
Colorado Department of Health Care Policy and Financing

Rural Health Transformation Program

Other Supporting Documents



COLORADO

Department of Health Care
Policy & Financing

Glossary

Acronym Reference List in Alphabetical Order

AAMS - Association of Air Medical Services	CRHC - Colorado Rural Health Center
ACC - Accountable Care Collaborative	CRI - Community Resource Inventories
ACO - Accountable Care Organization	C.R.S. - Colorado Revised Statutes
AHRF - Area Health Resource File	DIHFS - Denver Indian Health and Family Services
APM - Alternative Payment Model	DOI - Division of Insurance
BHA - Behavioral Health Administration	DPP - National Diabetes Prevention Program
BH - Behavioral Health	DSMES - Diabetes Self-Management Education and Support
BLS - Bureau of Labor Statistics	DSH - Disproportionate Share Hospital
BRFSS - Behavioral Risk Factor Surveillance System	EMS - Emergency Medical Services
CAP - Community Analytics Platform	FHW - Family Healthy Weight Program
CARPE DIEM - Care and Rural Partnership for Emergency Department Integration and Management	FFY - Federal Fiscal Year
CBHC - Colorado Behavioral Healthcare Council	FNS - Food and Nutrition Services
CDC - Centers for Disease Control and Prevention	FQHC - Federally Qualified Health Center
CDPHE - Colorado Department of Public Health and Environment	FTE - Full Time Equivalent
CHA - Colorado Hospital Association	HCPF - Colorado Department of Health Care Policy and Financing
CHI - Colorado Health Institute	HIE - Health Information Exchange
CME - Continuing Medical Education	HRSA - Health Resources and Services Administration
CMS - Centers for Medicare & Medicaid Services	HTP - Hospital Transformation Program
COSHIE - Colorado Social Health Information Exchange	IHS - Indian Health Service
	LPHA - Local Public Health Agency
	MUA/P - Medically Underserved Area/Population

NHTS - National Household Travel Survey

VBC - Value-Based Care

Acronym Reference List in Alphabetical Order (continued)

VBP - Value-Based Payment

OB - Obstetrics

OeHI - Office of eHealth Innovation

PCP - Primary Care Provider

PPS - Prospective Payment System

QCEW - Quarterly Census of Employment
and Wages

QI - Quality Improvement

RAE - Regional Accountable Entity

RHC - Rural Health Clinic

RHTP - Rural Health Transformation
Program

RFP - Request for Proposals

RHC - Rural Health Clinic

ROI - Return on Investment

RPM - Remote Patient Monitoring

SHIP - State Health Improvement Plan

SLRP - State Loan Repayment Program

SMBP - Self-Measured Blood Pressure

SNAP - Supplemental Nutrition Assistance
Program

STLDI - Short-Term Limited Duration
Insurance

SUD - Substance Use Disorder

TA - Technical Assistance

USDA - United States Department of
Agriculture

Stakeholder Engagement

The Colorado Rural Health Center began convening partners in August and September, prior to the Notice of Award being released. These meetings were intended to introduce the program and begin to get input from rural health care providers. More than 50 rural health care providers participated in those discussions. CHRC provided HCPF with a summary of feedback from those sessions to inform the formal stakeholder process for RHTP. Formal stakeholder sessions were held in September and October and described in greater detail below:

Stakeholder Session #1: Sept 23 from 1-2:30PM.

Attendees: 84 attendees

Meeting Objective(s): presented additional information contained in application, polled on permissible use priority (given the updated language in the application); engaged in Q+A

Stakeholder Session #2: Oct 2 from 9-11AM and 2-4PM.

Attendees: 111 morning session attendees; 72 afternoon session attendees

Meeting Objective(s): gathered input on key activities to drive impact per each permissible use and solicited statements to “make the case” (again, for each permissible use)

In addition to the formal stakeholder meetings that HCPF hosted for partners, HCPF also hosted additional sessions with a broad range of rural health stakeholders, including representatives from 28 rural hospitals and providers, the Colorado Rural Health Center, the Western Healthcare Alliance, the Colorado Hospital Association, and the University of Colorado medical school. and developed communication tools, including a Colorado specific RHTP website, a newsletter and a dedicated email address for partners to reach out to.

