/30/2027	In Progress - OnTrack	Michigan Dept. of Education (MDE) and Workforce Subrecipints	
BSW to Clinical MSW Stipend University Led MSW Scholarship						
1.1	Issue RFP.	10/01/2026	09/30/2027	Complete	Program Director and Workforce Subject Matter Experts	Closed 8/11/26.
1.2	Select universities.	10/01/2026	09/30/2027	In Progress - OnTrack	Program Director and Workforce Subject Matter Experts	Selection ongoing; informed by a robust review process.
1.3	Execute contracts.	10/01/2026	09/30/2027	Upcoming	Grant Manager	
Executed agreements represent the shift of RHTP initiatives from planning and preparation into active implementation.						
Maternal Health Provider Recruitment & Training						

1.1	Marketing/outreach.	10/01/2026	09/30/2027	In Progress - OnTrack	Program Director and Workforce Subject Matter Experts	MDHHS Workforce subject matter experts informed workforce strategies and implementation efforts.
1.2	Leverage training pipelines.	10/01/2026	09/30/2027	In Progress - OnTrack	Program Director and Workforce Subject Matter Experts	
LLMSW Supervision Stipend Program						
1.1	Release application.	10/01/2026	09/30/2027	In Progress - OnTrack	Program Director and Workforce Subject Matter Experts	
1.2	Select first cohort.	10/01/2026	09/30/2027	In Progress - OnTrack	Program Director and Workforce Subject Matter Experts	
1.3	Orientation.	10/01/2026	09/30/2027	Upcoming	Project Director and Analysts	
CHW/CP Trainings & Certification						
1.1	Recruit cohorts.	10/01/2026	09/30/2030	Upcoming	Analysts and EMS Subject Matter Experts	
1.2	Provide trainings, exam fees, certification.	10/01/2026	09/30/2030	Upcoming	Analysts and EMS Subject Matter Experts	
1.3	Transition certified CHWs/CPs into rural employment.	10/01/2026	09/30/2030	Upcoming	Analysts and EMS Subject Matter Experts	
Rural Health Dashboard						
1.1	Conduct baseline data collection.	10/01/2026	09/30/2026	In Progress - OnTrack	Evaluation Contractor	
EMS Retention & Recruitment						
1.1	Marketing.	12/31/2025	09/30/2031	Upcoming	Program Director and EMS Subject Matter Experts	
1.2	Application period.	12/31/2025	09/30/2031	Upcoming	Program Director and EMS Subject Matter Experts	
1.3	Orientation.	12/31/2025	09/30/2031	Upcoming	Analysts and EMS Subject Matter Experts	
Rural Health Provider Recruitment & Retention						

1.1	Develop RFP.	12/31/2025	09/30/2027	Complete	Program Director and Workforce Subject Matter Experts	
1.2	Issue RFP.	12/31/2025	09/30/2027	Complete	Program Director and Workforce Subject Matter Experts	Closed 8/4/26.
1.3	Award contract.	12/31/2025	09/30/2027	In Progress - OnTrack	Grant Manager	
Stage 2	Early Implementation					
High School to Health Care Pipeline						
2.1	Implement enrichment activities (mentoring, shadowing, camps).	10/01/2027	09/30/2028	Upcoming	Michigan Dept. of Education (MDE)	
BSW to Clinical MSW Stipend University Led MSW Scholarship						
2.1	Students complete MSW coursework.	10/01/2026	09/30/2029	Upcoming	Workforce Subrecipients	
2.2	Provide rural practice exposure.	10/01/2026	09/30/2029	Upcoming	Workforce Subrecipients	
Maternal Health Provider Recruitment & Training						
2.1	Application cycle.	10/01/2027	09/30/2028	Upcoming	Program Director and Workforce Subject Matter Experts	
2.2	Execute contracts with training institutions.	10/01/2027	09/30/2028	Upcoming	Grant Manager	
2.3	Collect early progress data.	10/01/2027	09/30/2028	Upcoming	Analysts and Workforce Subrecipients	
LLMSW Supervision Stipend Program						
2.1	Supervised practice hours.	10/01/2026	09/30/2028	Upcoming	Workforce Subrecipients	
2.2	Provide stipends.	10/01/2026	09/30/2028	Upcoming	Workforce Subrecipients	
2.3	TA.	10/01/2026	09/30/2028	Upcoming	Workforce Subrecipients	
CHW/CP Trainings & Certification						
Rural Health Dashboard						
2.1	Launch dashboard.	10/01/2027	09/30/2028	Upcoming	Evaluation Contractor	
2.2	Provide partner training.	10/01/2027	09/30/2028	Upcoming	Michigan Center for Rural Health (MCRH)	

EMS Retention & Recruitment						
2.1	Post-employment tracking.	12/31/2025	09/30/2031	Upcoming	Workforce Subrecipients	
2.2	Provide TA.	12/31/2025	09/30/2031	Upcoming	Workforce Subrecipients	
Rural Health Provider Recruitment & Retention						
2.1	Provide orientation, oversee contracts, monitor progress.	10/01/2026	09/30/2031	Upcoming	Project Director, Analysts, and Grants Manager	
2.2	Technical assistance.	10/01/2026	09/30/2031	Upcoming	Michigan Center for Rural Health (MCRH)	
Stage 3	Midway Implementation					
High School to Health Care Pipeline						
3.1	Evaluate student commitment.	10/01/2027	09/30/2029	Upcoming	Michigan Dept. of Education (MDE) and Workforce Subrecipients	
3.2	Adjust programming.	10/01/2027	09/30/2029	Upcoming	Michigan Dept. of Education (MDE) and Workforce Subrecipients	
BSW to Clinical MSW Stipend University Led MSW Scholarship						
3.1	Monitor student progress.	10/01/2026	09/30/2029	Upcoming	Workforce Subrecipients	
3.2	Provide TA.	10/01/2026	09/30/2029	Upcoming	Workforce Subrecipients	
3.3	Track employment/retention outcomes.	10/01/2026	09/30/2029	Upcoming	Analysts and Workforce Subrecipients	
Maternal Health Provider Recruitment & Training						
3.1	Launch mentorship program.	10/01/2028	09/30/2029	Upcoming	Workforce Subrecipients	
3.2	Midway evaluation.	10/01/2028	09/30/2029	Upcoming	Workforce Subrecipients and Evaluation Contractor	
3.3	Provide TA.	10/01/2028	09/30/2029	Upcoming	Workforce Subrecipients	
LLMSW Supervision Stipend Program						
3.1	Midpoint evaluation.	10/01/2028	09/30/2029	Upcoming	Workforce Subrecipients and Evaluation Contractor	

