

Advancing Rural Health Transformation: The Role of the Aging Network

April 23, 2026

USAging

Leaders in Aging Well at Home



Aging and Disability
BUSINESS INSTITUTE

Connecting Communities and Health Care

ATI Advisory

Today's Presenters

Presenters:

- Marisa Scala-Foley, Director, Aging and Disability Business Institute, USAging
- Jessica Machler, Senior Program Manager of Rural Health & Social Engagement, USAging
- Claire Cruse, Director, Provider Strategy and Care Transformation Practice, ATI Advisory

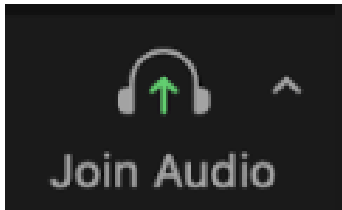
Panelists:

- Lynn Kimball, Executive Director, Aging & Long Term Care of Eastern Washington
- Trina Radske-Suchan, President/CEO, Iowa Community HUB

Agenda

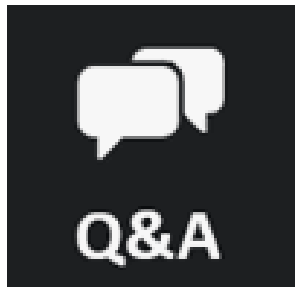
- ❖ Welcome and Opening
- ❖ Context and Background
 - Why the aging network matters to RHTP
 - Overview of RHTP and current state activity
- ❖ Bright Spots and Emerging Models
 - Opportunities for AAAs, CBOs and CCHs in RHTP
 - Case examples
- ❖ Panel Discussion with State Leaders
- ❖ Q&A
- ❖ Actionable Takeaways and Resources

Webinar Instructions for Zoom



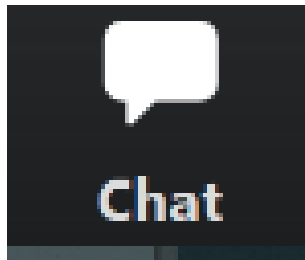
Audio Options

- Use your computer speakers, **OR** dial in using the phone number in your registration email.
- All participants are muted.



Questions and Answers (Q&A)

- You can submit questions for the panelists at any time during this presentation. On the Zoom module on the bottom of your screen, click the Q&A icon, type your question in the box and submit.



Chat Feature

- The Chat feature allows webinar hosts and panelists to share links and resources with attendees.

The slides and recording from today's session will be posted to the Business Institute website.

About USAging

Our Mission

USAging represents and supports the national network of Area Agencies on Aging (AAAs) and advocates for the Title VI Native American Aging Programs that help older adults and people with disabilities live with optimal health, well-being, independence and dignity in their homes and communities.

Our Vision

USAging believes that every person should be able to age with optimal health, well-being, independence and dignity in their homes and communities. To achieve this, we are committed to building a society that values and supports people as they age.

The Business Institute

The Aging and Disability Business Institute (Business Institute) builds and strengthens partnerships and contracting between Area Agencies on Aging, aging and disability community-based organizations (CBOs), community care hubs (CCHs) and their networks, and health care entities.

Led by USAging, the Business Institute helps these organizations adapt to a changing health care environment and strengthen their organizational capacity to capitalize on emerging opportunities for sustainable funding. The Business Institute is home to the Center of Excellence to Align Health and Social Care, which funds and supports CCHs and the networks they lead.

