

Request for Application (RFA): Rural Health Transformation Program Funding Opportunity For Public Health Dental Hygiene Teams in Local Health Departments

A series of RFX will be issued over the lifecycle of the Rural Health Transformation Program (RHTP) grant related to Kentucky's five priority initiatives. For more information on Kentucky's plan, visit our website: <https://ruralhealthplan.ky.gov>.

Applications for this funding opportunity will be considered on a rolling basis. Please submit responses by April 10, 2026 to be considered for funding available July 1, 2026. Submit to: marsha.deaton@ky.gov.

Local Health Department Name:	
Name:	
Title:	
Email:	
Date of application submission:	

If there are specific staff members or other critical stakeholders you would like to receive communications about this project, please provide their contact information. This will help ensure everyone stays informed and up-to-date on project progress and key updates. *Copy and paste the table for additional staff or other critical stakeholders, as needed.*

Name:	
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Name:	
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I. Context and Background

The Commonwealth of Kentucky has been awarded funding through the Centers for Medicare & Medicaid Services (CMS) Rural Health Transformation Fund (RHTF). This investment will empower Kentucky to launch and implement its Rural Health Transformation Plan (RHTP), a community-driven strategy to expand access and improve health outcomes for rural residents across the Commonwealth¹.

Our Plan

Kentucky's RHTP launches five interrelated initiatives designed to build rural health infrastructure and provide sustainable, long-term improvements. This plan directly supports Kentucky's rural counties while advancing statewide impact through innovation, technology-enabled care and strengthened workforce recruitment pipelines for both clinical and non-clinical staff. This strategy will help build a resilient, integrated and technology-forward health system across the Commonwealth.

1. **Rural Community Hubs for Chronic Care Innovation:** Establishes local "hub-and-spoke" collaboratives focused on obesity and diabetes prevention and management. These hubs will integrate nutrition, physical activity programs, and digital self-management tools.
2. **PoWERing Maternal and Infant Health:** Expands timely prenatal and postpartum care by deploying telehealth-enabled maternal care teams who will serve maternity-care deserts and high-risk regions, to help mothers and infants receive seamless, high-quality support.
3. **Rapid Response to Recovery (EmpATH Model):** Deploys technology-enabled crisis stabilization and mobile behavioral health response teams to connect individuals with community-based treatment and recovery supports.
4. **Rooted in Health: Rural Dental Access:** Increases access to preventive oral health services through expanded dental hygiene training programs, externships, and investment in Public Health Dental Hygiene (PHDH) teams in Local Health Districts (LHDs).
5. **Crisis to Care: Integrated Emergency Medical Services (EMS) Response and Coordination:** Enhances pre-hospital capacity and trauma coordination through treat-in-place protocols, improved data connectivity and workforce training for rural EMS providers.

About the Program

This project is 100% funded by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services (HHS) for a total of \$212.9 million in budget year 1 with 100% by CMS/HHS. The RHTF grant spans five budget periods aligned with federal fiscal years (FY2026–FY2030). Funding is disbursed annually by CMS based on achievement of performance metrics.

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Rooted in Health: Rural Dental Access

A key component of Kentucky's Rooted in Health: Rural Dental Access initiative involves expansion of the PHDH teams that have been serving multiple counties in Kentucky since 2013. Through this grant opportunity, the Kentucky Department for Public Health (DPH) is soliciting applications from qualified organizations to establish new or expand current PHDH teams to expand access to rural dental care. The newly created programs must demonstrate commitment to providing services including:

- Preventive dental hygiene services for children and adults
- Dental hygiene-focused oral health services for residents of long-term care settings as defined in Kentucky's Dental Practice Act KRS 216B

¹ For more information on this funding opportunity, see [Governor's Beshear's press release](#), the [CMS Notice of Funding Opportunity](#), and [federal assistance listing 93.798—Rural Health Transformation Program](#) on [Grants.gov](#).

- Teledentistry-enabled preventive care, education, triage, and care coordination

The overarching goals of this funding are to reduce preventable oral disease and improve oral health outcomes among underserved rural populations.

Definitions

“PHDH program” refers to a Local Health Department–led Public Health Dental Hygiene (PHDH) program established or expanded under the Rural Health Transformation Program to deliver preventive oral health services to underserved rural populations in compliance with KRS 313.

“PHDH team” refers to the multidisciplinary service delivery unit within a PHDH program, consisting of a dental hygienist, and other supporting staff.

