Request for Application (RFA): Rural Health Transformation Program Funding Opportunity to Crisis to Care – EMS Transformation

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 to <RHT.CTC@ky.gov> by June 15, 2026 to be considered for funding available August 1, 2026. Please include "RHT EMS Transformation RFA" in the subject line.

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 Commonwealth[1].

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-no-transport 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.

Definitions

"Treat-No-Transport" (TNT) refers to providing medically appropriate assessment, treatment, and care on-scene, without transporting the patient to a hospital emergency department of other healthcare facility. TNT services are delivered in accordance with approved EMS protocols and made under medical oversight. TNT may also involve EMS care on-scene, care coordination, and linkage to community-based services when transport is deemed not medically necessary.

"Transport to Alternative Destinations" (TAD) refers to the transportation of patients by EMS to clinically appropriate healthcare destinations other than emergency departments when those destinations better meet the patient's needs. Alternative destinations may include, but are not limited to, urgent care centers, primary care offices, federally qualified health centers (FQHCs), community mental health centers (CMHCs), or other designated care sites approved under applicable protocols. TAD services are intended to improve patient outcomes, reduce avoidable emergency department utilization, and support more efficient use of EMS and health system resources.

"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].

Crisis to Care (CTC): Care Coordination & Alternative Response

Under Kentucky's RHTP, EMS agencies are supported through the Crisis to Care (CTC) Initiative with the goal to strengthen pre-hospital care delivery by expanding clinical decision-making and care pathways beyond default transport to the emergency department. Treat-No-Transport (TNT) (also known as treat and release) and Transport to Alternative Destinations (TAD) enable EMS agencies to provide appropriate care in the field or transport patients to non-emergency settings when an emergency department visit is not clinically necessary.

These models focus on enhancing EMS assessment, protocols, and coordination so that patients receive the right level of care at the right time. By supporting TNT and TAD protocol development, the CTC initiative promotes safe, patient-centered alternatives to emergency department

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[2] For additional details on our definition of "rural," please visit: How We Define Rural | HRSA.

transport, while maintaining clinical quality, accountability, and compliance with medical direction and state regulations. This approach is designed to better align emergency response with patient acuity, especially for low-acuity, behavioral health, and chronic condition-related calls.

Rural communities often rely on EMS as the primary point of access to care, yet face limited healthcare infrastructure, workforce shortages, and long transport times to hospitals. As a result, emergency departments are frequently used for conditions that could be safely managed elsewhere. TNT and TAD models help address these challenges by allowing EMS agencies to resolve appropriate calls on scene or redirect patients to alternative destinations such as urgent care centers, crisis stabilization units, primary care sites, or other approved facilities.

By expanding the range of care options available in the field, these initiatives reduce unnecessary emergency department utilization, minimize patient disruption, and support more efficient use of limited healthcare resources. TNT and TAD also strengthen system integration by reinforcing EMS' role as a clinical decision-maker and connector across the care continuum, helping rural systems deliver more responsive, sustainable care closer to home.

II. Program Objectives

Funded programs must demonstrate their willingness and ability to:

1. Design and implement Treat-No-Transport (TNT) and Transport to Alternative Destination (TAD) protocols that support safe, clinically appropriate decision-making for non-emergent and low-acuity calls, particularly in rural and resource-limited communities.
2. Reduce unnecessary emergency department utilization and avoidable ambulance transport by enabling EMS providers to treat patients on scene or route them to the most appropriate alternative care setting when clinically indicated.
3. Enhance EMS system readiness and efficiency of response by integrating clinical protocols with technology-enabled workflows that support physician consultation or medical direction, care navigation, and timely access to appropriate services.
4. Position EMS as a critical front-line decision-maker and connector to care during emergency responses by improving triage, routing, and referral pathways before, during, and after patient encounters

III. Eligible Applicants

Eligible applicants are non-profit, Kentucky Board of EMS licensed Class Ia or Class Ib EMS agencies that provide 911 emergency responses within the Commonwealth of Kentucky and be in good standing at the time of application and throughout the award period.

