CALIFORNIA
RURAL HEALTH TRANSFORMATION

Rural Health Policy Council Meeting #1

July 28, 2026

HCAi
Department of Health Care Access and Information

Agenda

Item #1	Welcome
Item #2	CalRHT Program Overview
Item #3	Council Orientation
Item #4	Council Perspectives
Item #5	Public Comment
Item #6	Next Steps & Adjourn

The CalRHT program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $233,639,308.46 with 100 percent funded by CMS/HHS. The contents are those of CalRHT and do not necessarily represent the official views of, nor an endorsement by, CMS/HHS or the U.S. Government.

Land Acknowledgement

The Department of Health Care Access and Information (HCAI) acknowledges that its Sacramento and Los Angeles offices are situated on land taken from the Miwok, Nisenan, Chumash and Gabrielino-Tongva peoples. We acknowledge the historical injustices of government-sanctioned forced displacement and cultural genocide experienced by these communities and honor their resilience and fortitude. In solidarity with native peoples, HCAI commits to being a catalyst for change by sharing information on the ongoing impacts of past actions, listening to tribal voices to help eliminate barriers to health workforce participation, and revisiting our programs to allocate resources equitably and help address disparities.

Meeting Logistics

- **Platform:** This meeting is hosted on Zoom and is being recorded to assist with accurate notetaking. Your controls are in the toolbar at the bottom of your screen. Please mute your line unless you are speaking.
  - Members of the public can participate virtually and provide public comment via the Zoom platform during the designated time.
- **Materials:** Meeting minutes and materials will be posted on the RHPC website.
- **Transparency:** Council meetings are not subject to the Bagley-Keene Open Meeting Act. All meetings will be open to the public.

Item #1

Welcome

Elizabeth Landsberg, HCAI Director
Jennifer Hernandez, Director, California Rural Health Transformation, HCAI and Rural Health Policy Council (RHPC) Chair

Council Member Introductions

- Please share:
  - Your name
  - Your organization and title
  - What motivated you to join the Rural Health Policy Council?
  - How you see the Council best supporting the California Rural Health Transformation Program?

- Please keep your response to one minute.

Council Member Introductions

Member	Organization	Title	Partner Group
Raul Ayala, MD, MHCM	Central California Network	Ambulatory Medical Officer & DIO	*Rural hospitals*
Joy Dockter, JD	Western Center on Law and Poverty	Senior Attorney	*Consumers*
Kirk Fermin	Inland Empire Health Plan	Director of Provider Network	*Health plans*
Hernando Garzon, MD	Emergency Medical Service Authority	Chief Medical Officer	*State government*
Orvin Hanson	Indian Health Council, Inc.	Chief Executive Officer	*Tribal partners*
Virginia Q. Hedrick, MPH	California Rural Indian Health Board	Chief Executive Officer	*Tribal partners*
Haady Lashkari	Community Memorial Hospital, Ojai Valley	Chief Administrative Officer	*Rural hospitals*
Lori Link, CNM, MSN	Plumas District Hospital	Director of Midwifery	*Providers*
Julia Logan, MD, MPH	CA Public Employees' Retirement System	Chief Medical Officer	*State government*
Alma Martinez	Center on Race Poverty & the Environment	Policy Advocate	*Consumers*

Council Member Introductions, Cont.

Member	Organization	Title	Partner Group
Rita Nguyen, MD	California Department of Public Health	Assistant Health Officer	*State government*
Jeffrey Norris, MD	Department of Health Care Services	Value-Based Payment Branch Chief	*State government*
Tim Rine	North Coast Clinics	Chief Executive Officer	*Rural clinics*
Colleen Rodriguez MSW, MPH	Calaveras County Health and Human Services Agency	Public Health Director	*County public health*
James Schlund, MD	Tahoe Forest Hospital	Radiologist	*Providers*
Monica Soni, MD	Covered California	Chief Medical Officer	*Purchasers, State government*
Dan Southard	Department of Managed Health Care	Chief Deputy Director	*State government*
Sarah Steenhausen	CA Department of Aging	Deputy Director	*State government*
Colleen Townsend, MD	Partnership Health Plan	Regional Medical Director	*Medi-Cal managed care plans*
Ryan Witz	District Hospital Leadership Forum	Executive Director	*District and municipal public hospitals*

