

Request for Application (RFA): Rural Health Transformation Program Funding Opportunity to Increase EMS Training Equipment Quality and Offer Mobile Training Units to Underserved Areas

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.

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).

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.

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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Crisis to Care (CTC): Education & Training Modernization

Under Kentucky’s RHTP, EMS agencies are primarily supported through the Crisis to Care (CTC) to strengthen pre-hospital and crisis response program capacity through initiative programming alongside routine EMS operations. The CTC initiative focuses on improving access to education & training, enhancing integrated EMS response and coordination, enabling EMS agencies to better manage patients in the field and coordinate care pathways. This effort recognizes the need to increase the number of certified EMS professionals throughout the state of Kentucky to support patient care, and transfer and that starts with the education received during initial certification, continuing education and career advancement.

EMS Education & training requires a level of commitment from students and educators/trainers to fully commit to pursuing the certification and providing quality lecture and hands-on skills training. However, many rural communities experience limited access to education programs to enter the EMS workforce. Experiencing long commute times to attend in-person skills sessions with advanced equipment to provide quality education. The education & training modernization program intends to give EMS providers the ability to increase the quality of their hands-on skills training equipment and increase access to rural communities with mobile training units for students in the certification process. By supporting students where they are, it provides increased access and opportunities that may otherwise not be available to students in rural communities to grow careers within EMS and provide quality patient care. Expanding EMS education & training builds local capacity, keeps care closer to home, and strengthens the overall health system in rural communities.

Definitions

“Training education institution (TEI)” is a KBEMS certification provided to an agency to provide initial EMS licensure education and/or continuing EMS education. There are five TEI service classifications in which a certification is provided to an individual EMS professional to provide initial EMS education and/or continuing education. Those five TEI service classifications are as stated:

- EMS-TEI 1: Emergency Medical Responder (EMR)

- EMS-TEI 2: EMR and Emergency Medical Technician (EMT)
- EMS-TEI 3: EMR, EMT, and Advanced Emergency Medical Technician (AEMT)
- EMS-TEI 4: EMR, EMT, AEMT, and Paramedic
- EMS-TEI CE: Continuing Education Only²

“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 participate in the following:

1. Design and deliver a mobile training simulation program to increase access to hands-on skills training in rural underserved communities to reduce geographic and logistics barriers for students (*note this is only applicable to agencies that elect the mobile training unit program*).
2. Enhance the quality of EMS education & training by acquiring equipment that supports high quality, hands-on training aligned with current curriculum standards.
3. Increase awareness of EMS education & training opportunities by actively promoting programs to local communities, prospective students, and partners to strengthen the workforce pipeline.
4. Build relationships with existing EMS education & training courses to support students and increase access to hands-on skills training sites that might otherwise not be accessible.
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 applicants are non-profit and/or publicly funded agencies or programs that are KBEMS TEI licensed operating within the Commonwealth of Kentucky. To be considered for funding, applicant agencies must hold an active EMS licensed TEI 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 our TEI certified agencies and individual certification, please visit: [Training and Educational Institution - KBEMS](#).

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

Date	Activity
May 11, 2026	RFA Released
May 21, 2026	RFA Information Session
May 27 & June 8, 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. 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 TEI credentialed EMS personnel. Agencies must demonstrate adequate staffing, training, and supervision to support trainer roles.
4. **Medical Direction & Clinical Oversight:** Programs must operate under an approved medical director and adhere to KBEMS-approved protocols providing training and education to align with requirements to successfully complete hands-on skills training.
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.

VI. Allowable Uses of Funds

Grant funding awarded under this RFA may be used to support allowable costs associated with expanding current access to training equipment and building of a mobile training simulation unit, consistent with CMS guidance and RHTP program requirements. Allowable uses of funds vary by pathway:

- Enhance a Hands-On Skills Training Program: Purchase Equipment for Hands-On Skills Training: Funding is intended to support agencies with existing hands-on skills training programs to support the purchasing of equipment to increase quality of education & training for future and current EMS professionals in their region. Agencies are required to have existing relationships with established didactic learning program(s) to coordinate hands-on training programs. To have a broad impact on EMS education, agencies will be required to open their hands-on skills training programs to students/EMS professionals outside of their general service area and provide education to meet their regional needs. Agencies are not guaranteed continued funding beyond the initial award period.
- Establish or Expand a Mobile Hands-On Skills Training Program: Purchase of a Mobile Training Simulation Unit: Agencies with existing hands-on skills site programs may apply for funding to expand their scope of training services by establishing or expanding a mobile training simulation unit that can be moved throughout the state, providing access to hands-on skills training in otherwise underserved areas. The funds can be utilized to purchase the mobile training simulation unit, or partner with existing agencies / programs hosting mobile skills training units. Agencies approved under this pathway may be eligible to opt for 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.

Across both pathways, funding is designed to support early program development and scaling. The period of performance for FY 2027 awards begins August 1, 2026 and goes through June 30, 2027. Awards may vary depending on the proposed budget provided by the applicant and additional funding will be provided in subsequent years.

Costs are allowable to the extent that they are related to the upgrade or establishment of an advanced hands-on skills training program and adhere to guidance from the Centers for Medicare & Medicaid Services (CMS) related to the RHTP grant. The only allowable costs include:

- Equipment and supplies necessary to support the training for hands-on skills, such as full body mannequins, cardiac & diagnostic tools, trauma & wound care, immobilization tools and additional medical training equipment and supplies through either the purchase or rental of equipment.
- Costs associated with upgrading TEI certification with the Kentucky Board for Emergency Medical Services (KBEMS), for example, an agency can utilize funds to cover accreditation costs to move from a TEI-3 to a TEI-4. Note this does not cover salary for activities for upgrading certification.
- Equipment and supplies necessary to support a mobile skills training simulation program, such as a fully loaded mobile training unit, and additional required training documents. Funds may also be utilized to partner with existing mobile training unit programs throughout the Commonwealth of Kentucky.
- Administrative hours necessary to support the activities associated with establishing the mobile units, site coordination to host the mobile unit, establishing partnerships, hands-on skills training program promotion, or continuing relationship building with didactic training programs. Note: This funding is not intended to be a singular Full Time Equivalent (FTE) but to offset the actual staff cost to the agency for the operation of the mobile unit. This is only applicable to applicants under Pathway #2.

