Rhode Island Health Care System Planning

Health Care System Planning Cabinet & EOHHS Independent Advisory Council Joint Meeting

April 15, 2026

RHODE ISLAND

Agenda

Welcome & Introductions –

Executive Office of Health and Human Services (EOHHS) Secretary Richard Charest
Review of February 12, 2026 Minutes

Health Care System Planning Updates

Marti Rosenberg, Director of the Office of Health Care System Planning

Health Care System Transformation

Long-term Rhode Island Health Care System Planning –
EOHHS Assistant Secretary Ana Novais
Marti Rosenberg
Emma Seymour, Master of Public Health Fellow, Brown University

Rural Health Transformation Program Update
Assistant Secretary Novais
Manny Ortiz, Interim Director, Rural Health Transformation Project

Public Comment

Secretary Charest

Review of the February 12, 2026, Meeting Minutes

Long Term Health Care System Planning: The Rhode Island Health Plan

Presentation by EOHHS Assistant Secretary Ana Novais

Marti Rosenberg, Director of the Office of Health Care System Planning

and

Emma Seymour, MPA

Masters of Public Health Fellow, Brown University

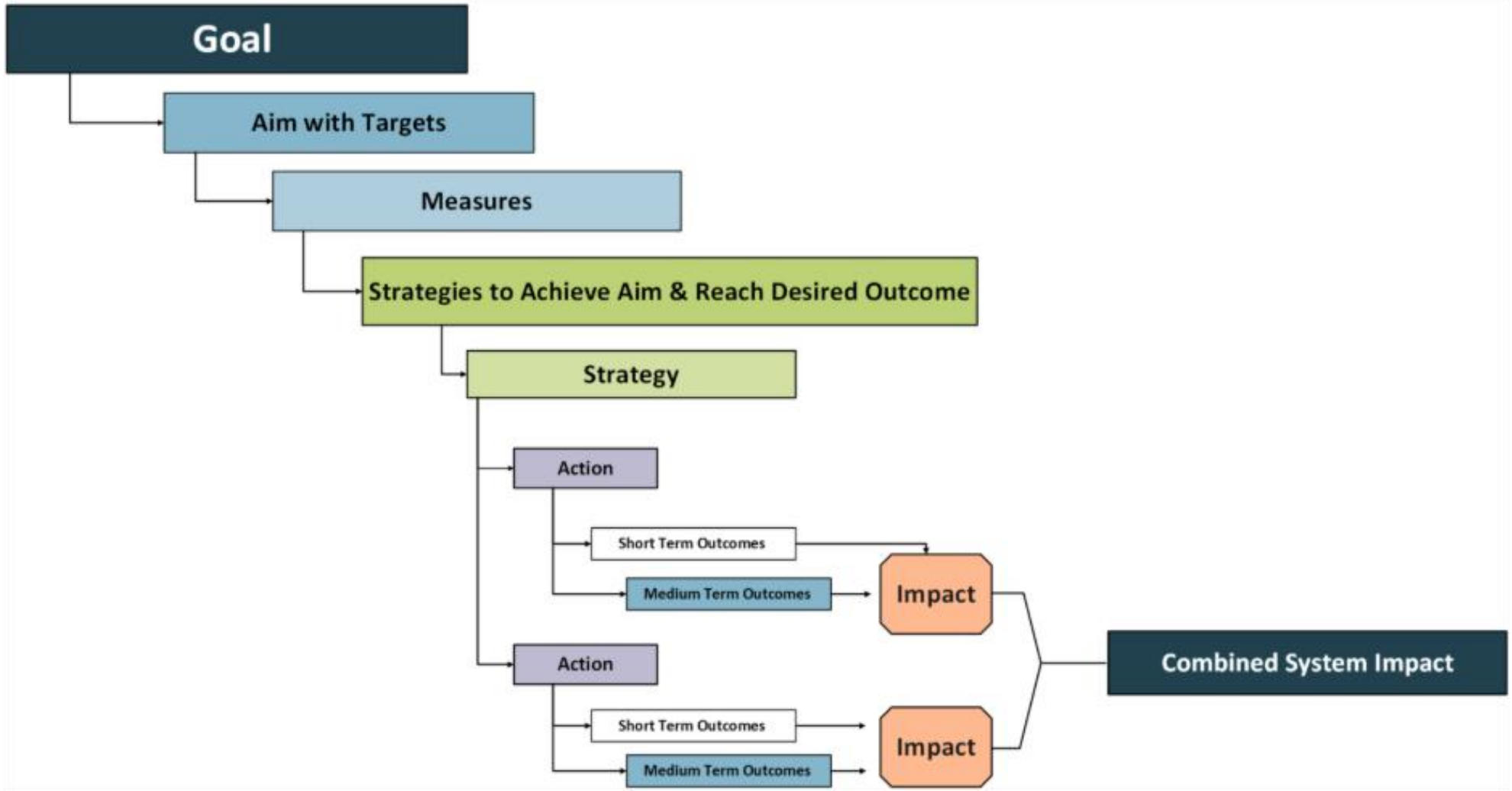
Rhode Island Health Care System Planning Cabinet Goals