- [HCPF's Rural Health Transformation Program Website](#)
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- HCPF's dedicated email inbox for inquiries: hcpf_rhtp@state.co.us
 - Newsletters can be found below:
 - [October 20, 2025](#)
 - [October 13, 2025](#)
 - [October 6, 2025](#)
 - [September 29, 2025](#)
 - [September 22, 2025](#)
 - [September 15, 2025](#)

RHTP Fund Mapping

Rural Health Transformation Project (RHTP): Use of Funds Mapping Table

This table maps the allowable uses of funds identified in the CMS/HHS Rural Health Transformation Project Notice of Funding Opportunity (NOFO) to Colorado’s proposed initiatives and strategic goals as described in the RHTP Project Narrative. It demonstrates compliance with the NOFO’s requirement for states to invest in at least three eligible uses of funds.

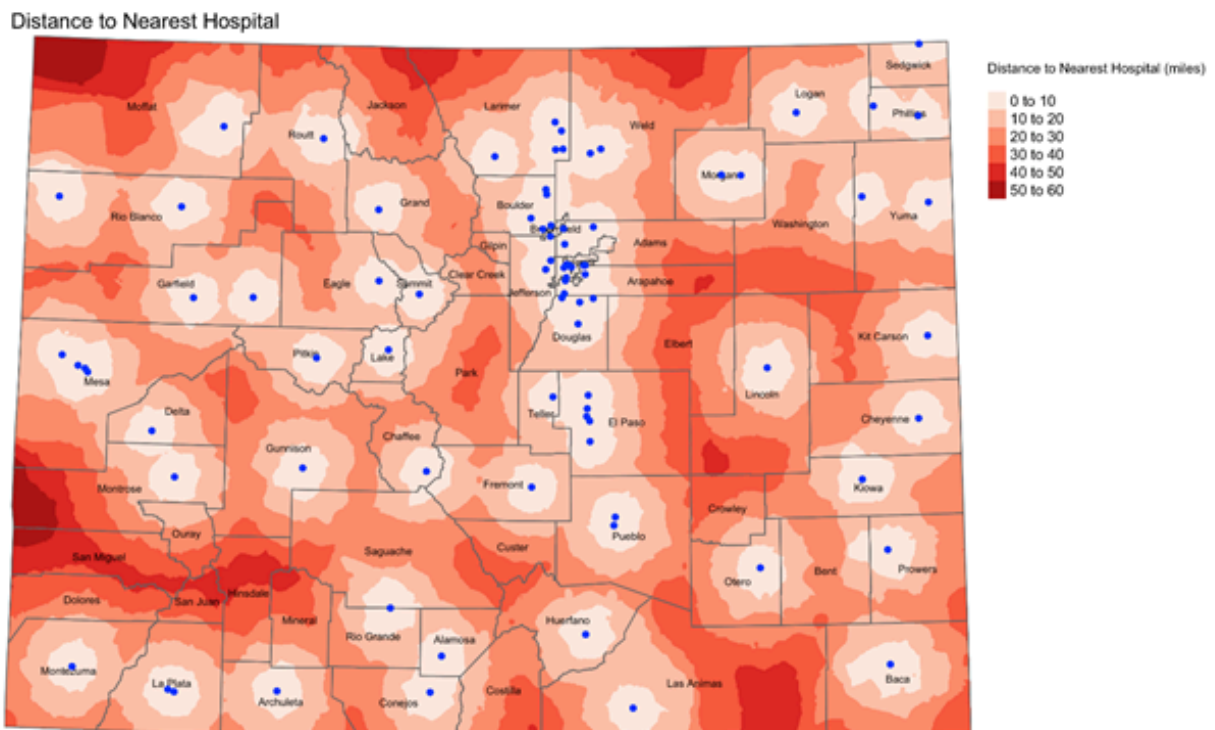
NOFO Use of Funds	Colorado Initiative(s)	Strategic Goal Alignment	Primary Activities / Outputs
A. Prevention & Chronic Disease	1 – Transforming Rural Care; 2 – Build Data Infrastructure; 7 – Expand Preventive Care	Make Rural America Healthy Again	Chronic disease prevention, screenings, data tracking, community-based outreach.
B. Access & Hospital Stabilization	3 – Build & Connect Rural Health Networks; 4 – Strengthen Rural Care Delivery Systems; 5 – Sustain Hospital Operations	Sustainable Access	EMS network support, hospital grants, legal readiness, rural referral networks.
C. Workforce Development	6 – Strengthen & Expand Workforce; 8 – State & Local Coordination	Workforce Development	Credentialing, health worker programs, clinical training, recruitment, and retention.
D. Innovation & Value-Based Care	9 – Design & Pilot Rural VBC Model(s)	Innovative Care	Design, contract, and evaluate APMs; shared savings and bundled-payment pilots.
E. Technology & Telehealth	10 – Expand Rural Telehealth & Technology Integration	Tech Innovation	Telehealth hardware grants, HIE integration, cybersecurity training, data dashboards.