<https://aginganddisabilitybusinessinstitute.org/>

The Business Institute's Funders



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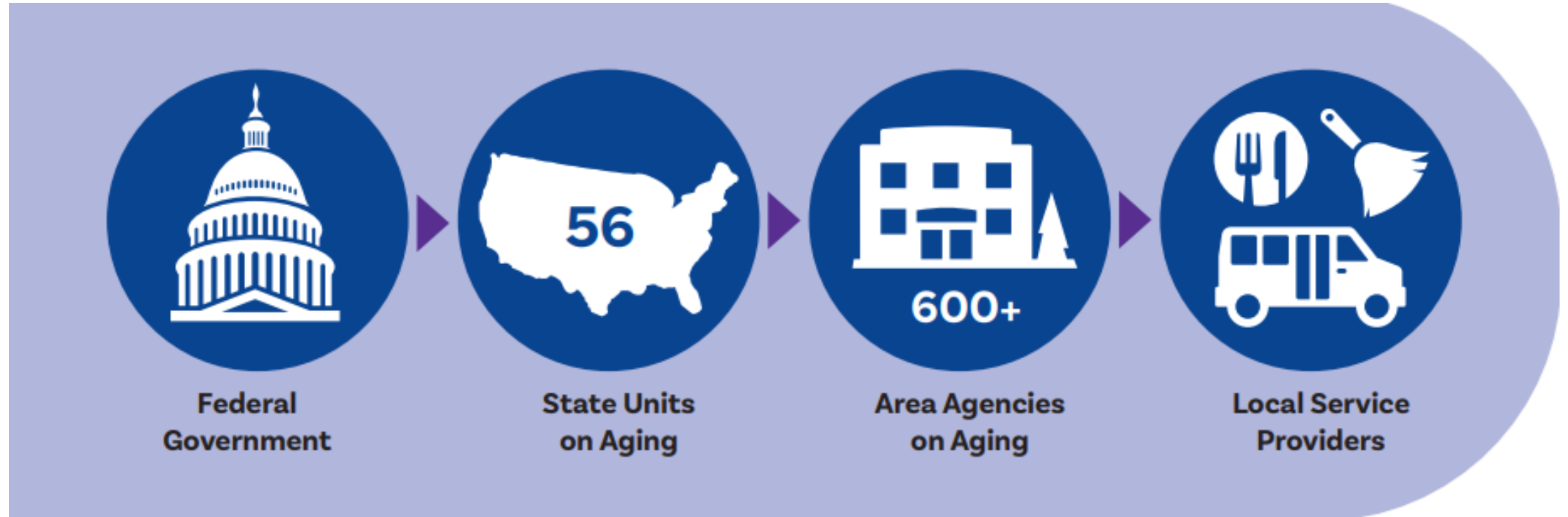
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About the Aging Network