CHW/CP Trainings & Certification						
Rural Health Dashboard						
3.1	Continuous assessment.	10/01/2028	09/30/2029	Upcoming	Analysts, Workforce Subrecipients, and EMS/CHW Subject Matter Experts	
3.2	Add metrics.	10/01/2028	09/30/2029	Upcoming	Program Director and Evaluation Contractor	
EMS Retention & Recruitment						
3.1	Monitor retention.	12/31/2025	09/30/2031	Upcoming	Workforce Subrecipients	
Rural Health Provider Recruitment & Retention						
Stage 4	Preparation for Closing					
High School to Health Care Pipeline						
4.1	Track post-high school student outcomes.	10/01/2027	09/30/2031	Upcoming	Michigan Dept. of Education (MDE) and Workforce Subrecipients	
BSW to Clinical MSW Stipend University Led MSW Scholarship						
4.1	Scholarship recipients graduate.	10/01/2028	09/30/2029	Upcoming	Workforce Subrecipients	
4.2	Begin rural employment.	10/01/2028	09/30/2029	Upcoming	Workforce Subrecipients	
Maternal Health Provider Recruitment & Training						
4.1	Expand professional development.	10/01/2029	09/30/2030	Upcoming	Workforce Subrecipients	
4.2	Strengthen training partnerships.	10/01/2029	09/30/2030	Upcoming	Workforce Subrecipients	
LLMSW Supervision Stipend Program						
4.1	Complete supervised hours.	10/01/2029	09/30/2030	Upcoming	Workforce Subrecipients	
4.2	Obtain LMSW licensure.	10/01/2029	09/30/2030	Upcoming	Workforce Subrecipients	
CHW/CP Trainings & Certification						
Rural Health Dashboard						
4.1	Refine dashboard.	10/01/2029	09/30/2030	Upcoming	Program Director and Evaluation Contractor	
EMS Retention & Recruitment						
Rural Health Provider Recruitment & Retention						

4.1	Interim evaluation.	10/01/2028	09/30/2029	Upcoming	Project Director, Analysts, Evaluation Contractor, and Workforce Subrecipients	
4.2	Prepare sustainability strategies.	10/01/2028	09/30/2029	Upcoming	Workforce Subrecipients	
Stage 5	Full Implementation					
High School to Health Care Pipeline						
5.1	Report on participation, postsecondary programs, rural health care employment.	10/01/2027	09/30/2031	Upcoming	Michigan Dept. of Education (MDE) and Workforce Subrecipients	
BSW to Clinical MSW Stipend University Led MSW Scholarship						
5.1	Track and report outcomes: funded students, degree completion, rural workforce retention.	10/01/2030	09/30/2031	Upcoming	Workforce Subrecipients	
Maternal Health Provider Recruitment & Training						
5.1	Track final outcomes: providers trained, retention rates, maternal health access improvements.	10/01/2030	09/30/2031	Upcoming	Workforce Subrecipients	
LLMSW Supervision Stipend Program						
5.1	Track and report licensure and retention outcomes.	10/01/2030	09/30/2031	Upcoming	Workforce Subrecipients	
CHW/CP Trainings & Certification						
5.1	Evaluate workforce impact: trained/certified CHWs/CPs, retention in rural areas.	10/01/2030	09/30/2031	Upcoming	Workforce Subrecipients and Evaluation Contractor	
Rural Health Dashboard						
5.1	Track/report usage and policy/funding impacts.	10/01/2030	09/30/2031	Upcoming	Program Director and Grants Manager	
EMS Retention & Recruitment						
Rural Health Provider Recruitment & Retention						
5.1	Track final provider recruitment/retention; report impact.	10/01/2030	09/30/2031	Upcoming	Program Director and Evaluation Contractor	

Initiative 3: Interoperability in Action

Number	Milestones/Tasks	Target Start	Target Due Date	Status	Task Owner	Notes
Stage 0	Planning					
Rural Interoperability Advisory Council						
0.1	Develop Charter.	12/31/2025	09/30/2027	In Progress - OnTrack	Program Director	
0.2	Recruit Members.	12/31/2025	09/30/2027	Upcoming	Program Director	
0.3	Conduct Needs Assessment.	12/31/2025	09/30/2027	In Progress - OnTrack	Interoperability Subrecipients	
0.4	Design Request for Proposals (RFPs).	12/31/2025	09/30/2027	In Progress - OnTrack	Program Director	
0.5	Contract Consulting Group.	12/31/2025	09/30/2027	Complete	Grants Manager	Contract executed with Michigan Public Health Institute (MPHI).
Data Integration Pilot Project						
0.1	Establish Four Pilot Cohorts of the Left-Behind Provider Types.	12/31/2025	09/30/2027	In Progress - OnTrack	Program Director, Project Director, and Analysts	
Technical Infrastructure						
0.1	Design/Deploy Rural Tech Grants.	12/31/2025	09/30/2028	In Progress - OnTrack	Project Director and Dept. of Labor and Economic Opportunity (LEO)	
0.2	Select 25 Rural Sites.	12/31/2025	09/30/2028	In Progress - OnTrack	Project Director and Dept. of Labor and Economic Opportunity (LEO)	
0.3	Telehealth/Secure Messaging Platforms.	12/31/2025	09/30/2028	Upcoming	Interoperability Subrecipients	
0.4	Establish TA/Training Sessions.	12/31/2025	09/30/2028	Upcoming	Interoperability Subrecipients	
Technology & Transportation Connection						
0.1	Design/Launch Grants.	12/31/2025	09/30/2027	In Progress - OnTrack	Project Director and Dept. of Labor and Economic Opportunity (LEO)	
0.2	Establish Contracts.	12/31/2025	09/30/2027	In Progress - OnTrack	Dept. of Labor and Economic Opportunity (LEO)	
Executed agreements represent the shift of RHTP initiatives from planning and preparation into active implementation.						
0.3	Develop Workplans.	12/31/2025	09/30/2027	In Progress - OnTrack	Interoperability Subrecipients	

0.4	Establish Evaluation Metrics.	12/31/2025	09/30/2027	In Progress - OnTrack	Project Director, Analysts, Evaluation Contractor, and Interoperability Subrecipients	
0.5	Collect Baseline Data.	12/31/2025	09/30/2027	In Progress - OnTrack	Interoperability Subrecipients	
Rural Resource Directory Investments						
0.1	Release 2-1-1 Contract.	12/31/2025	09/30/2027	In Progress - OnTrack	Program Director	
0.2	Develop Staffing/Workplans.	12/31/2025	09/30/2027	In Progress - OnTrack	Interoperability Subrecipients	
0.3	Pilot Rural Resource Centers.	12/31/2025	09/30/2027	Upcoming	Interoperability Subrecipients	
Evaluation & Data Management						
0.1	Hire or Assign 1 FTE.	N/A	N/A	Not Yet Started	Program Director or Designee	Eliminated through state clarification process.
0.2	Select Contracts with Evaluation Consultants.	N/A	N/A	Not Yet Started	Program Director or Designee	
0.3	Design Framework.	N/A	N/A	Not Yet Started	Program Director or Designee	
0.4	Establish Evaluation Metrics.	N/A	N/A	Not Yet Started	Program Director or Designee	
0.5	Implement TA/Training Contracts.	N/A	N/A	Not Yet Started	Program Director or Designee	
Stage 1	Project Preparation					
Rural Interoperability Advisory Council						
1.1	Conduct Meetings.	10/01/2026	09/30/2028	Upcoming	Program Director	
1.2	Support Pilots.	10/01/2026	09/30/2028	Upcoming	Interoperability Subrecipients	
1.3	Provide Governance.	10/01/2026	09/30/2028	Upcoming	Program Director, Interoperability Advisory Council Chairs	
1.4	Deliver First Annual Report.	10/01/2026	09/30/2028	Upcoming	Interoperability Subrecipients	
Data Integration Pilot Project						
1.1	Launch Phase 1 Integration in 50% of Sites.	10/01/2026	09/30/2028	Upcoming	Interoperability Subrecipients	
Technical Infrastructure						
1.1	Expand Rural Tech Grants.	10/01/2026	09/30/2029	Upcoming	Dept. of Labor and Economic Opportunity (LEO)	