Item #2

California Rural Health Transformation Program Overview

Jennifer Hernandez, Director, California Rural Health Transformation

Lemeneh Tefera MD MSc, Chief Medical Officer and Deputy Director

CalRHT Team

Name	Title
Michael Valle, MPA	Assistant Director
Jennifer Hernandez, MPP	Director, CalRHT
Lemeneh Tefera, MD MSc	Chief Medical Officer and Deputy Director
Elia Gallardo, JD	Chief Equity Officer
Peggy Wheeler, MPH	Senior Advisor, Partner Engagement
Hovik Khosrovian	Senior Policy Advisor, Health Workforce Development
Libby Abbott, MPH, MIA	Deputy Director, Health Workforce Development
Jacob Parkinson	Deputy Director, Data Exchange Framework Program

CMS' RHTP Strategic Goals

H.R. 1 created the $50 billion Rural Health Transformation Program (RHTP) with the following strategic goals:

- Make rural America healthy again
- Sustainable access
- Workforce development
- Innovative care
- Technology innovation

Federal RHTP Funding

- $50 billion allocated to States over five fiscal years, with $10 billion of funding available each fiscal year 2026 through 2030[1].

- Year 1 funding
  - CMS awarded Year 1 funding to all 50 states.
  - California received $233,639,308 for the first budget period that runs from January to October 2026. The award was fully unrestricted in March 2026.
  - Future budget periods follow the federal fiscal year (October 1 – September 30)

[1]https://www.cms.gov/initiatives/rural-health-transformation-rht-program/overview

Partner Engagement

In just over 8 weeks through the application process, HCAI heard from over **1600** individuals about priorities for strengthening California's rural healthcare.

This included Hospitals, including Critical Access; Federally Qualified Health Centers; Indian Health Service, Tribal Health, or Urban Indian Health Organizations; Mental Health Programs; Academic Centers; Health Plans; Community Based Organizations; County and Local Governments and Departments.

Partners mentioned the following priorities:

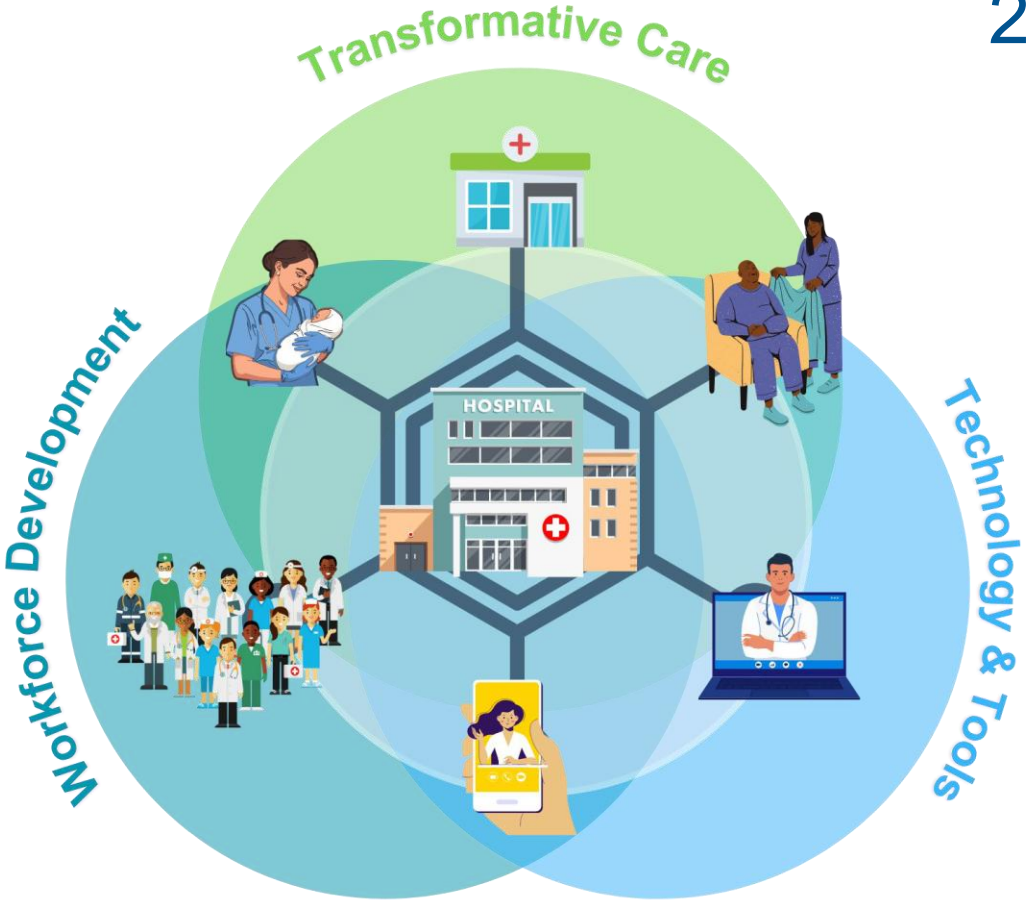
- **Access to care (77%)**
- **Financial stability of rural hospitals (66%)**
- **Telehealth and remote monitoring (63%)**
- Infrastructure modernization (54%)
- Workforce recruitment and retention (51%)
- Training and education (49%)
- Innovation pilots (40%)
- Culturally responsive care (34%)
- Community health workers and doulas (23%)
- Maternal and child health (20%)
- Tribal health partnerships (14%)