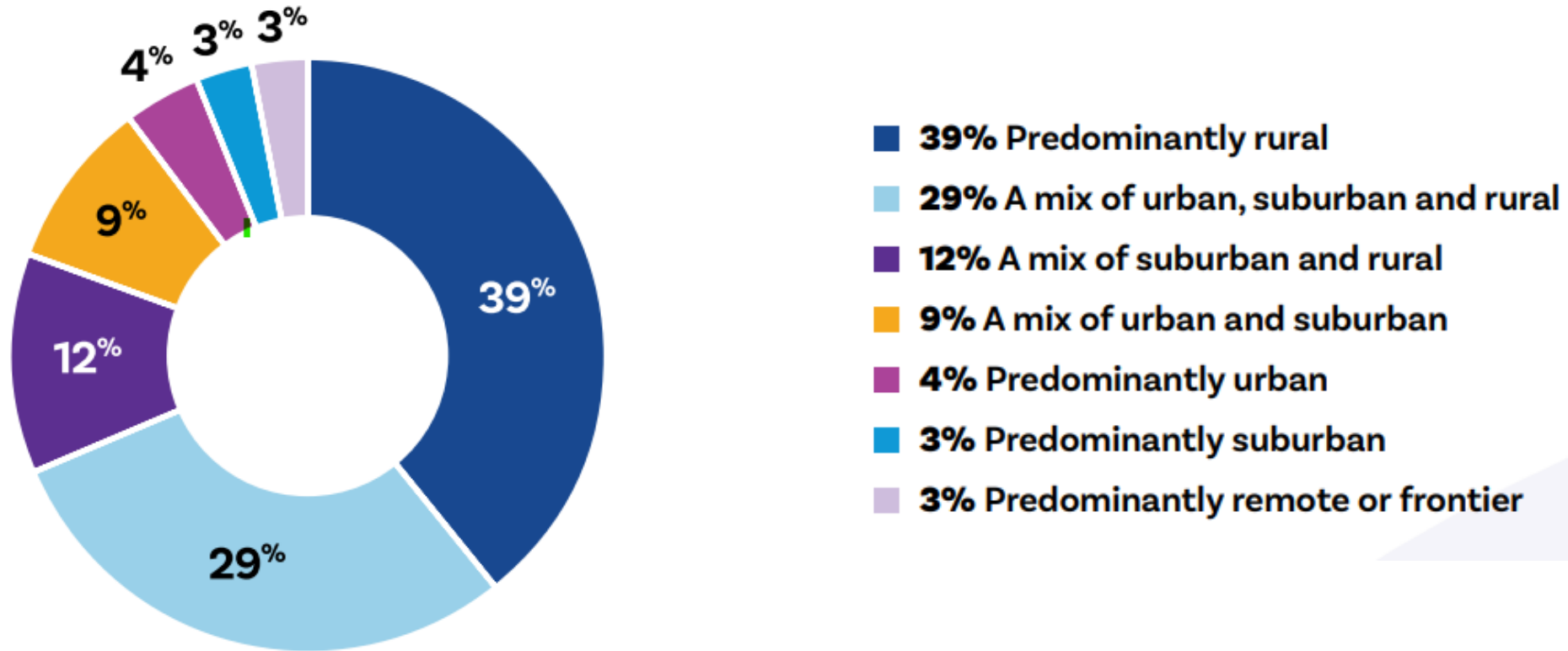
Nationwide Network with a Local Flavor

There are 613 AAAs serving older adults, caregivers and, in many cases, people with disabilities in virtually every community in the nation.

In a few small or sparsely populated states, the state serves the AAA function (AK, DE, NV, NH, RI, ND, SD, WY).

The OAA is foundational for all AAAs, but because the law calls for local control and decision-making, AAAs adapt to the unique demands of their communities to provide innovative programs that support the health and independence of older adults.

The Majority of AAAs Serve Rural Areas



Poll Question

What type of organization do you represent?

Setting the Context

Poll Question 2

To what level is your organization involved with your state(s)' Rural Health Transformation plans?

ATI Advisory

Solving the hardest problems in healthcare.

WE TRANSLATE COMPLEXITY INTO STRATEGY

ATI connects policy, reimbursement, and care-delivery realities to clear operational and strategic decisions.

OUR ROBUST ANALYTICS STRENGTHEN THE ADVICE

Claims analysis, ROI modeling, reimbursement analysis, and real-world evidence make the work rigorous and defensible.

WE BRING CROSS-MARKET PERSPECTIVE

ATI works across states, plans, providers, vendors, medtech, pharma, investors, PACE, LTPAC, and federal stakeholders.

WE BRING SENIOR EXPERTISE THAT MOVES WORK FORWARD

Clients get strategy informed by experienced SMEs, operators, and nationally recognized experts.

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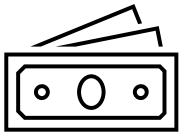
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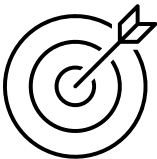
Rural Health Transformation Program (RHTP) Overview



Included in the One Big Beautiful Bill Act (OBBBA) or the Big Beautiful Bill (P.L. 119-21)