1.2	Implement TA/Training.	10/01/2026	09/30/2029	Upcoming	Dept. of Labor and Economic Opportunity (LEO)	
1.3	Expand Platform to Additional Sites.	10/01/2026	09/30/2029	Upcoming	Interoperability Subrecipients	
Technology & Transportation Connection						
1.1	Release Funding.	10/01/2026	09/30/2028	Upcoming	Dept. of Labor and Economic Opportunity (LEO)	
1.2	Implement TA/Training.	10/01/2026	09/30/2028	Upcoming	Dept. of Labor and Economic Opportunity (LEO)	
1.3	Monitor Data Collection.	10/01/2026	09/30/2028	Upcoming	Dept. of Labor and Economic Opportunity (LEO)	
Rural Resource Directory Investments						
1.1	Expand Provider Networks.	10/01/2026	09/30/2028	Upcoming	Interoperability Subrecipients	
1.2	Provide TA.	10/01/2026	09/30/2028	Upcoming	Interoperability Subrecipients	
1.3	Ongoing Monitoring.	10/01/2026	09/30/2028	Upcoming	Project Director and Analysts	
Evaluation & Data Management						
1.1	Impement Evaluation.	N/A	N/A	Not Yet Started	Program Director or Designee	Eliminated through state clarification process.
1.2	Condust Baseline Monitoring.	N/A	N/A	Not Yet Started	Program Director or Designee	
1.3	Year 1 Summit.	N/A	N/A	Not Yet Started	Program Director or Designee	
Stage 2	Early Implementation					
Rural Interoperability Advisory Council						
2.1	Implement Council.	10/01/2027	09/30/2028	Upcoming	Program Director	
2.2	Draft Standards.	10/01/2027	09/30/2028	Upcoming	Interoperability Advisory Council	
2.3	Support 3 Pilot Regions.	10/01/2027	09/30/2028	Upcoming	Interoperability Subrecipients	
2.4	Gather Feedback.	10/01/2027	09/30/2028	Upcoming	Evaluation Contractor	
Data Integration Pilot Project						
2.1	Implement in 100% of Sites.	10/01/2027	09/30/2029	Upcoming	Interoperability Subrecipients	
2.2	Provide Technical Assistance.	10/01/2027	09/30/2029	Upcoming	Interoperability Subrecipients	

Technical Infrastructure						
2.1	Baseline Measurement.	10/01/2027	09/30/2030	Upcoming	Interoperability Subrecipients	
2.2	Midpoint Analysis.	10/01/2027	09/30/2030	Upcoming	Interoperability Subrecipients	
2.3	Report to Advisory Council.	10/01/2027	09/30/2030	Upcoming	Interoperability Subrecipients	
Technology & Transportation Connection						
2.1	Establish Additional Cohorts.	10/01/2027	09/30/2030	Upcoming	Dept. of Labor and Economic Opportunity (LEO)	
2.2	Provide Ongoing Training/TA.	10/01/2027	09/30/2030	Upcoming	Interoperability Subrecipients	
2.3	Oversee Contracts.	10/01/2027	09/30/2030	Upcoming	Analysts and Grants Manager	
Rural Resource Directory Investments						
2.1	TA for Rural Community-Based Organizations (CBOs).	10/01/2027	09/30/2030	Upcoming	Interoperability Subrecipients	
2.2	Stage 2 Monitoring/Data Collection.	10/01/2027	09/30/2030	Upcoming	Interoperability Subrecipients and Evaluation Contractor	
Evaluation & Data Management						
2.1	Stage 2 Monitoring.	N/A	N/A	Not Yet Started	Program Director or Designee	Eliminated through state clarification process.
2.2	Adjust Scaling.	N/A	N/A	Not Yet Started	Program Director or Designee	
2.3	Year 2 Summit.	N/A	N/A	Not Yet Started	Program Director or Designee	
Stage 3	Midway Implementation					
Rural Interoperability Advisory Council						
3.1	Maintain Governance.	10/01/2028	09/30/2031	Upcoming	Program Director	
3.2	Finalize Standards.	10/01/2028	09/30/2031	Upcoming	Interoperability Advisory Council	
3.3	Support 3 Rural Pilot Regions.	10/01/2028	09/30/2031	Upcoming	Interoperability Subrecipients	
3.4	Gather Feedback.	10/01/2028	09/30/2031	Upcoming	Evaluation Contractor	
Data Integration Pilot Project						
3.1	Ongoing Data Collection, Training and Support.	10/01/2028	09/30/2031	Upcoming	Interoperability Subrecipients	
Technical Infrastructure						

3.1	Ongoing Evaluation.	10/01/2028	09/30/2031	Upcoming	Interoperability Subrecipients and Evaluation Contractor	
3.2	Adjust for Quality Improvement.	10/01/2028	09/30/2031	Upcoming	Interoperability Subrecipients and Evaluation Contractor	
3.3	Final Report and Sustainability Plan.	10/01/2028	09/30/2031	Upcoming	Interoperability Subrecipients and Evaluation Contractor	
Technology & Transportation Connection						
3.1	Monitor Service Delivery.	10/01/2026	09/30/2031	Upcoming	Dept. of Labor and Economic Opportunity (LEO)	
3.2	Midpoint Reports.	10/01/2026	09/30/2031	Upcoming	Dept. of Labor and Economic Opportunity (LEO)	
3.3	Develop Sustainability Strategies.	10/01/2026	09/30/2031	Upcoming	Dept. of Labor and Economic Opportunity (LEO)	
Rural Resource Directory Investments						
3.1	Onboard Additional CBOs.	10/01/2028	09/30/2031	Upcoming	Interoperability Subrecipients	
3.2	Midpoint Analysis.	10/01/2028	09/30/2031	Upcoming	Interoperability Subrecipients	
3.3	Adjust Data Collection.	10/01/2028	09/30/2031	Upcoming	Interoperability Subrecipients	
Evaluation & Data Management						
3.1	Midpoint Analysis.	N/A	N/A	Not Yet Started	Program Director or Designee	Eliminated through state clarification process.
3.2	Year 3 Summit.	N/A	N/A	Not Yet Started	Program Director or Designee	
Stage 4	Preparation for Closing					
Rural Interoperability Advisory Council						
4.1	Continue Governance.	10/01/2029	09/30/2030	Upcoming	Program Director	Combine with exisiting, MCRH and/or HIMSS
4.2	Hold Year 3 Summit.	10/01/2029	09/30/2030	Upcoming	Michigan Center for Rural Health (MCRH)	
Data Integration Pilot Project						
4.1	Evaluate and Adjust Workplans.	10/01/2028	09/30/2031	Upcoming	Project Director, Analysts, and	

					Interoperability Subrecipients	
Technical Infrastructure						
4.1	Ongoing Evaluation.	10/01/2028	09/30/2031	Upcoming	Interoperability Subrecipients	
4.2	Adjust for Quality Improvement.	10/01/2028	09/30/2031	Upcoming	Interoperability Subrecipients	
4.3	Final Report and Sustainability Plan.	10/01/2028	09/30/2031	Upcoming	Interoperability Subrecipients	
Technology & Transportation Connection						
4.1	Finalize Analysis.	10/01/2029	09/30/2031	Upcoming	Dept. of Labor and Economic Opportunity (LEO)	
4.2	Implement Sustainability.	10/01/2029	09/30/2031	Upcoming	Dept. of Labor and Economic Opportunity (LEO)	
4.3	Report Final Outcomes.	10/01/2029	09/30/2031	Upcoming	Dept. of Labor and Economic Opportunity (LEO)	
Rural Resource Directory Investments						
4.1	Finalize Resource Directory.	10/01/2030	09/30/2031	Upcoming	Interoperability Subrecipients	
4.2	Report Final Findings.	10/01/2030	09/30/2031	Upcoming	Interoperability Subrecipients	
Evaluation & Data Management						
4.1	Final Evaluation Deliverables.	N/A	N/A	Not Yet Started	Program Director or Designee	Eliminated through state clarification process.
4.2	Year 4 Summit.	N/A	N/A	Not Yet Started	Program Director or Designee	
Stage 5	Full Implementation					
Rural Interoperability Advisory Council						
5.1	Full Integration.	10/01/2030	09/30/2031	Upcoming	Interoperability Advisory Council	
5.2	Produce Final Outcomes Report.	10/01/2030	09/30/2031	Upcoming	Interoperability Subrecipients and Evaluation Contractor	
Data Integration Pilot Project						
5.1	Evaluate and Adjust Workplans.	10/01/2027	09/30/2031	Upcoming	Interoperability Subrecipients and Evaluation Contractor	
Technical Infrastructure						