1. Ensure **access** to affordable, quality and easy to navigate comprehensive care
2. Ensure **solvency** of the health care system
3. Ensure health **equity** and reduce disparities in access and outcomes
4. Foster an **integrated delivery system** that coordinates care across full spectrum of health services focused on population health, seamless transitions, system-preparedness, and patient-centered care
5. Strengthen **preventative, primary physical & behavioral health care services** to maintain appropriate utilization & promote efficiencies
6. Invest in efforts to address the **social factors that impact health**

Framing for the Rhode Island Health Care System Plan

- **Foundational Report as the Basis for the Plan:** The Foundational Report identified strategies and activities/tactics for achieving the goals—some activities are already in motion and others are recommendations for action.
- **Aims, Measures, and Targets:** The next step is to choose Aims, Measures and Targets for each strategy and then nestle these together within the structure of a measurable, and time-bound long-term plan. **Our goal is to review the Aims today, prepare to finalize them at the May Cabinet meeting, and then engage on Targets.**
- **Proposed 10-year timeframe:** Here for the Cabinet's review is a proposal for a 10-year time frame for the overarching plan, with planned reviews at Year 3 and Year 6 to ensure that the Aims, Strategies and Activities are appropriate given potential changes in the overall federal and state health care and social service ecosystems.
- **Impact of Federal Changes**: Particularly given the upcoming changes to health care and social service access due to the recently Congressionally passed H.R. 1, the State will need to keep a close eye on the impact of those changes on the components of this Health Care System Plan.

Rhode Island Health Care System Plan Framework



Goal 1: Access and Affordability

Enabling access to affordable, quality and easy to navigate comprehensive care.

Access is the most direct measure of whether the health system is delivering on its fundamental purpose — connecting Rhode Islanders to the care they need, when they need it, in a way they can use and afford. For this plan, accessible and affordable health care is understood as a person's or a population's ***ability to identify, reach, and obtain timely and appropriate care without creating undue financial burdens.***

Goal 1: Access and Affordability

Enabling access to affordable, quality and easy to navigate comprehensive care.

Affordability is a core component of access. For this plan, health care is considered affordable for an individual or household, if the total cost of care does not prevent them from accessing or delaying necessary health care, does not force trade-offs with basic needs, and does not create undue financial hardship. The total cost of care includes the cost of premiums, deductibles, co-pays, and other out-of-pockets expenses.

Drivers of Access

Achieving meaningful access requires addressing five interdependent drivers:

1. Affordability
2. Provider supply
3. Care Navigation
4. Systems Integration and Coordination
5. Availability of Appropriate Types of Care

Interconnected Goals

Because these drivers span multiple goals, the Access component does not operate in isolation.

- **Goal 3** ensures that access improvements are distributed equitably across populations.
- **Goal 4** strengthens the coordination and connectivity needed for seamless care.
- **Goal 6** addresses transportation, housing, food security, and other conditions that determine whether individuals can reach and sustain care.

Accordingly, this section focuses on access outcomes and on the levers directly within its scope, i.e., **care navigation** and **provider supply**, while relying on other goals to address the enabling conditions that make those outcomes achievable.