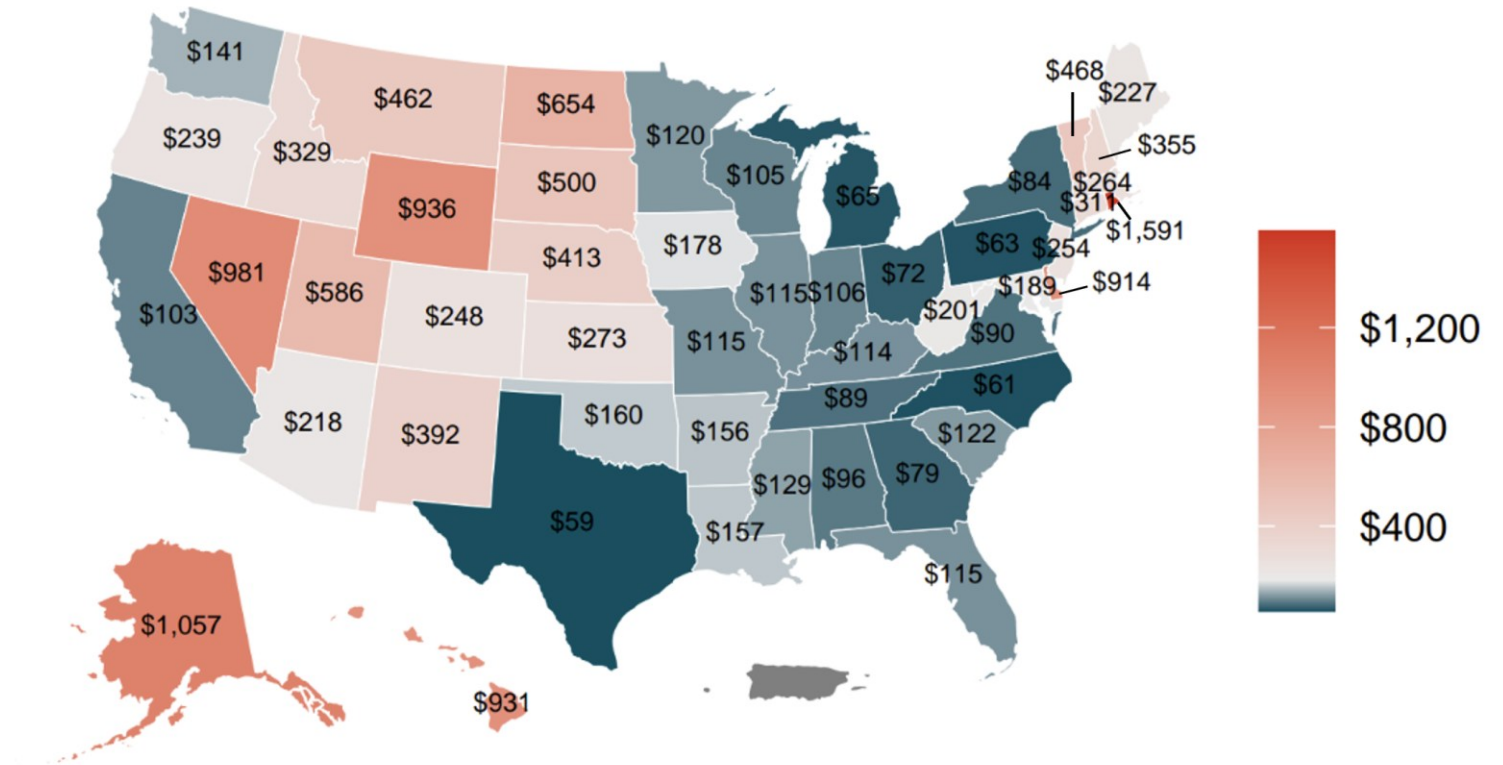
Provides \$50 billion in funding to states over 5 years



Includes five strategic goals: Improving rural health, sustainable access, workforce development, innovative care, and tech innovation

All 50 states received funding for the first year of RHTP

Final state awards per rural person vary widely, ranging from as low as \$59 per rural person in Texas to \$1,591 in Rhode Island



States have rapidly entered implementation mode on their RHTP initiatives

CMS' accelerated Notice of Funding (NOFO) timeline, designed to launch FY26 rural investments, has prompted states to move quickly from award to implementation.

Timeline of RHTP activities to date:

September 15, 2025

→ Application instructions to apply for RHTP funding was released in the NOFO.

November 5, 2025

→ Application submissions closed.

December 29, 2025

→ CMS announced that all 50 states received awards
→ States received first-year awards from CMS averaging \$200 million with a range of \$147 million to \$281 million

January 30, 2026

→ States submitted a revised budget by 1/30/26 based on the funding announcement.

