

Request for Application (RFA): Rural Health Transformation Program Funding Opportunity to Establish or Expand Community Paramedicine Programming

A series of RFAs 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: [Kentucky Rural Health Transformation](#).

Applications for this funding opportunity will be considered on a rolling basis. Please submit responses by June 12, 2026, to be considered for funding available August 1, 2026. Submit to: jimmie.hampton@ky.gov. Please include “RHT CP RFA” in the subject line for all communications.

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.

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.

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.

Funding is designed to support early program development and scaling. Community paramedicine programs are not expected to be fully sustainable during initial funding periods. The period of performance for FY 2027 awards begins August 1, 2026 and goes through June 30, 2027. The maximum amount for this funding opportunity is \$20,000,000 across all awardees for the first year. Awards may vary depending on the proposed budget provided by the applicant and additional funding will be provided in subsequent years.

Crisis to Care (CTC): Community Paramedicine

Under Kentucky's RHTP, EMS agencies are primarily supported through the Crisis to Care (CTC) Initiative with the goal to strengthen pre-hospital and crisis response program capacity through programming alongside routine EMS operations. The CTC initiative focuses on enhancing integrated EMS response and coordination, enabling EMS agencies to better manage patients in the field and coordinate care pathways. Additionally, this effort supports behavioral health crisis responses and aims to develop a link between EMS, crisis stabilization, and recovery services. Recognizing a heavy reliance on 911 and emergency departments as default access points for crisis care in rural regions, these initiatives respond to this issue by repositioning EMS as a front-line connector to care.

Rural communities often rely on EMS as the main point of access to care. Yet many areas face limited coverage, long response times, and few local health services. Expanded support for EMS can help close these gaps by allowing EMS providers to do more than respond to emergencies. Community paramedicine programs give EMS providers the ability to check on patients at home, assist with ongoing health needs, and connect community members to the right care, before and after emergencies. By supporting community members where they are, these programs can reduce unnecessary trips to the emergency department and help reduce repeat visits after discharge. Expanding EMS service opportunities also builds local capacity, keeps care closer to home, and strengthens the overall health system in rural communities. Community paramedicine services include, but are not limited to:

- **Expanded in-home and community-based care**, providing follow-up, preventative, and chronic care services in the community, reducing avoidable emergency department utilization.
- **Care coordination and system navigation**, connecting patients to primary care, specialty providers, and community-based resources
- **Behavioral health crisis support and follow-up**, by providing crisis de-escalation, on-scene assessment, linkage to 988, mobile crisis teams, and ongoing behavioral health care

Definitions

“Community paramedicine” refers to a healthcare delivery model in which licensed emergency medical services professionals, including paramedics and emergency medical technicians, operate in expanded roles under medical oversight to provide non-emergency, preventive, primary care, and care coordination services in community-based settings. Community paramedicine programs are designed to address identified local health needs, improve access to care, and reduce unnecessary use of emergency departments and hospital services by integrating EMS clinicians into the broader health care and public health system. ²

“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”³.

II. Program Objectives

Funded programs must demonstrate their willingness and ability to:

1. Design and deliver community paramedicine services that address low-acuity, preventative, and high-utilization patient needs in Kentucky’s rural communities.
2. Reduce unnecessary emergency department utilization and repeat visits after discharge by supporting community members where they are.
3. Strengthen partnerships with rural service sites such as Local Health Departments, Federally Qualified Health Centers, rural clinics, and behavioral health partners, including Community Mental Health Centers (CMHCs).
4. Connect community members to the right care before and after emergencies by repositioning EMS as a front-line connector to care.
5. Operate in a cost-effective, sustainable, and compliant manner. Compliance is defined as adherence to KBEMS standards for EMS agencies.

III. Eligible Applicants

Eligible applications are non-profit, Kentucky Board of EMS licensed Class Ia or Class Ib EMS agencies that provide 911 emergency advanced life support (ALS) responses within the Commonwealth of Kentucky. To be considered for funding, applicant agencies must hold an active EMS agency license and be in good standing at the time of application and throughout the award period.