An EMS agency in **good standing with the Kentucky Board of EMS (KBEMS)** holds an active KBEMS agency license, is not subject to any active disciplinary action, is compliant with operational, equipment, staffing, and medical direction requirements, and meets all EMS state data and reporting requirements.

An EMS agency in **good standing with the Kentucky Department of Medicaid Services (DMS)** is actively enrolled as a participating Kentucky Medicaid provider, compliant with enrollment and participation requirements, and is maintaining required licensure and regulatory standing in the Commonwealth of Kentucky.

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 **Monday**, **June 15, 2026.**

- May 15, 2026: RFA Released
- May 28, 2026: RFA Information Session
- June 2 & 10, 2026: RFA Office Hours *(tentative)*
- June 15, 2026: Deadline for Receipt of Applications
- July 15, 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 and provide services within the scopes of practice outlined by KBEMS.
3. **Administration, Staffing, and Training:** Programs must be led by qualified agency leadership and supported by credentialed EMS personnel. Agencies must demonstrate adequate staffing, training, and supervision to support TNT/TAD protocol development and service delivery.
4. **Medical Direction & Clinical Oversight:** Programs must operate under an approved medical director and adhere to KBEMS-approved protocols.
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 developing TNT/TAD protocols and agency standard operating procedures (SOPs), consistent with CMS guidance and RHTP program requirements. Funding is intended to support one year of initial program implementation and may be used for workforce development, training, supplies, technology, and other readiness costs necessary to operationalize TNT/TAD service delivery.

Continuation or expansion of TNT/TAD services beyond the initial funding period is not guaranteed and will require participation in a future opt-in process. Awardees will be required to demonstrate continued compliance with program requirements, satisfactory performance, and alignment with the applicable pathway, subject to funding availability.

The period of performance for FY 2027 awards begins August 1, 2026 and goes through September 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.

Costs are allowable to the extent that they are related to the operationalization of TNT/TAD and adhere to guidance from the Centers for Medicare & Medicaid Services (CMS) related to the RHTP grant. Allowable costs* include:

- Program coordinator or lead staff dedicated to TNT/TAD protocol development and implementation
- Medical director or physician time related to protocol drafting, review, approval, and clinical oversight
- Development or procurement of training materials, SOP manuals, and protocol guides
- Supplies, equipment, and personal protective equipment (PPE) related to on-scene care delivery
- Tablets to support documentation of telehealth encounters and care coordination technology
- Connectivity solutions necessary to support field-based telehealth and documentation

**Other reasonable and necessary costs that are directly related to TNT/TAD protocol development, approval, and readiness activities, and that are consistent with CMS Rural Health Transformation Program (RHTP) requirements, may be allowable with prior approval.*

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.

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 (expansion of TNT/TAD services) will be available in future years of the RHTP grant, however those grant opportunities will be tied to future budget periods.

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 Year 1 Period: August 1, 2026 (award date) - September 30, 2027
Funding Year 2 Period: October 1, 2027 – September 30, 2028
Funding Year 3 Period: October 1, 2028 – September 30, 2029

Continuation beyond Year 1 is optional and not automatic. Agencies that meet required implementation, performance, training, and reporting requirements may opt in to a second year of funding through a streamlined application, with eligible costs supported at up to 100%. Funding in subsequent years is subject to a phased cost share model and funding availability. Additional funding beyond the five-year RHT period of performance is cost-shareable, subject to CMS funding allocations

VIII. Funding Limitations

This funding opportunity is subject to restrictions from CMS per federal guidance.[3] 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.

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

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 B”)

20 Points ***Program Readiness***

- (5 points) Are letter(s) of support from agency attached (e.g., medical director), demonstrating organizational commitment to establishing launching TNT/TAD services?
- (10 points) Leadership capacity
  - 10 = Provides documentation of qualified program leadership with credentials and experience appropriate to mobilizing a TNT/TAD program, including demonstrated experience in EMS operations and care coordination.
  - 5 = Identifies some qualified leadership, but gaps remain in experience, provider staffing, or clarity of roles necessary to support the program launch.
  - 0 = No qualified program leadership or providers identified and/or documentation is absent.
- (5 points) TNT/TAD operationalization timeline
- 5 = Implementation plan demonstrates readiness to operationalize TNT/TAD services and full accounts for all required KBEMS approvals, protocols, and authorization timelines within the proposed implementation period.
- 3 = Implementation plan reflects intent to operationalize TNT/TAD services and acknowledges KBEMS approval or protocol requirements, but timelines are only partially addressed or lack sufficient detail.
- 0 = Implementation plan does not document KBEMS alignment, required approvals, or readiness to implement TNT/TAD services.