- Costs directly associated with the maintenance and operation of the mobile training unit constitute allowable expenditures throughout the funded grant term. Upon expiration of the grant period, the mobile unit provider reserves the right to implement service fees specifically allocated for the ongoing sustainment and upkeep of the asset.

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.

At the conclusion of the grant funding, agencies who have established or expanded a mobile hands-on training program may charge a lab fee to agencies hosting a mobile training unit. Agencies are expected to continue serving the rural regions included in this application post the initial award period.

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 applicants will receive funding in Year 1, as program implementation will follow an incremental expansion model that will be actively coordinated by the state.

VII. 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 (expanding training capacity) 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). Proposals should detail the full costs of expanding an existing training program (through equipment purchase or establishing a mobile training unit) many years deemed necessary to fully stand up a program, with at least 50% of anticipated budget expended 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.

VIII. 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.

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 Parameters

(2 points) Are the pages requested clearly marked?

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

15 Points Program Readiness

(5 points) Are letter(s) of support from agency attached (e.g., medical director), demonstrating organizational commitment to upgrade their education & hands-on skills training program and documentation certifying KBEMS TEI compliance.

(10 points) Leadership capacity

- 10 = Provides documentation of qualified program leadership with credentials and experience appropriate to establishing operating a hands-on skills training program, including demonstrated completion rates of students through the hands-on skills training program.
- 5 = Identifies some qualified leadership, but gaps remain in experience, provider staffing, or clarity of roles necessary to support upgrading an education & hands-on skills training program.
- 0 = No qualified program leadership or providers identified and/or documentation is absent.

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

55 Points

Rural Reach and Impact

(25 points) Proposed expansion of hands-on skills training program in rural areas

- 15 = Clearly states the plan for incorporating access to the hands-on training program for individuals from rural communities and addressing their regional needs, demonstrating the support of meeting a student where they are and providing flexibility in students scheduling and attending hands-on skills sessions.
- 8 = Identifies how the agency will open their program to those outside of their direct region, 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 how the agency will improve access to students in rural areas.

(20 points) Defined strategies for supporting student success in hands-on skills training program

- 15 = Demonstrates an existing or clearly defined plan that includes strategies to support student completion of hands-on skills training by meeting students where they are, defined methods for assessing skill competency and knowledge retention, and clear expectations for application of skills in the field.
- 8 = Mentions intent to support student success and completion of hands-on skills training by meeting students where they are and developing evaluation standards but limited detail on plan implementation is provided.
- 0 = Does not demonstrate a plan to support student completion or improve student success outcomes of hands-on skills training.

(10 points) Documentation of hands-on skills training program alignment with State curriculum standards and the structure of the training program timeline (can be training for EMR, EMT, AEMT, Paramedic or Continuing Education)

- 10 = Applicant provides clear documentation to show active coordination with the host of the didactic EMS training to align hands-on skills training sessions to the existing curriculum and that is aligns with the standards set by the state accreditation body.
- 5 = Documentation of partnerships or plans to build partnerships is provided but demonstrates limited coordination or lacks formalization across participating agencies.
- 0 = Documentation of partnerships is missing or insufficient to demonstrate readiness in aligning hands-on skills training program with established didactic training programs.

10 Points

Program Sustainability

(10 points) Plan for financial viability post-RHTP

- 10 = Provides a clear and feasible plan for financial viability post RHTP, accounting for expected tuition-based fee revenues, projected number of students trained during and after the grant period, and specific funding or revenue mechanisms to support operations. Plan also demonstrates alignment with an existing training network or pipeline to continue student engagement with the training site.
- 5 = Identified alternative funding sources or revenue mechanisms, but projections for student volume, revenue sufficiency, or pipeline participation are unclear, incomplete or not fully aligned with expected program cost.

- 0 = Plan for financial viability post-RHTP is not adequately demonstrated.

10 Points ***Implementation Timeline (July 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 A”), 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.

X. Application Instructions

Applicants should submit the following information as a clearly labeled application (not to exceed twenty-five (25) pages) to jimmie.hampton@ky.gov by **June 12, 2026** for funding available August 1, 2026.

- 1) Agency and applicant information:
 - a. Agency Information
 - b. Applicant Info & Contact Information
- 2) Current Training and Education Institution and Trainer Status
- 3) Selection of Funding Pathway
- 4) Agencies with Existing Hands-On Skills Training Programs | Mobile Simulation Training Units
- 5) Education & Training: Hands-On Skills Training 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 July 1, 2026 through June 30, 2027.
 - d. Deliverables including community paramedic provide roster, planned weekly operation schedule, technology utilization, and data tracking
- 6) An application narrative that includes:
- a. Methodology for launching a hands-on skills training 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 continuation of partnerships for the student pipeline for utilization of the hands-on skills site, funding and tuition sustainability, formalization of providing mobile training simulation units to rural areas and funding sources for replacement of hands-on skills training equipment.
- 7) Attestation confirming understanding of, and intent to comply with all RFA requirements
- 8) Identification of local 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 A”)

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 advancing the EMS workforce through increased hands-on skills training 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.