IV. Timeline

This funding opportunity will be offered on a **rolling application basis**. Agencies seeking to receive funding in Budget Period 1 (BP1) must submit their application by **June 12, 2026**.

² For additional details on community paramedicine programs, please visit: [RuralHealthInfo: Community Paramedicine](#)

³ For additional details on our definition of “rural,” please visit: [How We Define Rural | HRSA](#).

Date	Activity
May 1, 2026	RFA Released
May 8, 2026	RFA Information Session
May 15 & June 5, 2026	RFA Office Hours
June 12, 2026	Deadline for Receipt of Applications
July 1, 2026	Notification of Award to Grantees
August 1, 2026	Funding Period Begins*

*EMS agencies will be required to report on RHTP implementation progress periodically throughout the funding period. Additional reporting guidance will be provided as CMS requirements are further determined.

V. Reporting Requirements

Awarded agencies will be required to comply with periodic program and financial requirements to support implementation monitoring, accountability, and continuous program involvement. Detailed reporting elements, timelines, and submission guidance will be outlined following award and prior to the start of the period of performance.

VI. Program Standards

Funded agencies must demonstrate a willingness and commitment to adhere to various Kentucky Board of Emergency Medical Services (KBEMS) regulatory standards:

1. **Program Leadership and Effectiveness:** Programs must demonstrate defined leadership responsibilities, systematic planning, performance monitoring, and alignment with the agency mission and community needs.
2. **Clinical Program Design and Scope of Services:** Programs must define the scope of services to be delivered, ensuring services are non-emergent, preventative, and care coordination focused and provided within the scopes of practice outlined by KBEMS.
3. **Administration, Staffing, and Training:** Programs must be led by qualified agency leadership and supported by community paramedicine credentialed EMS personnel. Agencies must demonstrate adequate staffing, training, and supervision to support expanded community paramedicine roles.
4. **Medical Direction & Clinical Oversight:** Programs must operate under an approved medical director and adhere to KBEMS-approved protocols for community paramedicine. All agencies must receive prior approval prior to establishing or launching community paramedicine services.

5. **Patient Safety and Quality Assurance:** Programs must comply with all applicable health, safety, and infection control standards and maintain quality assurance and improvement processes to ensure safe, ethical, and effective patient care.

VII. Allowable Uses of Funds

Grant funding awarded under this RFA may be used to support allowable costs associated with establishing or expanding a community paramedicine program, consistent with CMS guidance and RHTP program requirements. Allowable uses of funds vary by pathway:

- Establishing a New Community Paramedicine Program: Funding is intended to support one year of program implementation, including workforce development, training and certification, equipment, technology, and startup costs. Agencies establishing new programs are not guaranteed continued funding beyond the initial award period. Any future expansion or continuation funding will require submission of a new application under the expansion pathway.
- Expanding an Existing Community Paramedicine Program: Agencies with existing programs may apply for funding to expand services, staffing, or scope of operations. Agencies approved under this pathway may be eligible to opt in to a second year of funding, subject to meeting required program and performance criteria. Continuation funding is contingent on agency performance, compliance with program requirements, and availability of funds.

Costs are allowable to the extent that they are related to the establishment or expansion of a community paramedicine program and adhere to guidance from the Centers for Medicare & Medicaid Services (CMS) related to the RHTP grant. Allowable costs include:

- Personnel costs for a Community Paramedicine Program Coordinator, community paramedics, and other program support staff necessary to implement and sustain the community paramedicine program.
- Equipment, supplies, and technology necessary to support community paramedicine service delivery, such as fleet vehicle(s), tablet devices, Wi-Fi routers, documentation and care coordination software, and medical supplies.
- Training costs affiliated with community paramedicine training coursework and examination.
- Fees associated with obtaining community paramedicine agency credentialing.

Indirect costs are allowable up to 10% of total 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.