5.1	Ongoing Evaluation.	10/01/2028	09/30/2031	Upcoming	Interoperability Subrecipients and Evaluation Contractor	
5.2	Adjust for Quality Improvement.	10/01/2028	09/30/2031	Upcoming	Interoperability Subrecipients and Evaluation Contractor	
5.3	Final Report and Sustainability Plan.	10/01/2028	09/30/2031	Upcoming	Interoperability Subrecipients and Evaluation Contractor	
Technology & Transportation Connection						
5.1	Finalize Analysis.	10/01/2029	09/30/2031	Upcoming	Dept. of Labor and Economic Opportunity (LEO)	
5.2	Implement Sustainability.	10/01/2029	09/30/2031	Upcoming	Dept. of Labor and Economic Opportunity (LEO)	
5.3	Report Final Outcomes.	10/01/2029	09/30/2031	Upcoming	Dept. of Labor and Economic Opportunity (LEO)	
Rural Resource Directory Investments						
5.1	Finalize Resource Directory.	10/01/2030	09/30/2031	Upcoming	Interoperability Subrecipients	
5.2	Report Final Findings	10/01/2030	09/30/2031	Upcoming	Interoperability Subrecipients	
Evaluation & Data Management						
5.1	Full Evaluation Completed.	N/A	N/A	Not Yet Started	Program Director or Designee	Eliminated through state clarification process.
5.2	Measurable Outcomes.	N/A	N/A	Not Yet Started	Program Director or Designee	
5.3	Final Report.	N/A	N/A	Not Yet Started	Program Director or Designee	

Initiative 4: Care Closer to Home Blueprint

Number	Milestones/Tasks	Target Start	Target Due Date	Status	Task Owner	Notes
Stage 0	Planning					
Rural Health Care Delivery Hub						
0.1	Award received.	12/31/2025	09/30/2026	In Progress - OnTrack	Program Director and Care Closer to Home Subrecipients	Not awarded by end of reporting period, but awarded before submission of annual report.
0.2	Right-size blueprint.	12/31/2025	09/30/2026	In Progress - OnTrack	Care Closer to Home Subrecipients	
Improving Care Delivery & Access						
0.1	Award received.	12/31/2025	09/30/2026	Complete	Program Director and Care Closer to Home Subrecipients	
0.2	Right-size blueprint.	12/31/2025	09/30/2026	Complete	Care Closer to Home Subrecipients	
Advancing Rural Behavioral Health						
0.1	Award received.	12/31/2025	09/30/2026	Complete	Program Director and Care Closer to Home Subrecipients	
0.2	Right-size blueprint.	12/31/2025	09/30/2026	Complete	Care Closer to Home Subrecipients	
Promoting Healthy Aging in Rural Communities						
0.1	Award received.	12/31/2025	09/30/2026	Complete	Program Director and Care Closer to Home Subrecipients	
0.2	Right-size blueprint.	12/31/2025	09/30/2026	Complete	Program Director and Care Closer to Home Subrecipients	
Executed agreements represent the shift of RHTP initiatives from planning and preparation into active implementation.						
Stage 1	Project Preparation					
Rural Health Care Delivery Hub						
1.1	Staff assignment.	12/31/2025	09/30/2026	Complete	Program Director	All Program & Data Monitoring Analysts started by 3/31/26.
1.2	Project plan.	12/31/2025	09/30/2026	Complete	Project Director, Analysts, and Care Closer to Home Subject Matter Experts	

1.3	Grant application development.	12/31/2025	09/30/2026	Complete	Program Director, Grants Manager, and Care Closer to Home Subject Matter Experts	
Improving Care Delivery & Access						
1.1	Staff assignment.	12/31/2025	09/30/2026	Complete	Program Director	All Program & Data Monitoring Analysts started by 3/31/26.
1.2	Project plan.	12/31/2025	09/30/2026	Complete	Project Director, Analysts, and Care Closer to Home Subject Matter Experts	
1.3	Grant application development.	12/31/2025	09/30/2026	Complete	Program Director, Grants Manager, and Care Closer to Home Subject Matter Experts	
Advancing Rural Behavioral Health						
1.1	Staff assignment.	12/31/2025	09/30/2027	In Progress - OnTrack	Program Director	
1.2	Project plan.	12/31/2025	09/30/2027	In Progress - OnTrack	Project Director, Analysts, and Care Closer to Home Subject Matter Experts	
1.3	Sub-initative preparation.	12/31/2025	09/30/2027	In Progress - OnTrack	Project Director, Analysts, and Care Closer to Home Subject Matter Experts	
Promoting Healthy Aging in Rural Communities						
1.1	Staff assignment.	12/31/2025	09/30/2026	Complete	Program Director	
1.2	Project plan.	12/31/2025	09/30/2026	Complete	Project Director, Analysts, and Care Closer to Home Subject Matter Experts	
1.3	Grant application development.	12/31/2025	09/30/2026	Complete	Program Director, Grants Manager, and Care Closer to Home Subject Matter Experts	

Stage 2	Early Implementation					
Rural Health Care Delivery Hub						
2.1	Final review.	12/31/2025	09/30/2026	In Progress - OnTrack	Project Director, Analysts, and Care Closer to Home Subject Matter Experts	
2.2	Post application.	12/31/2025	09/30/2026	In Progress - OnTrack	Project Director, Analysts, and Care Closer to Home Subject Matter Experts	
2.3	Provide TA.	12/31/2025	09/30/2026	Upcoming	Care Closer to Home Subrecipients	
2.4	Select awardees.	12/31/2025	09/30/2026	Upcoming	Program Director, Grants Manager, and Care Closer to Home Subject Matter Experts	
Improving Care Delivery & Access						
2.1	Final review.	12/31/2025	09/30/2027	In Progress - OnTrack	Project Director, Analysts, and Care Closer to Home Subject Matter Experts	
2.2	Post application.	12/31/2025	09/30/2027	In Progress - OnTrack	Project Director, Analysts, and Care Closer to Home Subject Matter Experts	
2.3	Provide TA.	12/31/2025	09/30/2027	Upcoming	Care Closer to Home Subrecipients	
2.4	Select awardees.	12/31/2025	09/30/2027	Upcoming	Program Director, Grants Manager, and Care Closer to Home Subject Matter Experts	
Advancing Rural Behavioral Health						
2.1	Post application.	10/01/2026	09/30/2027	In Progress - OnTrack	Project Director, Analysts, and Care Closer to Home Subject Matter Experts	