Drivers of Affordability

Achieving meaningful affordability requires addressing five interdependent drivers:

1. Coverage subsidization
2. Coverage adequacy
3. Public benefit program eligibility requirements
4. Benefits cliff
5. Provider accessibility

Interconnected Goals

Because these drivers span multiple goals, the Affordability component does not operate in isolation.

- **Goal 2** works to achieve and sustain financial stability throughout the system
- **Goal 3** ensures that access improvements are distributed equitably across populations.
- **Goal 6** addresses transportation, housing, food security, and other conditions that determine whether individuals can reach and sustain care.

Accordingly, this section focuses on affordability outcomes and on the levers directly within its scope, i.e., **subsidized coverage, coverage adequacy, public benefit eligibility,** and **sustaining financially viable practices**, while relying on other goals to address the enabling conditions that make those outcomes achievable.

Goal 4: System Integration and Coordination

Foster an integrated delivery system that coordinates care across full spectrum of health services focused on population health, seamless transitions, system-preparedness, and patient-centered care.

An **integrated and coordinated health system** is one in which care is connected across settings, providers, and sectors so that Rhode Islanders — particularly those with complex needs — experience seamless transitions, avoid preventable gaps in care, and receive the right care at the right time in the right place

Drivers of System Integration and Coordination

Achieving meaningful system integration and coordination requires addressing three interdependent drivers:

- **Connectivity** - the physical and digital infrastructure to connect providers and systems
- **Continuity** - the people and processes to actively manage care across transitions and settings
- **Governance and Accountability** - structures that ensure the system performs rather than as a collection of parts. The creation and implementation of this plan seeks to provide the first step in providing the groundwork of these components to achieve system integration and coordination.

Underpinning all three is **sufficient capacity** across the full continuum of care — without it, coordination has nowhere to send people.

Interconnected Goals

Goal 4 is unique in that it is both a prerequisite for and a product of progress across the other goals:

• **Goal 1:** Access depends on integration to ensure that provider supply and navigability translate into connected, continuous care rather than isolated encounters — a system can have sufficient providers and still fail patients at the transitions between them.
•**Goal 2:** System solvency is strengthened by integration because coordinated care reduces avoidable utilization, preventable hospitalizations, and the costly downstream consequences of fragmented care.
• **Goal 3**: Health equity requires that integration efforts explicitly reach populations who face the greatest structural barriers to connected care — without this approach, integration improvements can widen rather than narrow disparities.
•**Goal 5:** Strengthening quality depends on the data infrastructure and care coordination capacity built under this goal — quality cannot be measured or improved consistently across a fragmented system.
•**Goal 6:** Addressing health-related social needs requires the cross-sector connectivity and closed-loop referral infrastructure that integration makes possible. Clinical care and social services cannot work together without the systems and relationships to connect them.

Discussion on the Draft Aims

Now, we will discuss the first draft of the Health Care System Plan Aims that have been developed based on conversations with the Cabinet, the EOHHS Independent Advisory Council, the EOHHS Data Council, and other Interested Parties.

See the Draft Rhode Island Health Care System Plan, linked here.

Discussion Questions for the Cabinet

- Are we generally on the right track?
- Do you see any red flags?
- Are we missing anything critical?

Public Comment on the Draft Aims and Process

Please feel free to address these questions, or comment in general:

- Are we generally on the right track?
- Do you see any red flags?
- Are we missing anything critical?

When you speak, please share your name and any organization you are representing.

Next Step: Feedback/Community Engagement

Considering a Three-Pronged Approach for Feedback, Comments, and Proposed Edits

Cabinet Members/State Agencies

- Prepare to Finalize Aims in the May Cabinet meeting and then engage on Targets
- Cabinet agency engagement – Leadership and Staff
- Other State Agency Engagement

Advisory Council/ Community Agency Partners

- Engage on Targets
- Community partner and organizational channels

Patients/Residents

- Engage on Targets
- In-Person Community Meetings
- Virtual Meetings
- Surveys

Discussion on Community Engagement

Does this proposal for feedback on the Rhode Island Health Care System Plan seem appropriate?

What else would Cabinet members suggest or propose?