Spring 2026

→ States have begun implementing RHTP priorities through rapid funding deployment

Why the aging network is essential to rural health transformation

- Rural older adults are disproportionately affected by chronic disease, functional limitations, transportation barriers, and care fragmentation.
- AAAs, CBOs, and CCHs already support navigation, caregiver needs, chronic disease management, social connection, and aging in place.
- The aging network is a strategic partner in shaping RHTP goals as well as a practical delivery asset for achieving those goals, not an adjacent stakeholder group.

How the aging network supports CMS's RHTP goals

CMS RHTP Goal	Existing Aging Network Levers	How the Aging Network can Further Extend RHTP Goals
Goal 1: Make rural America healthy again	Addresses the root causes of poor health	Community-based, person-centered services that support prevention and earlier intervention
Goal 2: Sustainable access	Creates access points outside traditional clinical settings	Help rural residents stay connected to care over time
Goal 3: Workforce development	Expands the workforce supporting older adults	Strengthen workforce capacity through navigation, coordination, and community-based support roles
Goal 4: Innovative care	Advances care models that emphasize coordination, prevention, lower-cost settings, and better integration	Support flexible, whole-person care arrangements
Goal 5: Tech innovation	Helps rural older adults access and use digital tools	Play an important role in the community-facing side of technology adoption

Many RHTP initiatives map to what the aging network already does well

ATI reviewed state applications to identify state RHTP priorities and initiatives that directly align with capabilities and goals of partners across the aging network.



Across state applications, the aging network is visible

Our scan of all 50 state application materials surfaced three approaches states are using to leverage the aging services network to operationalize their RHTP programs



Operational Partner

- Explicitly embedding aging network organizations in implementation design.



Potential Implementation Partner

- Positioning aging services providers as possible partners or applicants, but with less clear fund flow or accountability.



Stakeholder Mention

- Mentioning aging-sector entities mainly as stakeholders, with limited operational specificity.

Three operating models emerging from the state scan

Operating model	What it looks like
Navigation Backbone	Aging network as a front door, LTSS navigation, referral infrastructure, cross-agency coordination
Care-Coordination & Reimbursement Platform	A growing role in billing, service coordination, managed care operations
Specialized Older Adult Services / Caregiver Programs	Dementia, caregiver, enrollment, and other community support programs tailored to older adults

The opportunity gap: From stakeholder to implementation partner

- Because RHTP is a longer-term program, there is still time for states' strategies and partner models to mature.
- AAAs already perform many of the functions RHTP needs most, but they are often under-resourced and not consistently built into implementation design.
- Even when the aging network is not yet central to RHTP planning, it should be, especially where states need trusted community infrastructure to improve access and coordination.
- The path forward is to move from general partnership language to defined roles, accountable outcomes, and sustainable funding models.

Get to know the stakeholders in your state

Review your state's RHTP materials

Engage in stakeholdering opportunities, such as advisory councils

Pursue state RHTP funding opportunities

Bright Spots/Emerging Models

Examples of RHTP Opportunities



Whole person upstream drivers of health



Network formation and advancement



Data sharing and information exchange



Contracting opportunities

Potential Partnerships



Clinically Integrated Networks



Rural hospitals and clinics



Information exchanges



Universities



Tribal partnerships



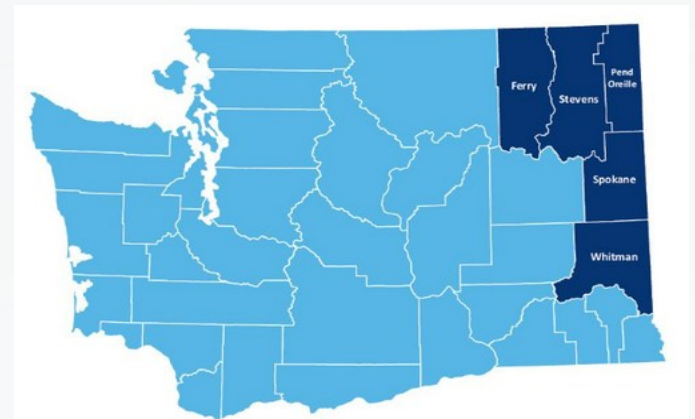
Other CBOs

Panel Discussion with State Leaders



Lynn Kimball
Executive Director

- Our **vision** is to provide the best home and community-based services to support healthy living and aging in place.
- **Help** older adults and adults living with disabilities age at home.
- **Serve** Ferry, Stevens, Pend Oreille, Spokane, and Whitman counties in Washington State.