CALIFORNIA RURAL HEALTH TRANSFORMATION

HCAI Department of Health Care Access and Information

CalRHT Program

2026 - 2031



The CalRHT program vision is a **connected, resilient rural health system** in which every rural Californian can access timely, person-centered primary, maternal, specialty, chronic condition, and behavioral health care close to home, **supported by a sustainable workforce, modern technology and data infrastructure**.

CalRHT will create Rural Collaboratives; build Regional Care Collaboratives and partnerships; apply evidence-based care; deploy tools that work in low resource settings; and invest in health care access, quality, and care coordination across rural California.

CalRHT Initiative: Transformative Care Model

Establish Rural Collaboratives

To create rural primary, maternity, and specialty care Rural Collaboratives and partnerships that elevate rural health care by connecting regional hospital system hubs with local healthcare facilities and other providers to improve access to local, high-quality care.

Implement evidence-based models

Through Extension for Community Healthcare Outcomes, OB Nest, California Child and Adolescent Mental Health Access Portal (CAL-Map), and Perinatal Psychiatry Access Program (PPAP) to extend workforce and improve quality of care.

Leverage technology

That will expand primary, maternity, specialty and behavioral health care; telehealth and eConsults; remote patient self-monitoring; and other tailored technology solutions.

Expand and support rural workforce capacity

To reduce rural bypass by offering obstetrics training fellowships, supporting development of CHWs, LVNs, doulas, midwives, and other allied health professions.

Transformative Payments: What Has Been Established

Purpose within the Transformative Care Model (TCM)

- Strategic, time-limited investments in select rural hospitals critical to access
- Designed to support participation in feasible TCM components
- Focused on improving utilization, access, quality, care coordination, and long-term sustainability

What these payments are NOT

- Not reimbursement for billable services
- Not ongoing operating subsidies
- Not duplicative of other funding streams

Core design principle

- Milestone-based, conditional funding tied to measurable transformation

CalRHT Initiative: Technology & Tools

Infrastructure enhancement

To help rural health entities meet baseline technology needs, tailored to facilitate reliable connection to, and participation in, Rural Collaboratives and partnerships.

Grant funding

To support providers in a variety of needs including modernizing electronic health records, practice management, screening tools, population health systems, telehealth and eConsult platforms, optimizing interoperability, and improving revenue cycle management.

Expand regional collaboration

By leveraging the Rural Technical Assistance Center to coordinate efforts to reduce technology costs and staffing burden for rural providers and create opportunities for group purchasing and shared management of tech services.