This RFA is focused on agency awards for FY 2027. However, not all agencies will receive funding in Year 1, agencies not selected, or agencies submitting applications after the due date will be considered for future funding opportunities through the Community Paramedicine program as it is implemented throughout the Commonwealth during the 5-year RHTP funding.

VIII. Funding Timeline

This RFA will prioritize programs that demonstrate high readiness to begin implementation and expend the majority of funds between August 1, 2026 through September 30, 2027.

Future funding opportunities with similar scope (expansion of community paramedicine programs) will be available in future years of the RHTP grant, however those grant opportunities will be tied to future budget periods. Applicants should not assume automatic continuation funding beyond the initial award period.

Programs applying for funding available August 1, 2026 should submit budgets and implementation plans aligned to the timeframes in the table below (i.e., indicating what deliverables or milestones in the project plan and budget will be completed by the end of Year 1). Please note, obligated funds are not continuous among consequent funding periods and must be spent by September 30, 2027. Funding timelines are included below:

- Funding Year 1:
 - Funding begins August 1, 2026 (*award date*)
 - Funds must be expended by September 30, 2027
- Funding Year 2:
 - Funding begins October 1, 2027
 - Funds must be expended by September 30, 2028
- Funding Year 3:
 - Funding begins October 1, 2028
 - Funds must be expended by September 30, 2029

Given Kentucky's two-year biennium contracting periods, new contracts will be issued to bridge between funding periods. While the initial award only covers the Year 1 funding period, selected applicants can expect contract amendments and/or new contracts that will obligate additional dollars to the selected applicant. Additional details on contracting will be provided to successful applicants.

IX. Funding Limitations

This funding opportunity is subject to restrictions from CMS per federal guidance⁴. 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.

⁴ For more detail on funding limitations, reference the [CMS Notice of Funding Opportunity](#), [CMS Frequently Asked Questions](#), and [CMS Notice of Award](#).

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.

X. Response Scoring

5 Points Application Parameters

(2 points) Are the pages requested clearly marked?

(3 points) Is the budget provided in the requested template? (“Attachment B”)

20 Points Program Readiness

(5 points) Are letter(s) of support from agency attached (e.g., medical director), demonstrating organizational commitment to establishing a community paramedicine program?

(10 points) Leadership capacity

- 10 = Provides documentation of qualified program leadership with credentials and experience appropriate to establishing and operating a community paramedicine program, including demonstrated experience in EMS operations, care coordination or community-based service delivery.
- 5 = Identifies some qualified leadership, but gaps remain in experience, provider staffing, or clarity of roles necessary to support community paramedicine program launch.
- 0 = No qualified program leadership or providers identified and/or documentation is absent.

(5 points) Community Paramedicine credentialing timeline

- 5 = Implementation plan demonstrates current Community Paramedicine KBEMS credentialing or fully accounts for KBEMS Community Paramedicine agency application/approval timeline.
- 3 = Community Paramedicine agency credential planning is documented, but application/approval timeline is only partially accounted for.
- 0 = No documentation of KBEMS alignment or readiness to meet credentialing standards provided.

40 Points Rural Reach and Impact

(15 points) Proposed expansion of community paramedicine program in rural areas

- 15 = Clearly identifies the number of new or expanded community paramedic roles in rural areas and demonstrates that the scale of expansion is reasonable and achievable given the funding requested.
- 8 = Identifies an increase in community paramedics, but the scope or feasibility of program expansion is not fully justified in relation to the proposed use of funds.
- 0 = Does not clearly identify the number of community paramedicine slots to be added or expanded.

(15 points) Demonstrated community paramedic workforce and service plan

- 15 = Demonstrates an existing or clearly defined plan to recruit, train, and deploy community paramedics to serve rural populations with a credible staffing and implementation approach.
- 8 = Mentions intent to recruit or train community paramedics and expand services in rural areas but supporting details and/or feasibility is limited.
- 0 = Does not demonstrate a plan to staff community paramedics or sustain services in rural areas.