2.2	Readiness reviews.	10/01/2026	09/30/2027	In Progress - OnTrack	Project Director, Analysts, and Care Closer to Home Subject Matter Experts	
2.3	Awardees selection.	10/01/2026	09/30/2027	Upcoming	Program Director, Grants Manager, and Care Closer to Home Subject Matter Experts	
2.4	Intiate programs.	10/01/2026	09/30/2027	Upcoming	Care Closer to Home Subrecipients	
Promoting Healthy Aging in Rural Communities						
2.1	Final review.	12/31/2025	09/30/2027	In Progress - OnTrack	Project Director, Analysts, and Care Closer to Home Subject Matter Experts	
2.2	Post application.	12/31/2025	09/30/2027	In Progress - OnTrack	Project Director, Analysts, and Care Closer to Home Subject Matter Experts	
2.3	Provide TA.	12/31/2025	09/30/2027	Upcoming	Care Closer to Home Subrecipients	
2.4	Select awardees.	12/31/2025	09/30/2027	Upcoming	Program Director, Grants Manager, and Care Closer to Home Subject Matter Experts	
Stage 3	Midway Implementation					
Rural Health Care Delivery Hub						
3.1	Awardees receive funding.	12/31/2025	09/30/2028	Upcoming	Care Closer to Home Subrecipients	
3.2	Implement hub & spoke model.	12/31/2025	09/30/2028	Upcoming	Care Closer to Home Subrecipients	
3.2	Telehealth established.	12/31/2025	09/30/2028	Upcoming	Care Closer to Home Subrecipients	
Improving Care Delivery & Access						
3.1	Implement transport networks.	10/01/2026	09/30/2029	Upcoming	Care Closer to Home Subrecipients	
3.2	Routinely move patients.	10/01/2026	09/30/2029	Upcoming	Care Closer to Home Subrecipients	
Advancing Rural Behavioral Health						

3.1	Awardees begin providing services.	10/01/2026	09/30/2028	Upcoming	Care Closer to Home Subrecipients	
3.2	Mobile unit routes established.	10/01/2026	09/30/2028	Upcoming	Care Closer to Home Subrecipients	
Promoting Healthy Aging in Rural Communities						
3.1	Awardees begin project planning.	10/01/2026	09/30/2028	Upcoming	Care Closer to Home Subrecipients	
3.2	Provide community services.	10/01/2026	09/30/2028	Upcoming	Care Closer to Home Subrecipients	
Stage 4	Preparation for Closing					
Rural Health Care Delivery Hub						
4.1	Fully built hubs.	01/01/2028	09/30/2030	Upcoming	Care Closer to Home Subrecipients	
4.2	Routine patient care at home/community.	10/01/2028	09/30/2030	Upcoming	Care Closer to Home Subrecipients	
4.3	Telehealth operational.	10/01/2028	09/30/2030	Upcoming	Care Closer to Home Subrecipients	
Improving Care Delivery & Access						
4.1	Fully built networks.	10/01/2028	09/30/2030	Upcoming	Care Closer to Home Subrecipients	
4.2	Reliable transporation.	10/01/2028	09/30/2030	Upcoming	Care Closer to Home Subrecipients	
Advancing Rural Behavioral Health						
4.1	Fully built programs.	10/01/2027	09/30/2030	Upcoming	Care Closer to Home Subrecipients	
4.2	Routine community services.	10/01/2027	09/30/2030	Upcoming	Care Closer to Home Subrecipients	
Promoting Healthy Aging in Rural Communities						
4.1	Fully built programs.	10/01/2027	09/30/2029	Upcoming	Care Closer to Home Subrecipients	
4.2	Routine home/community care.	10/01/2027	09/30/2029	Upcoming	Care Closer to Home Subrecipients	
Stage 5	Full Implementation					
Rural Health Care Delivery Hub						
5.1	Model fully mature.	10/01/2029	09/30/2031	Upcoming	Care Closer to Home Subrecipients	
5.2	High patient satisfaction.	10/01/2029	09/30/2031	Upcoming	Care Closer to Home Subrecipients and Evaluation Contractor	
5.3	Sustainability plans in place.	10/01/2029	09/30/2031	Upcoming	Care Closer to Home Subrecipients	
Improving Care Delivery & Access						

5.1	Transportation through networks.	10/01/2029	09/30/2031	Upcoming	Care Closer to Home Subrecipients	
5.2	Sustainability plans implemented.	10/01/2029	09/30/2031	Upcoming	Care Closer to Home Subrecipients	
Advancing Rural Behavioral Health						
5.1	Programs fullt mature.	10/01/2029	09/30/2031	Upcoming	Care Closer to Home Subrecipients	
5.2	Sustainability plans implemented.	10/01/2029	09/30/2031	Upcoming	Care Closer to Home Subrecipients	
Promoting Healthy Aging in Rural Communities						
5.1	Programs fully mature.	10/01/2029	09/30/2031	Upcoming	Care Closer to Home Subrecipients	
5.2	Sustainability plans implemented.	10/01/2029	09/30/2031	Upcoming	Care Closer to Home Subrecipients	

MICHIGAN
RURAL HEALTH TRANSFORMATION

Annual Report

Year 1

Checkpoint Evidence

Checkpoint	Evidence	Page
0.1: Establish governance	Michigan's RHT Program Org Chart	3
	RHT Program Team Org Chart	4
	Advisory Council Overview	6
	Cross-Dept. Coordination Team Overview	7
0.2: Submit project plan to CMS	Project plan narrative	9
1.1: CMS approval of project plan	Email approval	10
1.2: Launch initiative	Executed contracts for each initiative: • Transforming Rural Health Partnerships • Workforce for Wellness • Interoperability in Action • Care Closer to Home Blueprint Initiative • Tribal Government	12

CHECKPOINT
0.1

Checkpoint 0.1: Establish governance

Page 3 RHT Program Org Chart

This org chart shows the overall governance structure of Michigan's Rural Health Transformation (RHT) Program. The first section includes the entities providing program oversight, including the **Michigan Department of Health & Human Services (MDHHS)** and the **Bureau of Policy & Planning**, where the RHT Program Team is organized within; other **State of Michigan agencies**, supporting grant administration and program implementation; the **RHT Program Advisory Council**, providing strategic guidance; and the **Cross-Departmental Coordination Team**, ensuring statewide alignment. State of Michigan entities are denoted by solid, dark blue boxes, while external partners (i.e., the Advisory Council) are denoted by a white box with a dark blue outline.

The second section includes Michigan's 200+ **subrecipients**, organizations that receive funding from MDHHS to implement approved RHTP activities, including community-based organizations (CBOs) and consortiums, local health departments, tribal governments, and other eligible rural health partners. Within this section, **three intermediary subrecipients** are displayed as examples; these intermediaries operate at the same subrecipient level in relation to MDHHS; however, their scope of responsibility includes an additional intermediary function. In this capacity, the organization serves as the administrative and fiscal link between MDHHS and its designated sub-subrecipients and provides additional technical assistance and implementation support based on its subject-matter expertise and the needs of participating organizations.

The third section represents more than 150 **sub-subrecipients** that receive sub-subawards through intermediary subrecipients and are supported by those intermediaries throughout implementation.