Healthy Hometowns - Iowa's Rural Health Transformation Plan



Iowa Community HUB

- Nonprofit, statewide CCH for Iowa
- Backbone organization for navigation, referral infrastructure, care coordination, reimbursement platform, and support for chronic disease prevention and management programming.



Trina Radske-Suchan, PT
President/CEO

Questions?

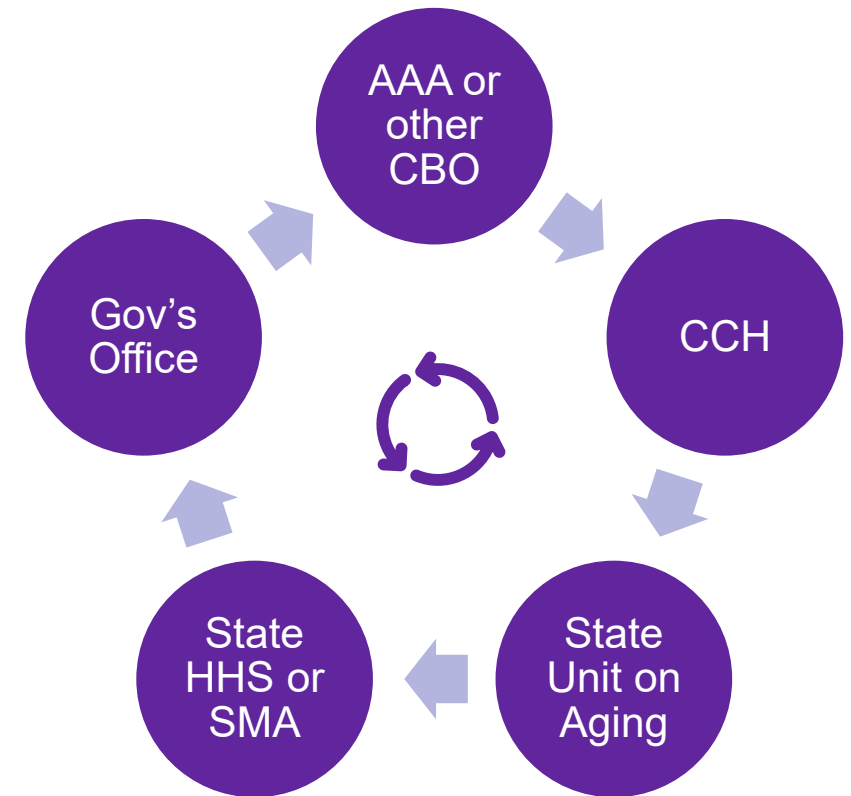
Please enter your questions into the designated **Q&A box**
on your Zoom panel bar



Q&A

Get Involved

- **Explore:** Get to know the agencies leading the charge in your state
- **Research:** Review your state's RHTP website, application, & narrative
- **Engage:** See where you fit into stakeholder opportunities, such as advisory councils
- **Apply:** Pursue or partner on state RHTP funding opportunities





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Resources

- [CMS Rural Health Transformation Website](#)
- [CMS RHTP State Project Abstracts](#)
- [ATI Advisory RHTP Implementation Resource](#)
- [Rural Healthy Aging: Policy and Infrastructure Opportunities for the RHTP](#)
- [National Rural Health Association RHTP State Application Summary Map](#)
- [Rural Health Information Hub State RHT Programs and Applications](#)
- [State Health & Value Strategies Tracking State Preparation for the RHTP](#)
- [Center for Health Care Strategies Launching RHT Plans](#)
- [JAHF Briefing Recording: Opportunities to Transform Care for Rural Older Adults](#)

Thank You!