15 Points ***Rural Reach and Impact***

- (15 points) Proposed expansion of TNT/TAD services in rural areas
  - 15 = Clearly identifies the TNT/TAD service capacity in rural areas and demonstrates that the scale of expansion is reasonable and achievable given the funding requested.
  - 8 = Identifies intent to expand TNT/TAD services in rural areas, but the scope, scale, or feasibility of expansion is not fully justified in relation to the proposed use of funds.
  - 0 = Does not clearly identify how TNT/TAD services will be added or expanded in rural areas.

15 points ***Demonstrated TNT/TAD service plan delivery***

- (15 points) Service Plan Delivery for TNT/TAD services

    - 15 = Demonstrates a clearly defined plan to staff, equip, and deploy personnel to deliver TNT/TAD services to rural populations, with a credible implementation and service delivery approach.
    - 8 = Mentions intent to expand TNT/TAD services in rural areas, but supporting details, timelines, and/or feasibility timelines are limited.
    - 0 = Does not demonstrate a sufficient plan to implement or sustain TNT/TAD services in rural areas.

10 points   Documentation of rural and community-based partnerships

- (10 points) Community-Based Partnership Planning
    - 10 = Applicant provides clear documentation (e.g., letters of support, MOUs, or agreements) of alternative destination partnerships to support TNT/TAD service delivery.
    - 5 = Documentation of alternative destination partnerships is provided but lacks specificity or formalization.
    - 0 = Documentation of alternative destination partnerships is missing or insufficient to demonstrate readiness.

20 Points   Program Sustainability

- (10 points) TNT/TAD Service Sustainability
    - 10 = Demonstrates an existing supply of licensed EMS personnel to support ongoing TNT/TAD service delivery beyond the grant period.
    - 5 = Mentions strategies for continued qualified EMS personnel, but evidence of feasibility or long-term sufficiency is limited.
    - 0 = Plan for community-based partnerships 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 – September 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 development?
    - 5 = Budget reflects a sound understanding of protocol development needs and available resources, with costs appropriately scaled to reflect planned programming, local partnerships, and staffing infrastructure.
    - 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 packet ("Attachment A") (not to exceed twenty-five (25) pages) to RHT.CTC@ky.gov **by June 15, 2026** for funding available August 1, 2026:

1) Agency and applicant information:
    a. Agency Information
    b. Applicant Info & Contact Information
2) Agency TNT/TAD Service Status or Scope
3) TNT/TAD Program Proposal and Implementation Plan
    a. Program overview describing the intent of the proposed TNT/TAD protocols
    b. Scope of TNT/TAD services, including on-scene standard operating procedures (SOPs), technology utilization, and anticipated alternative destination partners
    c. Implementation timeline with identified milestones for implementation of the program from August 1, 2026 through September 30, 2027.
    d. Deliverables including finalized TNT/TAD protocols and SOPs, planned training activities, technology implementation, and data collection
4) An application narrative that includes:
    a. Methodology for operationalizing TNT/TAD programming, key steps, community-based partnerships, and delivery of 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 describing how the TNT program will continue to operate after start-up funding concludes, including plans to formalize alternative destination partnerships and gradually transition costs to local or payer-based funding streams as DMS continues to develop and operationalize reimbursement pathways

5) Attestation confirming understanding of, and intent to comply with all RFA requirements
6) Identification of potential alternative destinations to serve as community-based partners
7) Authorized Agency Representative Signature
8) Supporting documentation, not included in the twenty-five (25) page count:
   a. Current agency licensure with KBEMS and KEMSIS 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 expanding care coordination and alternative destination transport 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.