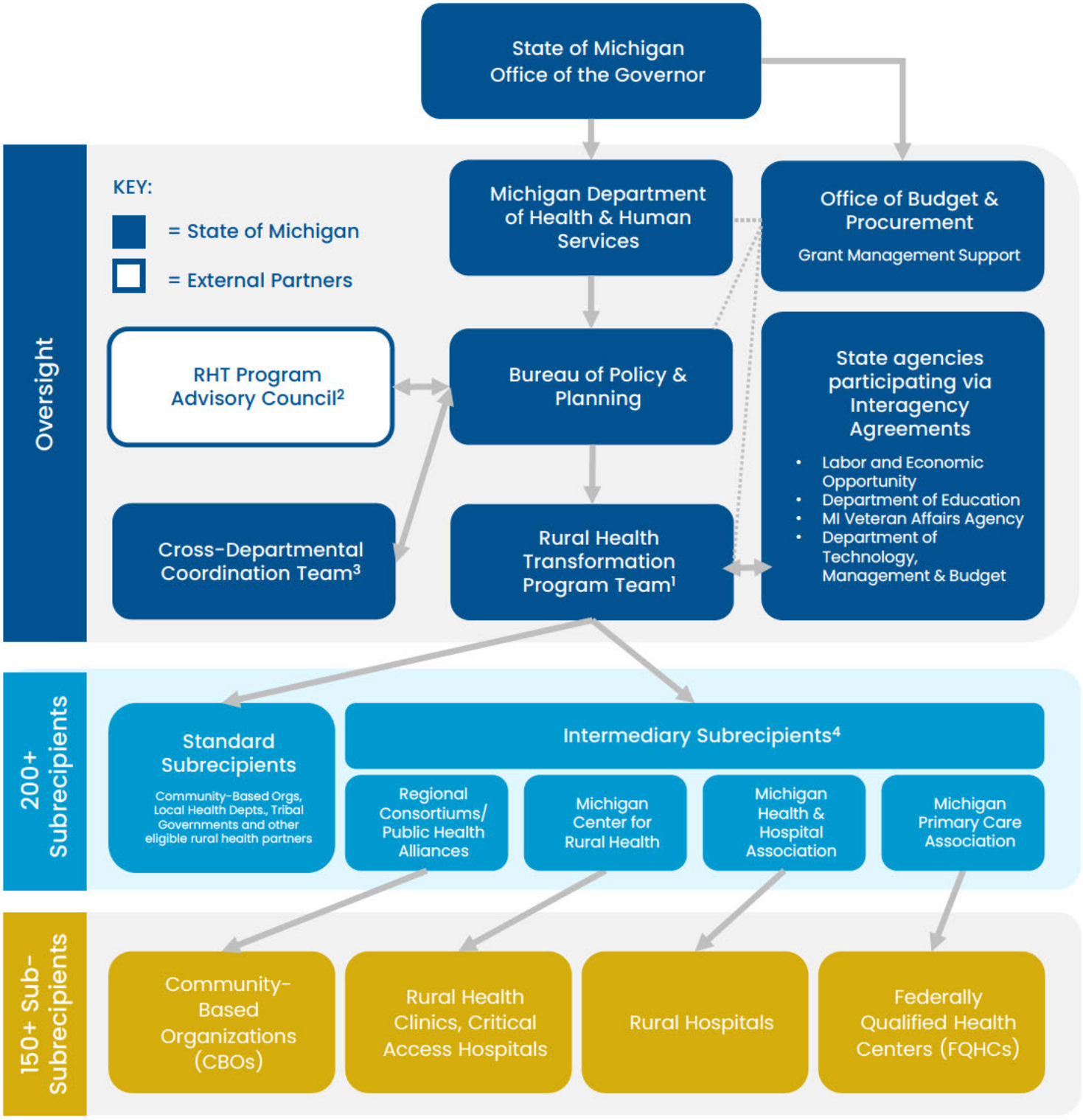
Page 4 RHT Program Team Org Chart

This org chart shows the RHT Team, organized within MDHHS' Bureau of Policy and Planning, that is responsible for RHT Program administration. The Program Director and Project Director are situated within the 'Leadership' section, with specific positions and position descriptions outlined.

There are two Program & Data Monitoring Analysts assigned to each of Michigan's four RHTP initiatives, while the Grant Administrator and Quality Assurance (QA) Unit provide support across all initiatives.

MICHIGAN
RURAL HEALTH TRANSFORMATION

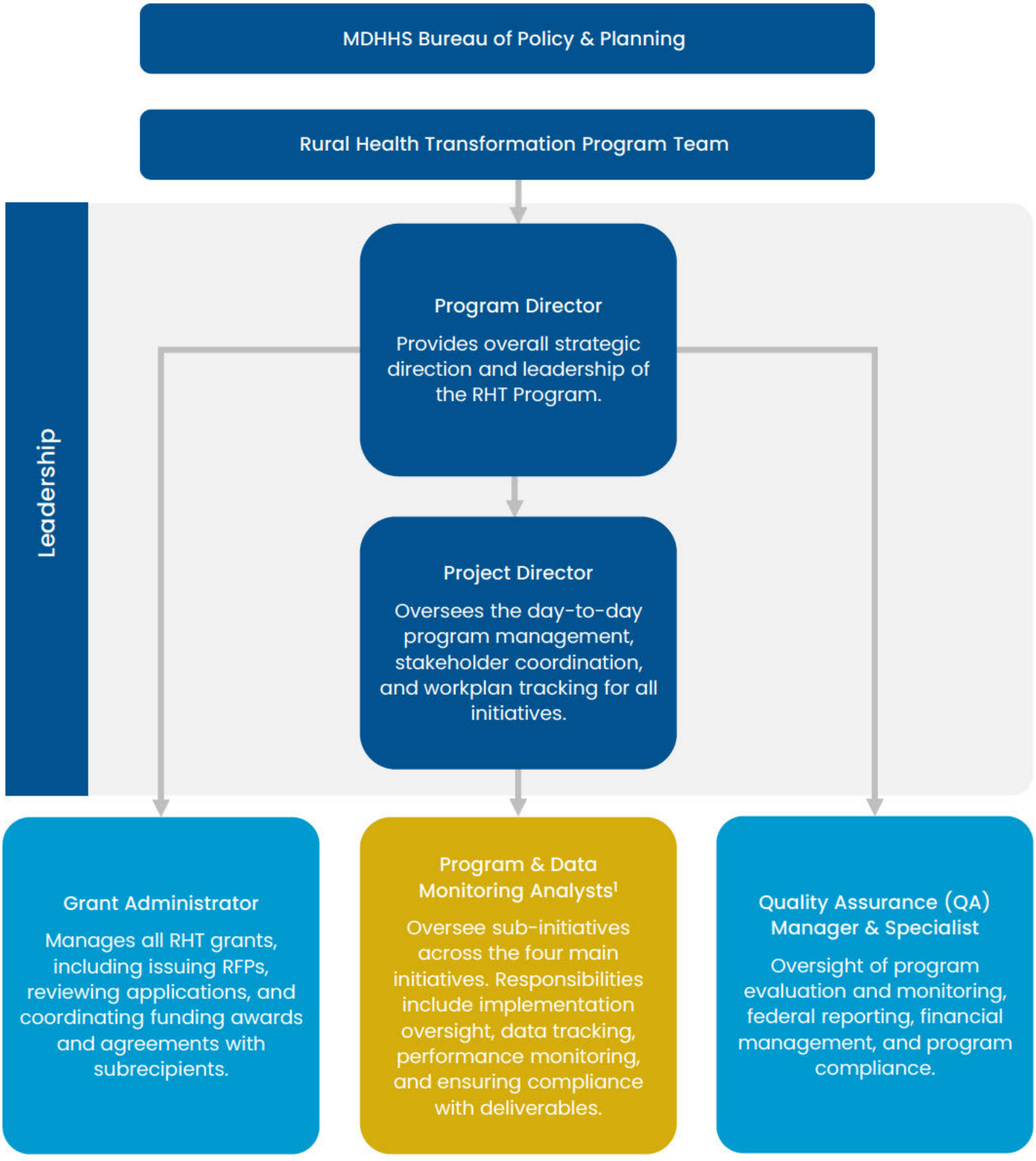
Governance Structure: RHT Program Org Chart



1 – Please see supplemental org chart for the RHT Program Team.
2 – Please see supplemental information on the role and membership of the Advisory Council.
3 – Please see supplemental information on the role and membership of this team.
4 – Intermediary subrecipients administer sub-subawards and oversee cohorts of sub-subrecipients. Most subrecipients are "standard subrecipients" and implement their own projects and do not make sub-subawards.