Colorado’s RHTP addresses all five eligible NOFO uses of funds through ten coordinated initiatives and five strategic goals, ensuring a comprehensive, value-based approach to rural health transformation.

Rural Data and Maps

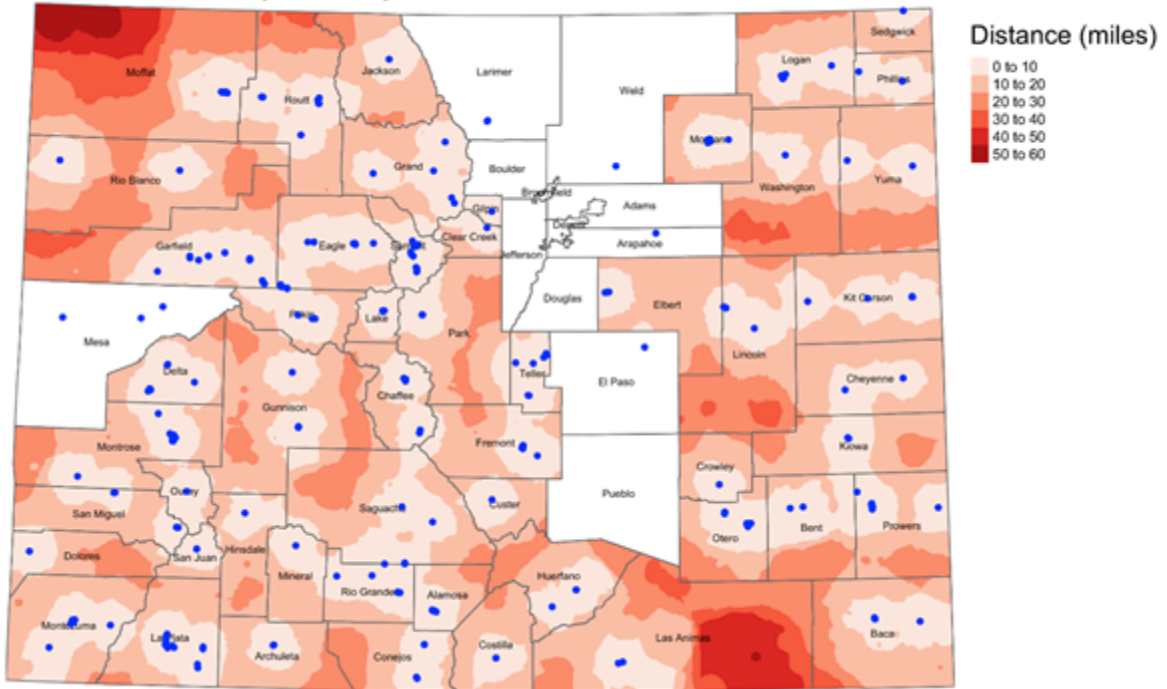
The following maps use color shading to represent proximity to hospitals and primary care across Colorado.

Map 1: Light pink areas indicate residents are within 1 to 10 miles of a hospital. Pink to dark red areas show increasing distance, with the darkest red representing those more than 50+ miles away from the nearest hospital. This visual highlights the geographic isolation many rural Coloradans face, especially those served by CAHs.