“Rural” refers to non-metropolitan counties or outlying metropolitan counties that do not include an urban area with a population of 50,000 or more. This definition is inclusive of counties that are *“Partially Rural”*².

II. Program Objectives

Funded PHDH programs must demonstrate their willingness and ability to:

1. Increase access to school-based preventive dental hygiene services for all students, regardless of ability to pay.
2. Deliver dental hygiene services in long term care facilities through teledentistry consultation with university dentists.
3. Utilize teledentistry to expand access to care, improve quality and continuity of care, and enable more rural residents to stay in region for dental care and specialty consultations.
4. Integrate Community Health Workers (CHWs) and/or social determinants of health (SDOH) screenings to support patient navigation and continuity of care.
5. Achieve measurable improvements in oral health outcomes and service utilization.
6. Operate in a cost-effective, sustainable, and compliant manner. Compliance is defined as adherence to the provision of hygiene services to the above-identified populations within KRS 313.

III. Eligible Applicants

Eligible applicants are Local Health Departments or their authorized contractors as defined in KRS 313.040 (8) that demonstrate capacity to provide preventative oral health services.

² For additional details on our definition of “rural,” please visit: [How We Define Rural | HRSA](#)

IV. Timeline

March 19, 2026	RFA Released
March 20, 2026	RFA Information Session
April 10, 2026	Deadline for Receipt of Applications
May 25, 2026	Notification of Award to Grantees
July 1, 2026	Funding Period Begins
August 2026	Prior Month Patient Encounter Reporting Begins (Due 15 th workday of each month)*

*LHDs will be required to report on their monthly number of PHDH patient encounters. Additional reporting guidance will be provided per CMS requirements.

V. Services

1. Preventive Dental Hygiene Services

Programs must provide preventive services, including:

- a. Oral health assessments and caries risk assessments
- b. Dental prophylaxis
- c. Fluoride varnish
- d. Sealant application
- e. Oral health education and self-care/assistive oral hygiene instruction
- f. Nutrition education
- g. Tobacco cessation education
- h. Referral and care coordination for further needed care by a dentist

2. Long-Term Care Preventive Services

- a. Completion of specialized training for long-term care patients provided by the DPH is required prior to provision of any services in a long-term care facility
- b. Collaboration with long-term care facility staff and leaders to obtain appropriate consent and needed follow up dental care
- c. Preventive dental hygiene services (as described in 1. Preventive Dental Hygiene Services) in long-term care settings, skilled nursing facilities and nursing facilities as defined by KRS 216B
- d. Services shall address the unique needs of elderly and medically complex populations and shall include coordination with facility staff and caregivers

3. Teledentistry Services

Programs must integrate teledentistry as a core service component, including:

- a. Completion of specialized training in teledentistry
- b. Obtain appropriate consent for teledentistry services for each patient
- c. Asynchronous and/or synchronous teledentistry encounters with designated teledentistry hubs

- d. Triage and referral support
- e. Documentation and secure data exchange compliant with privacy requirements
- f. Teledentistry consult is as needed when providing care in school-based settings

VI. Year 1 Funding

DPH anticipates providing awards for an estimated five (5) programs in FY 2027, with awards funded using federal RHTP funds. The period of performance for FY 2027 awards begins July 1, 2026 and goes through June 30, 2027. The estimated award amount is \$470,000, but awards may vary depending on the proposed budget provided by the applicant.

Costs are allowable to the extent that they are related to dental services within the scope of practice of a Public Health Registered Dental Hygienist, as defined in KRS 313.040 (8). Allowable costs include:

- Personnel costs of the team, which will include a registered dental hygienist, an assistant, support personnel and proportionate cost of a community health worker assigned to the PHDH team.
- Equipment and supplies for the provision of dental preventive services allowed by current Kentucky dental law and regulations.
- Transport vehicle for transferring equipment/supplies, not for the provision of dental or hygiene services within the vehicle.
- Teledentistry equipment, technology, and licensing.
- Data collection, including electronic health record products or software for patient documentation, reporting, and internal and external evaluation. Per CMS restrictions as stated in the Notice of Award, no more than 5% of funding can support the replacement of an Electronic Medical Record (EMR) system.

Indirect costs are allowable up to 10% of personnel costs. This limitation applies even if the awardee has a higher negotiated indirect costs rate. Further, the total amount of administrative costs funded by the award through direct and indirect costs cannot exceed 10% of the total award value.