Public Comment: Input from the Independent Advisory Council and Interested Parties. Please share your name and organization when you speak.

Rural Health Transformation Program

Presentation by EOHHS Assistant Secretary Ana Novais

and

Manny Ortiz, Interim Director, Rural Health Transformation Program

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RHTP Background

In July 2025, Congress created the Rural Health Transformation Program as part of H.R.1. RHTP is a partnership between the federal government and state governments to support rural communities across the country.

Overview

RHTP was designed to help states create innovative solutions that address the unique health needs of their rural residents. The federal and state governments will work together to achieve this.

Approach

- The program sets aside $50 billion to distribute to states over the next five years (FFY26-FFY30).
- In order to get funds, each state had to submit an application in late 2025.
- The Centers for Medicare & Medicaid Services (CMS) announced award amounts for the first year of the program on December 29, 2025.
- Over the next year, states will begin to develop and implement projects that transform the delivery of care in rural communities. Future funding will be determined based on the progress they make, pending CMS review and approval.

Sources: Notice of Funding Opportunity; Notice of Award

Cooperative Agreement Detail

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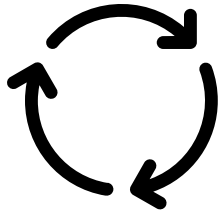
The federal government set terms & conditions of this award in their "Notice of Award" as part of a "cooperative agreement" (defined in 2 CFR 182.620), which was established when CMS approved state budgets. In general, collaboration may look like:

Federal Government (CMS):

- Sets overall strategic goals & framework
- Approves, rejects, or provides feedback on state's proposed projects and awards funding to implement it
- Releases funding upon review and approval of submitted project and budget narratives
- Reviews progress, provides feedback, and determines future funding; may impose corrective action if deemed necessary



State Government:

- Develops a set of projects to achieve these goals in their own state's rural context
- Incorporates CMS feedback and submits a proposed budget based on awarded funds
- Implements projects (with identified partners); develops reports on progress & spending
- Makes program changes based on CMS feedback and implementation

Source: Notice of Funding Opportunity

RHTP Guidelines

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CMS set clear guidelines about how states should use RHTP funds.

What must these funds be used for?

- Investments in rural communities through three or more of the below funding categories:
  - Chronic disease prevention and management
  - Provider payments
  - Consumer technology solutions
  - Training and technical assistance
  - Workforce development and retention
  - IT advances
  - Appropriate care availability
  - Behavioral health
  - Innovative care models

What is not allowed?*

- New construction
- Independent research and development
- Duplicate billable services
- Currently funded investments (i.e., supplanting state or federal funds)
- EMR replacement over a 5% cap**
- Administrative spending over the 10% cap (direct and indirect)

Note: This is one time funding, which States are not allowed to use to fill current or potential budget holes.