Technical assistance

Through the Rural Technical Assistance Center which provides expert advice and hands-on support to transformative care model participants and other grantees.

Technology & tools to empower consumers

By promoting development of accessible digital tools and technologies and educating consumers on self-monitoring and reporting.

CalRHT Initiative: Workforce Development

Develop a rural workforce mapping and planning tool

To identify demand trends and pinpoint county-level capacity gaps across clinicians and team-based care support roles in primary and specialty care, and maternal health.

Strengthen training pathways and clinical placement networks

To create a sustainable pipeline of rural students pursuing careers in health professions and build pathways for them to train, stay, and practice in rural communities.

Retention and relocation

To keep existing health workforce in rural communities and make recruitment practical when needed through incentives and wrap around supports that strengthen stability and fit.

CalRHT Program Grants

Key Dates

Applications

Summer 2026

- Begin release of Request for Applications

Selection

Summer 2026

- CalRHT awardees submitted for CMS review
- HCAI announcements of CalRHT awardee selection

CMS Review

Summer – Fall 2026

- CMS authorizes fund use for grant subawards
- HCAI verifies award eligibility

Grant Funding

Summer – Fall 2026

- CalRHT begins disbursement of grants
- Awardees must use funds by Sep 30, 2027

CalRHT Program Grants

Key Dates by Grant

Grant	Application Portal Opens	Application Deadline
Transformative Care Model: **Accelerator Partners**	July 15	August 14
Transformative Care Model: **Expand and Support Rural Workforce Capacity**	July 15	August 14
Technology & Tools: **EHR Modernization**	July 20	August 21
Workforce Development: **Workforce Development Recruitment & Retention**	July 31	August 31

TRANSFORMATIVE CARE MODEL

Accelerator Partners

FUNDING AVAILABLE – BUDGET PERIOD 1

$39M

Up to $8M per award • 5-25 organizations or partners

WHO'S ELIGIBLE

Organizations or regional partnerships implementing evidence-based care, telehealth, interoperability, and workforce alignment.

APPLICATION TYPE
Rolling

KEY DATES
Application opened: July 15 | Application deadline: August 14

TECHNOLOGY & TOOLS

EHR Modernization Grants

FUNDING AVAILABLE – BUDGET PERIOD 1

$11.6M

Up to 18 grants • $2M maximum award

WHO'S ELIGIBLE

Hospitals, clinics, tribal entities and other provider service sites in rural areas.

APPLICATION TYPE
Rolling

KEY DATES
Application opened: July 20 | Application deadline: August 21

WORKFORCE DEVELOPMENT

Workforce Development Recruitment and Retention

FUNDING AVAILABLE – BUDGET PERIOD 1

$54M

For up to 40 organizations

WHO'S ELIGIBLE

Regional collaborations, facilities, and organizations with their existing rural health workforce and recruiting new health workforce.

APPLICATION TYPE
Fixed

KEY DATES
Application opens: July 31 | Application deadline: August 31

Key Upcoming Milestones

- Launch initial CalRHT activities and identify early successes, challenges, and gaps.
- Gather partner input to inform program refinements.
- Submit Budget Year 1 report and Budget Year 2 application to CMS by Monday, August 31, 2026.
- Continue developing approaches to ensure rural providers and communities can access and participate in CalRHT opportunities.

Item #3

Council Orientation

Jennifer Hernandez, Director, California Rural Health Transformation, HCAI

The RHPC's Advisory Role

- The RHPC serves as a public forum for rural health partners to discuss and advise HCAI on CalRHT implementation and issues affecting health in rural communities.
- The Council considers policy questions, proposes ideas, provides subject matter expertise, and shares feedback from rural California communities.
- RHPC input is advisory and does not bind HCAI. HCAI retains responsibility for final program decisions.

Council Member Roles & Responsibilities

Council members are expected to:

- Contribute their expertise, experience, and perspectives, including broader perspectives of the partners and communities they represent.
- Review materials, participate actively, identify emerging rural health issues, and provide thoughtful feedback.
- Engage collaboratively and respectfully, fostering constructive dialogue and consensus-building where appropriate.
- Serve as ambassadors for rural heath by sharing CalRHT information, gathering feedback, and bring community needs and emerging challenges forward to HCAI.