MICHIGAN
RURAL HEALTH TRANSFORMATION

Governance Structure: RHT Program Team



1 – Includes two Analysts overseeing each of Michigan's RHT Program initiatives.

CHECKPOINT
0.1

Checkpoint 0.1: Establish governance

Page 6 RHT Program Advisory Council Overview

This page provides an overview of the RHT Program Advisory Council, including its purpose and membership. Additional evidentiary materials are available for review by request, including:

- Press release seeking Advisory Council applications (published January 13, 2026)
- April 2026 RHT Program newsletter announcing the Advisory Council seating
- Advisory Council Charter
- Roster, including specific names and titles
- Meeting materials, including agendas, presentation slides, and meeting notes from meetings in April and June 2026

Page 7 Cross-Departmental Coordination Team Overview

This page provides an overview of the Cross-Departmental Coordination Team, including its purpose and representation. Additional evidentiary materials are available for review by request, including:

- Meeting materials, including agendas, presentation slides, and meeting notes

RHT Program Advisory Council Overview

Purpose

An RHT Program Advisory Council has been established to:

- Support the development and implementation of an engagement strategy to strengthen collaboration with rural health partners, community leaders, and residents throughout the program lifecycle.
- Provide insight and feedback to improve partner participation during implementation and evaluation, ensuring that community and stakeholder perspectives inform ongoing refinement of initiatives.
- Offer actionable recommendations to MDHHS to inform strategic direction and policy decisions across the Rural Health Transformation initiatives.
- Serve as a bridge between state leadership, local stakeholders, and rural communities to ensure transparent communication and shared understanding of program priorities and outcomes.

RHTP Advisory Council members provide information, recommendations, and strategic guidance to the Michigan Department of Health and Human Services (MDHHS) on the design, implementation, and continuous improvement of the RHT Program. The Advisory Council also provides input on issues affecting rural health and health care delivery across Michigan. While the Advisory Council offers valuable expertise and recommendations, it does not have decision-making authority regarding the administration of the program.

Advisory Council members were selected through a structured, rubric-driven process to ensure transparency, objectivity, and alignment with rural health priorities.

Membership

Advisory Council members represent rural partner organizations across the state, including the Bay Mills Health Center, Central & Western Area Health Education Center/Central Michigan University, Community Mental Health Association (CMHA), Indian Health Service/University of Michigan College of Pharmacy, Kalkaska Memorial Health Center, Michigan Association of Ambulance Services, Michigan Center for Rural Health, Michigan Health Information Network (MiHIN), Michigan Health & Hospital Association (MHA), Michigan Primary Care Association (MPCA), Michigan State University College of Human Medicine, Boyne Area Medical Center (affiliated with Munson Healthcare Charlevoix Hospital), Northern Michigan Community Health Innovation Region/District Health Department #10, Northern Michigan University, Northwest Michigan Health Services, Inc., PACE Association of Michigan, ProMedica, Saginaw Valley State University, Sanilac County Community Mental Health Authority, Schoolcraft Memorial Hospital, Superior Health Foundation, and Upper Peninsula Health Care Solutions.

Cross-Departmental Coordination Team Overview

Purpose

The purpose of the Cross-Departmental Coordination Team is to:

- Facilitate coordinated planning, implementation, and monitoring across MDHHS divisions.
- Integrate findings, feedback, and recommendations from RHT workgroups, rural partners, and advisory bodies.
- Support transparent communication and accountability to the MDHHS Executive Team and the RHT Program Advisory Committee.
- Advance progress across the four overarching RHT initiatives through shared leadership, resources, and data.

Representation

The CDCT will include representatives from MDHHS bureaus and divisions whose program areas are included in the RHT Program Proposal or align with the program's scope, along with partner agencies such as the:

- Michigan Department of Labor and Economic Opportunity (LEO)
- Division of Community Action and Economic Opportunity
- Financial Operations Administration
- Bureau of Emergency Preparedness, EMS, and Systems of Care
- Division of Tribal Government Services & Policy
- Bureau of Children's Coordinated Health Policy & Supports
- Public Health Administration
- Medicaid Operations
- Health Services, Policy and Strategic Engagement Bureau
- Health Access and Innovation Division
- Office of Michigan Transformation, Engagement, and Community Health

CHECKPOINT
0.2

Checkpoint 0.2: Submit project plan to CMS

Project Plan

The RHTP Project Management Plan serves as the primary tool for organizing, coordinating, and monitoring implementation across each of Michigan's four RHTP initiatives. The plan translates initiative-level goals into defined stages, projects, and milestones, providing a structured view of the work required to move each initiative from planning through implementation and completion.

For each milestone, the plan identifies anticipated start and target completion dates to support sequencing, identified in the project narrative by fiscal year. Notes are included as needed to document key considerations, dependencies, decisions, risks, or other information relevant to implementation and ongoing monitoring.

The plan is intended to be a living management tool and will be updated as implementation progresses, milestones are achieved, timelines or dependencies change, and additional actions are identified. Quarterly review of the plan will support progress monitoring, early identification of implementation risks or delays, coordination across RHTP initiatives, and alignment with overall program objectives and requirements.