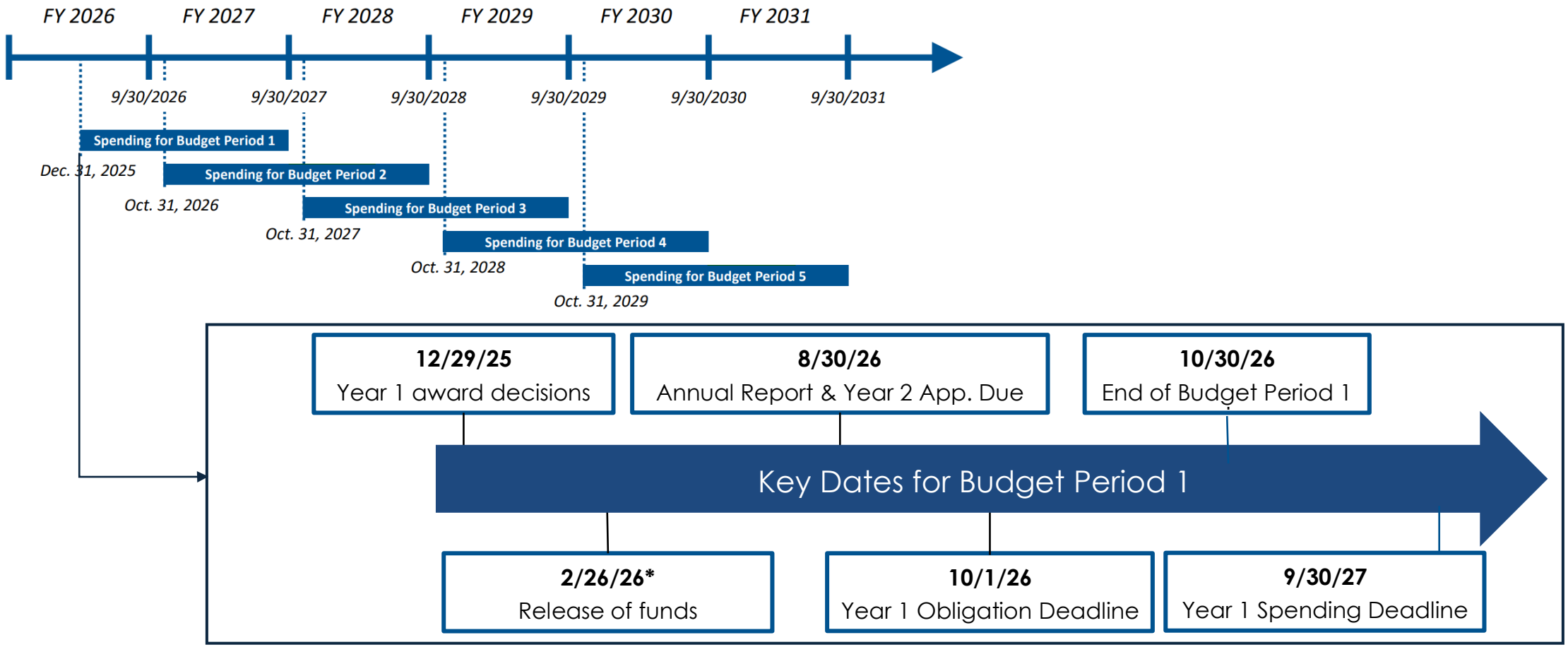
Source: Notice of Funding Opportunity

** This is not exhaustive. CMS has final approval for all funding uses.*

***5% cap applies to upgrading EMRs that are HITECH certified.*

RHTP Overall Timeline

RHTP will be implemented over five years, from Federal Fiscal Year (FFY) 26-30, with key milestones throughout.



RI's final amount was released on 3/13/26, but 99% of funds were released on 2/26/26.

Sources: CMS Webinar for Applicants; Notice of Award

Rhode Island's Vision for Rural Health

RI is working towards a connected, community-based system that ensures every rural resident has timely, coordinated, high quality care where they live. This marks a fundamental shift from top-down, state-driven approaches to building lasting infrastructure that empowers communities to lead their own health transformation.

RHTP is structured around five strategic goals that will help achieve this vision:

1. Make Rural America Healthy Again - Improve the health of rural residents
2. Sustainable Access - Expand access to comprehensive, quality, low-cost care
3. Workforce Development - Strengthen the rural health care workforce
4. Innovative Care - Accelerate value-based & affordable care models
5. Tech Innovation - Integrate technology into rural practice

Note: This aligns with the five goals set in H.R. 1.

Source: Notice of Funding Opportunity

Rhode Island's Approach to Rural Health

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Rhode Island continues to use RI 2030 (the State's strategic plan) and the Health Care System Planning Foundational Report to work towards a world where everyone can access high quality, affordable health care. RHTP is a crucial investment to ensure the path forward will work for all people by providing targeted support to rural communities.

RHTP goes hand-in-hand with Rhode Island's overall goals for improving health and transforming the healthcare system in the state.

RI 2030 and the Health Care System Planning Foundational Report identify priorities to transform health care, like:

- Improve health outcomes by addressing lifestyle factors & determinants of health, behavioral health, and more
- Make it easier for people to access health care in their communities
- Strengthen the health care workforce to ensure that people receive the amount and quality of care they need
- Limit health care costs using innovative models of care
- Modernize the health care system by integrating technology into care

RHTP provides an important investment to help RI continue working towards these goals in rural communities.