Attendance Expectations

RHPC members are expected to:

- Attend at least three of the four quarterly meetings each year.
- Notify HCAI as soon as possible of any attendance conflicts and identify a designee, as applicable.
- Participate in special meetings, workgroups, or subcommittees when assigned.

Members who miss more than two consecutive meetings without prior notice may be subject to removal.

Meeting Schedule & Format

- The remaining quarterly meetings will be held in October, February, and May, with additional meetings convened as needed.
- HCAI will communicate meeting dates at least 30 days in advance.
- Meetings will generally be held virtually via Zoom.
- Agendas and materials will be distributed at least three business days before each meeting.

Transparency & Public Participation

- Although RHPC meetings are not subject to the Bagley-Keene Open Meeting Act, all meetings will be open to the public and will include dedicated opportunities for public comment.
- Meeting agendas, materials, and summaries will be posted on the HCAI website.
- Council input and public comments will be reflected in written meeting summaries.

Conflicts of Interest

- Members must disclose any actual or perceived conflict of interest as soon as they become aware of the conflict.
  - Disclosures should be routed through the RHPC Chair or other designated HCAI staff.
- Members shall recuse themselves from deliberations where they have an actual or perceived personal conflict of interest.
- Members may be required to file a Statement of Economic Interest or Form 700. HCAI will communicate applicable filing requirements.

Questions?

For additional details regarding this orientation, please review the RHPC Charter and Member Onboarding Guide.

Item #4

Council Perspectives

Jennifer Hernandez, Director, California Rural Health Transformation

The Council's Role

- **Provide strategic advice**
  - Offer recommendations to inform policies, priorities, and implementation strategies.
- **Share partner perspectives**
  - Bring forward the experiences, needs, and perspectives of the communities and organizations you represent.
- **Serve as thought partners**
  - Help identify opportunities, anticipate challenges, and provide practical feedback on proposed approaches.
- **Strengthen two-way communication**
  - Serve as a bridge between HCAI and partners by sharing information, gathering feedback, and helping foster transparency.
- **Support alignment**
  - Help identify opportunities to align this work with related initiatives, reduce duplication, and maximize impact across organizations and programs.
  - Share information about CalRHT funding opportunities with your networks and communities.

Priority Topic Areas

- **Supporting CalRHT subgrantees and funded partners**
  - How can HCAI best support all partners to meaningfully participate within CalRHT, especially small or isolated providers?
  - What types of technical assistance would be helpful, including through the Rural Technical Assistance Center (RTAC)?
  - How can HCAI help participants navigate compressed timelines?

- **Sharing knowledge across CalRHT**
  - What is working well, and where are opportunities for improvement?
  - How can HCAI facilitate the exchange of promising practices and lessons learned?

Council Perspectives

Item #5

Public Comment

Jennifer Hernandez, Director, California Rural Health Transformation, HCAI

How to Make a Comment

- Press “Raise Hand” in the “Reactions” button on the screen
- The Chair will call on individuals in the order in which their hands were raised.
- If selected to share your comment, you will receive a request to “unmute,” please ensure you accept before speaking.
- Individuals are encouraged to limit their time to two minutes so we can hear from as many members of the public as possible.
- Individuals may, but do not have to, state their name and organizational affiliation at the top of their statements.

Item #6

Next Steps & Adjourn

Jennifer Hernandez, Director, California Rural Health Transformation, HCAI

Upcoming Meeting Dates

RHPC Meeting	Date	Time
Virtual Meeting #2	October 27, 2026	10:00 am – 12:00 pm
Virtual Meeting #3	February 2, 2027	10:00 am – 12:00 pm
Virtual Meeting #4	April 6, 2027	10:00 am – 12:00 pm

Preliminary Meeting #2 Topics

- Council feedback on successes and opportunities
- Overview of State Office of Rural Health (SORH) initiatives and their relationship to CalRHT

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