(10 points) Documentation of rural and community-based partnerships (e.g. local health clinics, hospitals, CMHCs, social service organizations)

- 10 = Applicant provides clear documentation (e.g., letters of support, MOUs, or agreements) of rural partnerships to support community-based services (i.e., bidirectional referrals and shared care plans). High-scoring applications will demonstrate not only formal partnerships, but also defined workflows for coordination, including how partners will communicate, share information as appropriate, and support continuity of care for individuals served.
- 5 = Documentation of rural partnerships is provided but lacks specificity or formalization.
- 0 = Documentation of rural partnerships is missing or insufficient to demonstrate readiness.

20 Points ***Program Sustainability***

(10 points) Community paramedic recruitment and retention plan

- 10 = Demonstrates an existing supply of qualified paramedics or provides a clear, credible plan to recruit and retain paramedics sufficient to fill the proposed community paramedic spots.
- 5 = Mentions recruitment or retention strategies, but evidence or feasibility for filling the proposed community paramedic positions is limited.
- 0 = Paramedic recruitment and retention plan demonstrates clear gaps or lacks specificity.

(10 points) Plan for financial viability post-RHTP

- 10 = Provides strong plan for financial viability post-RHTP, including identification of alternative funding sources or revenue mechanisms to support the program beyond the grant period.
- 5 = Alternative funding resources or revenue mechanisms to support the program beyond the grant period are identified, but do not appear fully sufficient.
- 0 = Plan for financial viability post-RHTP is not adequately demonstrated.

10 Points ***Implementation Timeline (August 1, 2026 – 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 B”), is the budget reasonable for the intent of the program?

- 5 = Budget reflects a sound understanding of program needs and available resources, with costs appropriately scaled to reflect planned programming 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.

XI. Application Instructions

Applicants should submit the following information as a clearly labeled application packet (not to exceed twenty-five (25) pages) (“Attachment A”) to jimmie.hampton@ky.gov by **June 12, 2026**, for funding available August 1, 2026. Please include “RHT CP RFA” in the subject line for all communications.

- 1) Agency and applicant information:
 - a. Agency Information
 - b. Applicant Info & Contact Information
- 2) Current Community Paramedicine Agency Status
- 3) Selection of Funding Pathway
- 4) Program Status for Agencies with Community Paramedicine Program
- 5) Community Paramedicine Program Evaluation
 - a. Program Overview describing the intent of the project, specific to the area or target population(s) being served, and reasons for determination of the target population(s).
 - b. Scope of services, including operational schedules, technology utilization, and plan to draft MOUs among community-based partners.
 - c. Timeline with identified milestones for implementation of the program from August 1, 2026 through June 30, 2027.
 - d. Deliverables including community paramedic provider roster, planned weekly operation schedule, technology utilization, and data tracking
- 6) An application narrative that includes:

- a. Methodology for launching a community paramedicine program, key steps, community-based partnerships, and delivery of non-emergent services
 - b. Potential barriers and planned strategies to mitigate barriers
 - c. Evaluation plan, outcomes to be measures, data collection measures, assessment of results
 - d. Sustainability plan for how the program will continue to operate after start-up funding ends, including the formalization of referral partnerships, gradually transitioning costs to local funding streams, and establishing a clear community paramedic pathway to support workforce retention and long-term provider commitment, to maintain commitment from community paramedics over time
- 7) Attestation confirming understanding of, and intent to comply with all RFA requirements
 - 8) Identification of local behavioral health partners, including CMHCs
 - 9) Authorized Agency Representative Signature
 - 10) Supporting documentation, not included in the twenty-five (25) page count:
 - a. Current agency licensure with KBEMS and EMS provider roster
 - b. Budget for FY27 using the provided budget template (“Attachment B”)

Thank you for your interest in applying for funding through the Rural Health Transformation Program to support the expansion and modernization of emergency medical services (EMS). We value your commitment to increasing the community paramedicine workforce in Kentucky.

Please note that applications will be reviewed on a rolling basis, but applications received after the deadline will not be guaranteed consideration for funding available August 1, 2026.