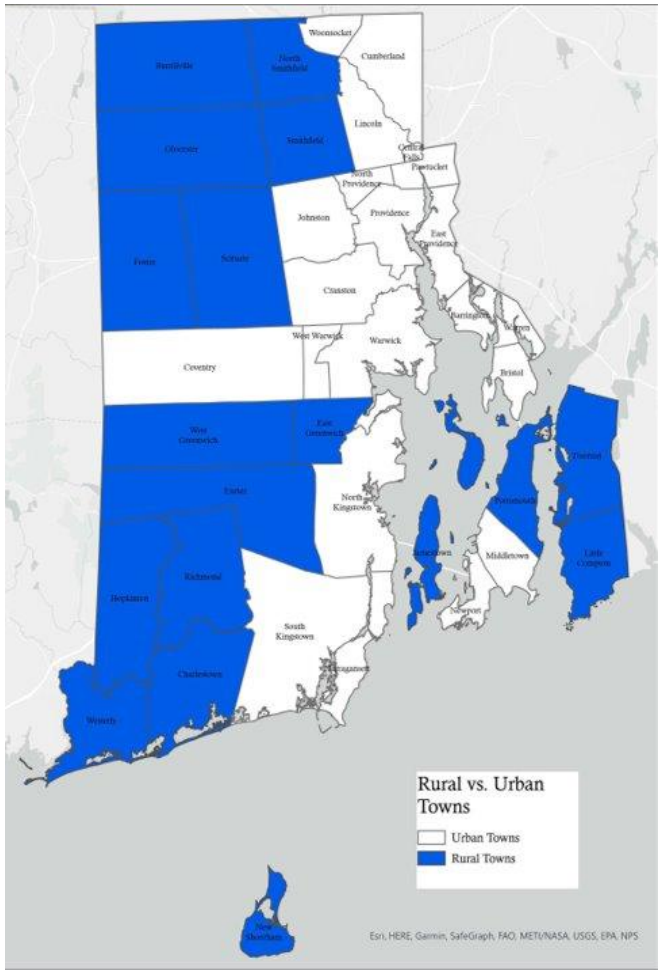
RHTP in Rhode Island

CMS awarded Rhode Island **$156.2 M** for the first year of RHTP (until 10/30/26).

These funds will be used to support residents of Rhode Island's rural towns, which are defined as having fewer than 25,000 people and lower population density. This includes the following 18 towns:

Burrillville	Charlestown	East Greenwich	Exeter
Foster	Glocester	Hopkinton	Jamestown
Little Compton	New Shoreham	North Smithfield	Portsmouth
Richmond	Scituate	Smithfield	Tiverton
	West Greenwich	Westerly	

Some funds will also support members of the **Narragansett Indian Tribe.**



RHTP Partnerships & Community

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Many people and organizations have been and will continue to be involved in RHTP in Rhode Island. The State will continue to prioritize rural voices to make sure that this project can support people the best they can.

Agencies & Partner Organizations

The **Executive Office of Health & Human Services** will be leading the RHTP effort, but will collaborate with other State agencies & organizations. This group may grow:

Community Feedback & Engagement

- In fall 2025, the State collected feedback on what rural communities need and how best to address those needs. This feedback formed the basis of the State's RHTP proposal
- The State will establish a **Rural Stakeholder Advisory Committee** to help guide the project
- As the State starts to implement projects, community outreach will be key to make sure that they are working well for the people they serve

Note: The State will continue to issue requests for proposals & contract vehicles to implement programs. The State will also open grant funds for rural communities and partners.