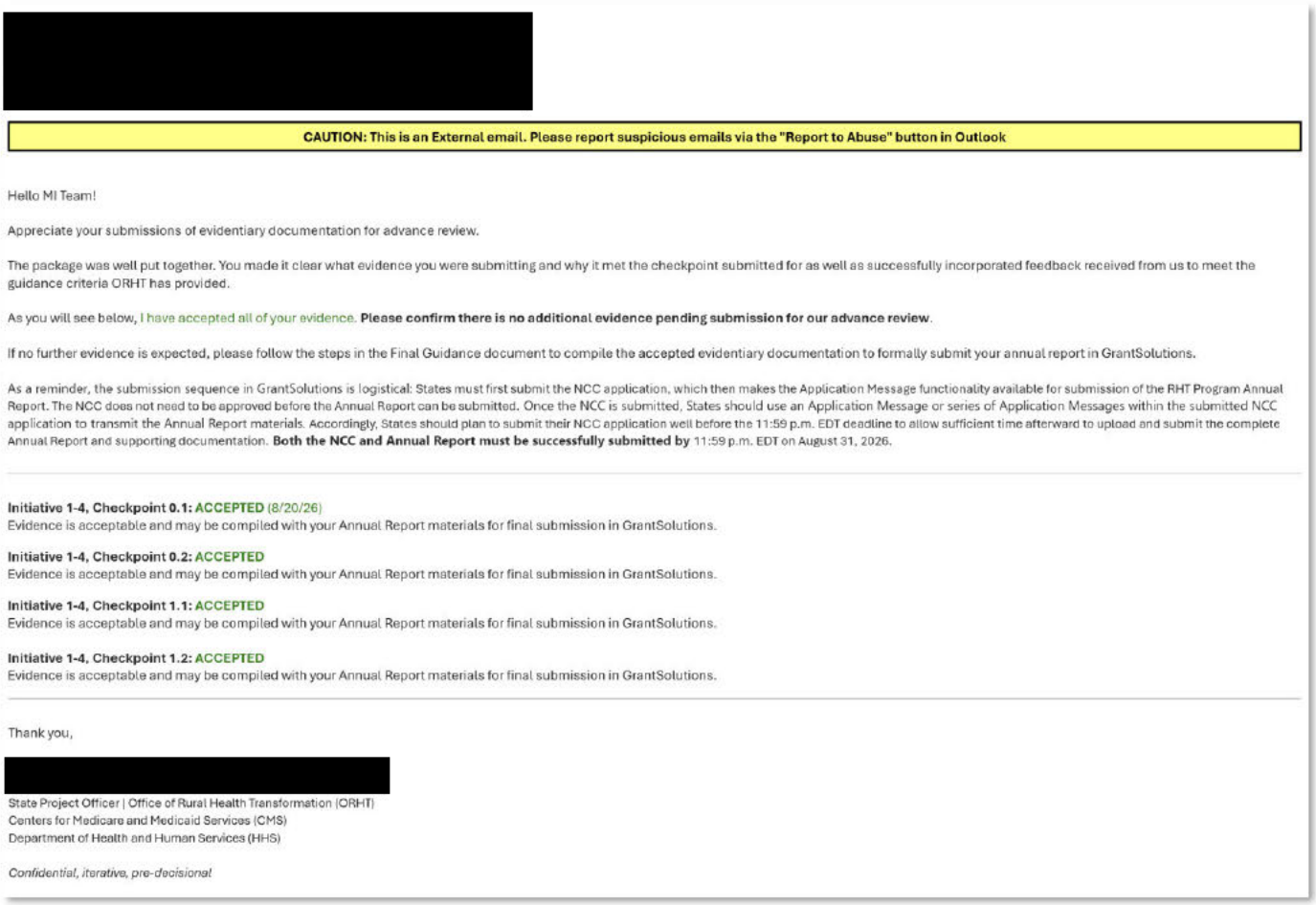
The project plan will be submitted as a separate attachment, titled:
MI_1Checkpoint0.2_Project Management Plan

CHECKPOINT
1.1

Checkpoint 1.1: CMS approval of project plan

Project Plan Approval

The RHTP Project Management Plan was approved on August 27, 2026. Evidence of this approval is included in a screenshot of the email below:



[redacted]

CAUTION: This is an External email. Please report suspicious emails via the "Report to Abuse" button in Outlook

Hello MI Team!

Appreciate your submissions of evidentiary documentation for advance review.

The package was well put together. You made it clear what evidence you were submitting and why it met the checkpoint submitted for as well as successfully incorporated feedback received from us to meet the guidance criteria ORHT has provided.

As you will see below, I have accepted all of your evidence. **Please confirm there is no additional evidence pending submission for our advance review.**

If no further evidence is expected, please follow the steps in the Final Guidance document to compile the accepted evidentiary documentation to formally submit your annual report in GrantSolutions.

As a reminder, the submission sequence in GrantSolutions is logistical: States must first submit the NCC application, which then makes the Application Message functionality available for submission of the RHT Program Annual Report. The NCC does not need to be approved before the Annual Report can be submitted. Once the NCC is submitted, States should use an Application Message or series of Application Messages within the submitted NCC application to transmit the Annual Report materials. Accordingly, States should plan to submit their NCC application well before the 11:59 p.m. EDT deadline to allow sufficient time afterward to upload and submit the complete Annual Report and supporting documentation. **Both the NCC and Annual Report must be successfully submitted by** 11:59 p.m. EDT on August 31, 2026.

Initiative 1-4, Checkpoint 0.1: ACCEPTED (8/20/26)
Evidence is acceptable and may be compiled with your Annual Report materials for final submission in GrantSolutions.

Initiative 1-4, Checkpoint 0.2: ACCEPTED
Evidence is acceptable and may be compiled with your Annual Report materials for final submission in GrantSolutions.

Initiative 1-4, Checkpoint 1.1: ACCEPTED
Evidence is acceptable and may be compiled with your Annual Report materials for final submission in GrantSolutions.

Initiative 1-4, Checkpoint 1.2: ACCEPTED
Evidence is acceptable and may be compiled with your Annual Report materials for final submission in GrantSolutions.

Thank you,

[redacted]
State Project Officer | Office of Rural Health Transformation (ORHT)
Centers for Medicare and Medicaid Services (CMS)
Department of Health and Human Services (HHS)

Confidential, iterative, pre-decisional

MICHIGAN RURAL HEALTH TRANSFORMATION

CHECKPOINT
1.2

Checkpoint 1.2: Launch Initiative

Executed Subrecipient Contracts

The following excerpts from executed contracts are provided as documentation of completion of Checkpoint 1.2. These agreements demonstrate that the necessary contractual arrangements have been finalized and executed to move the applicable RHTP initiatives from planning and preparation into active implementation[1].

The excerpts highlight key provisions establishing the scope of work, roles and responsibilities, and/or period of performance associated with each initiative. Only relevant portions of the executed contracts, including and signature section, are included for purposes of milestone verification. Complete executed agreements are maintained in the program's official records and are available as supporting documentation, if requested.

1 - CMS Clarification provided July 17, 2026: At least one executed contract per initiative signed on or before July 31, 2026, may serve as evidence that the initiative has launched. Issuing a NOFO or RFP alone would not be sufficient.

2 – This is not a numbered initiative, however, Michigan's RHT Program supports Tribal partners through a dedicated five-percent annual carve-out.

CHECKPOINT
1.2

Please note: Contract excerpts have been redacted, as they contain Personally Identifiable Information (PII). However, an overview of these contracts is included on this page. Additionally, an up-to-date list of Michigan RHTP subrecipients is maintained on the RHTP website: Michigan.gov/RHTP.

Checkpoint 1.2: Launch Initiative

Executed Agreement Narratives

Brief narratives for each agreement are below:

Initiative 1: Transforming Rural Health through Partnerships

The first Partnerships agreement was established with the Michigan Health & Hospital Association (MHA). MHA will focus on developing rural provider partnerships, care coordination infrastructure, cross-sector collaboration activities, stakeholder engagement, and implementation support to strengthen integrated rural healthcare delivery.

Initiative 2: Workforce for Wellness

The first Workforce agreement was established with the Michigan Community Health Worker Alliance (MiCHWA). MiCHWA will conduct an assessment that includes recruitment, training, workforce development, retention strategies, and capacity-building activities designed to strengthen the rural healthcare workforce.

Initiative 3: Interoperability in Action

The first Interoperability agreement was established with Access Health. Access Health will focus on assessing the capacity of CIE Coordinating Entities and Network Partners to meet statewide standards, while initiating technical assistance, peer learning, and ongoing alignment efforts.

Initiative 4: Care Closer to Home Blueprint

The first Care Closer to Home agreement was also established with MHA. Within this initiative, MHA will focus on advancing the Rural Health Care Delivery Hub & Spoke Model project, providing collaborations between traditional health system providers and community-based organizations.

Tribal Government Partnership

The first Tribal Government Partnership agreement was established with the American Indian Health and Family Services (AIHFS). AIHFS will focus on expanding access to care by hiring community health workers and rural transport staff, purchasing an ADA-accessible van, and contracting telehealth behavioral health and traditional providers.