While this RFA is focused on the awards for FY 2027, it serves as a rolling application over the course of the RHTP grant. Not all LHDs will receive funding in Year 1, as program implementation will follow an incremental expansion model that will be actively coordinated by the state.

VII. Years 2-5 Funding

Beyond Year 1 funding, LHDs can earn an annual award of at least \$200,000 in incentive funding over the 5-year RHTP grant by meeting patient interaction goals. All PHDH teams are eligible, with funds for staffing, equipment, or supplies. LHDs will set yearly goals and receive DPH support to extend outreach beyond K-12 schools. PHDH teams will be provided with teledental equipment to allow free consults with dental college dentists, enabling teams to expand the scope of care. More details on incentive funding will be provided to existing PHDH teams; LHDs considering this one-time funding opportunity should also consider funding available for Years 2+.

VIII. Funding Limitations

This funding opportunity is subject to restrictions from the Centers for Medicare & Medicaid Services (CMS) per CMS guidance³. If awarded, applicants will be expected to execute the grant agreement in compliance with federal rules, laws, and regulations and specific requirements established by CMS.

This RFA is competitive, and all applicants may not be funded. DPH reserves the right to modify or reduce funding based on program performance, progress toward stated objectives, or availability of appropriate staffing support.

IX. Response Scoring

5 Points *Application is within the parameters requested in the application process section of the RFA.*

(2 points) Are the pages requested clearly marked?

(3 points) Are the pages within the page limit stated in the RFA?

50 Points *Program Readiness and Impact*

(15 points) Describe specific organizational capacity, including:

1. Staffing plan (5 points)

- 5 = All required positions identified, with realistic hiring timelines defined and roles aligned with KRS 313
- 3 = All required positions identified, but timelines or roles unclear
- 0 = Staffing plan incomplete, missing or not feasible

2. Organizational capacity (5 points)

- 5 = Strong organizational capacity demonstrated, including administrative system and sufficient staffing in place to support PHDH program operations
- 3 = Some organizational capacity demonstrated with minor gaps in administrative and staffing capabilities
- 0 = Organizational capacity not adequately demonstrated

3. Timeline for service initiation (5 points)

- 5 = Services operational within 60 days of September 1, 2026
- 3 = Services operational within 180 days of September 1, 2026
- 0 = Timeline unclear or infeasible

(35 points) Quantify expected program impact using:

1. Target population size (10 points)

- 10 = Clearly defines the target population, quantifies the number of individuals to be served annually, and demonstrates alignment with underserved rural populations.
- 5 = Target population is identified but not clearly quantified or insufficiently justified.
- 0 = Target population is unclear or not defined.

2. Current service gaps (10 points)

³ For more detail on funding limitations, reference the [CMS Notice of Funding Opportunity](#), [CMS Frequently Asked Questions](#), and CMS Notice of Award (“Attachment B”)

- 10 = Clearly identifies existing gaps in preventive oral health services, supported by local context (e.g., lack of providers, geographic barriers, unmet need).
 - 5 = Service gaps are described at a high level with limited supporting detail.
 - 0 = Service gaps are not identified or inadequately described.
3. Projected annual service volume (10 points)
- 10 = Provides a realistic and well-supported estimate of annual service volume, aligned with program capacity and the minimum service expectations outlined in the RFA.
 - 5 = Service volume is estimated but lacks justification or clear linkage to staffing and sites.
 - 0 = Projected service volume is missing or not feasible.
4. Geographic coverage area (5 points)
- 5 = Clearly defines the geographic area to be served, including counties or service regions, and demonstrates how coverage improves access in rural or high-need areas.
 - 3 = Geographic area is identified but lacks clarity or justification.
 - 0 = Geographic coverage is unclear or not specified.

10 Points

Documentation of formal interest of the governing board of health/board chairman

(10 points) Is the formal resolution by the governing board of health included in your response?

In the absence of the board meeting, are the letter(s) of support that convey interest for this program attached?

10 Points

Documentation of engagement of service sites (e.g., schools, head starts, health department clinics, long term care facility, other locations/populations)

(4 points) How has the applicant demonstrated due diligence to secure sites that will fully utilize this funding? Are there any organizations that already provide the same care at the target sites? What populations are identified?

- 4 = Applicant identifies specific service sites, clearly defines the populations to be served, demonstrates sufficient demand to utilize funding, and addresses whether other organizations provide similar services at the target sites, including plans to coordinate or avoid duplication.
- 2 = Service sites and populations are identified, but evidence of utilization, coordination with existing providers, or demand is limited or unclear.
- 0 = Service sites, populations, or utilization strategy are not clearly identified.