Rural Stakeholder Advisory Committee (RSAC)

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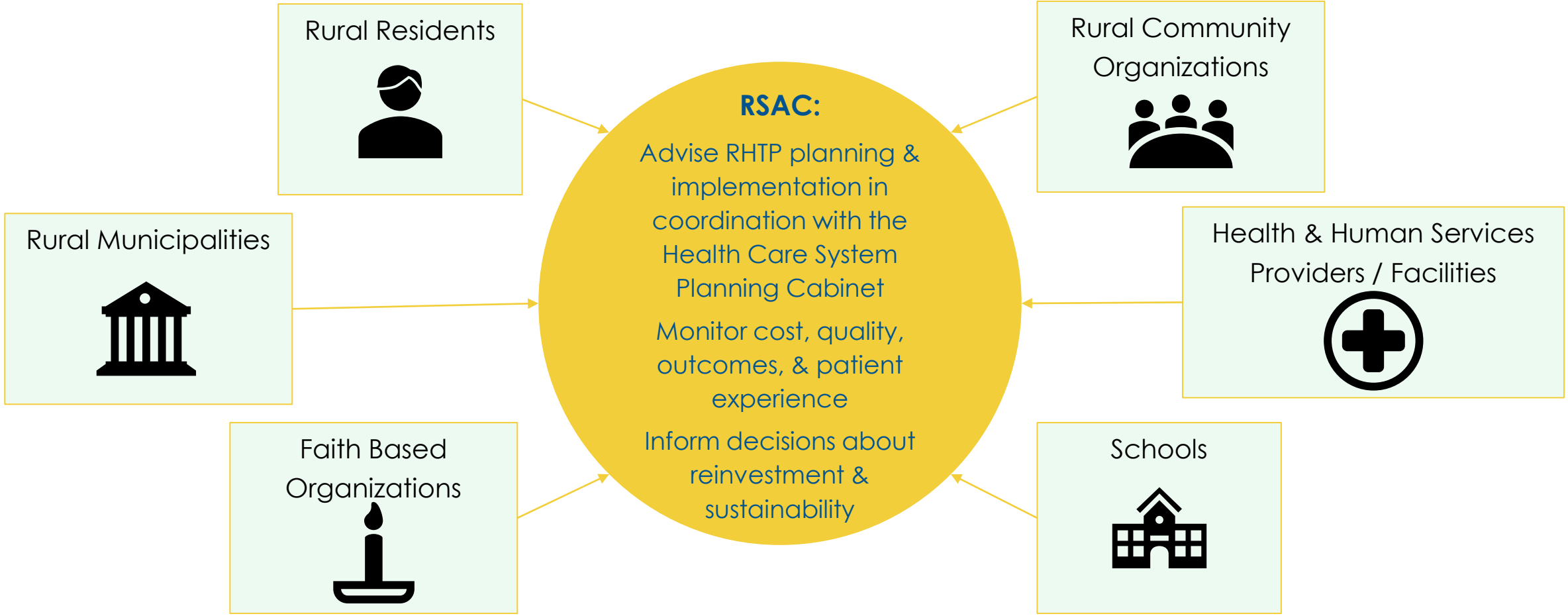
The State will create a Rural Stakeholder Advisory Committee to provide feedback on RHTP projects and inform implementation and planning. Information about how to get involved will be shared in the coming months as the charter, term-lengths, and eligibility criteria are developed.



RHTP Initiatives

RHODE ISLAND RURAL HEALTH TRANSFORMATION

Rhode Island has developed 13 initiatives that will be used achieve the five RHTP goals, which CMS has approved as part of the State's application.

Goal #1: Make Rural America Healthy Again	**Goal #2:** Sustainable Access	**Goal #3:** Workforce Development	**Goal #4:** Innovative Care	**Goal #5:** Tech Innovation
Initiative #1 Integrated Rural Population Health Infrastructure	**Initiative #4** Rural EMS Health Access & Integration	**Initiative #10** Rural Workforce Program	**Initiative #11** Supporting Hospitals and Primary Care in Value-Based Payment Transition	**Initiative #12** Rural Health Information Technology Modernization Program
Initiative #2 Rural Community-Integrated and Mobile Health Services	**Initiative #5** Rural Hospital-at-Home Program			
Initiative #3 Expanding Access to Rural Community Resources	**Initiative #6** Expanding BH Services Availability in Rural Regions			
Initiative #13 Rural Health Data and Workforce Tracking System	**Initiative #7** Strengthening Rural Oral Health Delivery Through Innovation & Integration			
	Initiative #8 Building Capacity for Block Island HHS			
	Initiative #9 Modernizing Health Care Delivery for the Narragansett Indian Tribe			

Notes:

1. *Initiative 13 will support the state in tracking success across RHTP activities.*
2. *Additional detail about initiatives can be found in the appendix and in RI's project narrative (here).*

Policy Action Commitments

CMS aligned funding with states' commitments to and implementation of specified policy actions in the Notice of Funding Opportunity (NOFO). For proposed state policy action commitments, CMS requires states to implement these policies by December 31, 2027—except for the Nutrition CME, which has until December 31, 2028—to retain the associated funding credit.

Rhode Island has committed to implementing the following **no-cost policy actions** under its approved RHTP plan. Continued funding is contingent on implementation; failure to implement as approved by CMS may result in funding adjustments.

Policy Action	Description
Nutrition Continuing Medical Education (CME)	Requires physicians to incorporate CME focused on Nutrition.
Certificate of Need (CON)	Eliminates or loosens CON laws to allow providers to establish new facilities without the increased burdens of costs and regulations.
Physician Assistant (PA) Licensure Compact	Enables physician assistants to practice across states, expanding workforce capacity and access.
Scope of Practice	Expands the scope of practice for pharmacists and dental hygienists, increasing access to preventive and routine care services and improving care delivery efficiency.

Source: Notice of Funding Opportunity

Policy Enablers

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RURAL HEALTH TRANSFORMATION

The policy enablers listed below were identified as critical to the implementation of Rhode Island's approved RHTP policy action commitments and broader RHTP plan. The first two enablers in the table below support the State's policy action commitments (detailed on the previous slide). The last enabler is necessary for the implementation of Initiative #5.

Policy Enabler	Description
Physician Assistant & Physician Compacts FBI Background Check	There are separate bills for both compacts. Each gives RIDOH the authority to use FBI background checks to issue health professional licenses, ensuring compliance with federal law that requires states to implement a national criminal records check.
Nurse Licensure Compact Extension	Extends the current Nurse Licensure Compact through January 1, 2029. This compact allows registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) with a Multi-State License (MSL) to practice in RI without additional licensure.
Hospital-At-Home (HAH) Resolution	Commits RI to cover Acute Care at Home / Hospital-at-Home services for all eligible medical assistance enrollees and managed Medicaid enrollees for as long as CMS's Acute Hospital Care at Home Initiative is in effect.

Source: Notice of Funding Opportunity

How RHTP Federal Funding Aligns with RI's State Fiscal Years*

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In Rhode Island, each CMS award period (Budget Period) is spent across three State Fiscal Years (SFYs) due to federal obligation and expenditure rules aligned in part to the Federal Fiscal Year (FFY).

Illustrative Example: Budget Period 1 (BP 1)

	SFY 26	SFY 27	SFY 28	Total
BP 1 Award	$10,275,612.66	$132,447,095.16	$13,447,223.37	**$156,169,931.19**

Funding Timing Rules (BP 1):

- Budget Period 1 runs: 12/29/2025 to 10/30/2026
- Funds must be obligated by the end of the budget period (FFY 2026, ending 9/30/2026) - through contracts, subawards – consistent with CMS guidance
- Funds must be fully spent through the end of the following federal Fiscal Year (by 9/30/2027 for BP1)
- Spending timelines are fixed under the authorizing RHTP statute (H.R.1). No exceptions
- CMS will redistribute unspent or unobligated funds beginning in BP3 at its discretion

Annual CMS Review & Funding Determination:

- CMS re-evaluates and scores state performance annually
- Funding amounts for BP 2 –5 are subject to change based on program rescoring conducted by CMS, progress with program metrics, and implementation of policy action commitments
- All spending must align with CMS-approved plans; deviations are not permitted, and expenditures must comply with the terms and conditions of the award

EXECUTIVE OFFICE OF HEALTH & HUMAN SERVICES STATE OF RHODE ISLAND

***All figures depicted are pending CMS review and approval**

Next Steps

The State will begin implementing RHTP initiatives throughout the year and will continue to share information as it is available.

Additional information will be posted online: https://eohhs.ri.gov/initiatives/rural-health-transformation-grant

Please reach out to OHHS.RIRHTP@ohhs.ri.gov with any questions or concerns you may have.

Questions?

Public Comment