(4 points) How are arrangements or agreements documented between the health department and the host site(s)? LHDs will be required to report on their monthly number of PHDH patient encounters.

- 4 = Applicant provides clear documentation (e.g., letters of support, MOUs, or agreements) demonstrating host site commitment and a cadence for monthly reporting.
- 2 = Documentation of site engagement is provided but lacks specificity or formalization.
- 0 = Documentation of site agreements is missing or insufficient to demonstrate readiness.

(2 points) Are letter(s) of support that convey interest for this program attached?

10 Points

Documentation of engagement of dentist community to accept referrals

(4 points) How are dentists engaged through formal arrangements to accept referrals?

- 4 = Applicant demonstrates established or pending formal arrangements (e.g., MOUs, agreements, referral protocols) with one or more dentists or dental practices to accept referrals from the PHDH team.
 - 2 = Dentist engagement is described but relies on informal relationships or lacks clear documentation or defined referral processes.
 - 0 = No clear plan or evidence of dentist engagement to accept referrals is provided.
- (4 points) Documentation of engagement for dentists for accepting patients on Medicaid or non-paying patients
- 4 = Applicant demonstrates that referral dentists accept Medicaid patients and have a plan or commitment to serve non-paying or uninsured patients.
 - 2 = Referral arrangements address either Medicaid or non-paying patients, but not both, or commitments are not clearly documented.
 - 0 = Referral arrangements do not address acceptance of Medicaid or non-paying patients.
- (2 points) Are letter(s) of support that convey interest for this program attached?

10 Points

Documentation of timeline with identified milestones for local implementation from July 1, 2026 through June 30, 2027

(5 points) Are the milestones detailed enough to be actionable?

- 5 = Milestones are clearly defined and time-bound, with specific activities, responsible parties, and sequencing that demonstrate readiness for implementation.
- 3 = Milestones are identified but lack sufficient detail, clarity, or linkage to specific activities or responsible parties.
- 0 = Milestones are vague, incomplete, or not provided.

(5 points) What is the feasibility of the proposed timeline?

- 5 = Timeline is realistic and feasible given staffing plans, infrastructure readiness, and scope of services, and demonstrates the ability to initiate services within the proposed timeframe.
- 3 = Timeline appears generally feasible but includes assumptions or dependencies that are not fully addressed.
- 0 = Timeline is not feasible, internally inconsistent, or does not align with program requirements.

5 Points

Budget Development

(5 points) Using the provided budget template (“Attachment A”), is the budget reasonable for the intent of the program?

If the scope of the program is beyond the school year, what are the budgetary items that are supported by other health department funds?

- 5 = Budget reflects a sound understanding of program needs and available resources, with costs appropriately scaled to planned activities and staffing.
- 3 = Budget is mostly appropriate but leaves gaps in cost justification, resource alignment, or funding continuity
- 0 = Budget does not demonstrate financial viability, includes unclear or misaligned costs, or fails to meet program requirements.

X. Application Narrative

1) Please describe the intent of the project, specific to the area or target population(s) being served, and reasons for determination of the target population(s).

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2) Please describe the methodology for launching the program, including key steps, partnerships, and how services will be delivered.

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3) Please identify potential barriers and describe planned strategies or resolutions.

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4) Please describe your evaluation plan, including outcomes to be measured, data collection methods, and how results will be used to assess success.

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5) Please describe your timeline with identified milestones for local implementation of the proposed program from July 1, 2026 through June 30, 2027.

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- 6) Have you attached documentation demonstrating formal interest from the governing board of health or board chairman, including either:
- a. A formal resolution adopted by the board, or
 - b. A letter of support from the board chairman?

YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
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- 7) Have you attached documentation demonstrating engagement of service sites, such as schools, long-term care facilities, Head Start programs, health department clinics, or other relevant locations or populations?

YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
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- 8) Have you attached documentation demonstrating agreement of the dentist community to accept referrals?

YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
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- 9) Have you attached a budget for federal FY27 using the provided budget template ("Attachment A")?

YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
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Thank you for your interest in applying for funding through the Rural Health Transformation Program to support the expansion of PHDH programs. We value your commitment to improving access to preventive oral health services for communities across Kentucky.

Please note that completed applications must be submitted no later than the stated deadline. Applications received after the deadline will not be considered for funding available July 1, 2026.