Map 2: Pale pink areas represent regions where residents live within 1– to 10 miles of a rural primary care clinic or provider. As the shading shifts to darker red, it indicates increasing travel distances, with the darkest red areas representing those who must travel more than 50+ miles to access basic primary care services.

Distance to Nearest Primary Care Facility



Goals, Initiatives & Measures: Evaluation Milestones and Timeline

Make Rural America Healthy Again

Make Rural America Healthy Again							
Evaluation Milestone and Timeline							
Federal Fiscal Year	FFY26	FFY27	FFY28	FFY29	FFY30	FFY31	
Metric 1: Number of rural/frontier-based chronic disease programs (SMBP, DPP, DSMES, FHW, etc.) seeded or supported.	Training and program seeding statewide; early visible outcomes						
Metric 2: Number of people served through rural/frontier chronic disease programs.		Participation tracking and CAP reporting; continuous growth					
Metric 3: Number of clinics referring to chronic disease prevention and/or management programs.		Referral networks and Community Resource Inventories (CRI) development; midterm evaluation					
Metric 4: Number of programs engaging in COSHIE/HIE data sharing.		Data-sharing expansion and technology support					
Metric 5: Number of clinics implementing evidence-based policies for chronic disease management.		Policy adoption grants and TA; institutionalized by FFY31					

Goals, Initiatives & Measures: Evaluation Milestones and Timeline

Sustainable Access

Sustainable Access						
Evaluation Milestone and Timeline						
Federal Fiscal Year	FFY26	FFY27	FFY28	FFY29	FFY30	FFY31
Metric 1: Number of new hospital collaborative agreements or service line expansions.	Early deliverable; initial agreements signed and tracked					
Metric 2: Number of regional collaborations established for care access.		Launch regional advisory groups and funding pilots				
Metric 3: Number of regional partnership agreements executed.		Legal and data MOUs executed; CAP reporting live				
Metric 4: EMS response time improvements or expansion of EMS programs.			EMS pilots launched; measurable outcomes by FFY30			
Metric 5: Number of service line expansions (OB, BH, post-acute).		Hospital service expansion; final reporting by FFY31				

Goals, Initiatives & Measures: Evaluation Milestones and Timeline

Workforce Development

Workforce Development						
Evaluation Milestone and Timeline						
Federal Fiscal Year	FFY26	FFY27	FFY28	FFY29	FFY30	FFY31
Metric 1: Number of health workers credentialed and practicing in rural/frontier areas.	Early-start workforce pipeline; registry operational					
Metric 2: Number of pharmacists and health workers trained on chronic disease interventions.		Training cycles; midterm evaluation by FFY29				
Metric 3: Number of medical providers trained in chronic disease topics.		Residency program integration; ongoing evaluation				
Metric 4: Number of collaborative workforce initiatives launched.	Interagency consortium setup; sustainability plan FFY30					

Goals, Initiatives & Measures: Evaluation Milestones and Timeline

Innovative Care

Innovative Care						
Evaluation Milestone and Timeline						
Federal Fiscal Year	FFY26	FFY27	FFY28	FFY29	FFY30	FFY31
Metric 1: Number of new APM or value-based models launched.		APM design and rollout; ROI evaluation FFY29				
Metric 2: Number of facilities in ACO-like collaborative networks.		Launch pilots; scale-up by FFY30				
Metric 3: Number of facilities engaged in quality improvement under HTP.	Continuous measure using HTP baseline					
Metric 4: Number of new rural payment arrangements or shared savings programs.		Medicaid alignment and pilot testing				

Goals, Initiatives & Measures: Evaluation Milestones and Timeline

Tech Innovation

Tech Innovation						
Evaluation Milestone and Timeline						
Federal Fiscal Year	FFY26	FFY27	FFY28	FFY29	FFY30	FFY31
Metric 1: Percent of rural patients with access to telehealth or virtual-enabled services.	Virtual accessibility programs and telehealth expansion; early metric					
Metric 2: Percent of facilities exchanging data via CAP or HIE.		HIE interoperability; full statewide reporting FFY30				
Metric 3: Percent of facilities completing cybersecurity readiness training.		Security audits and TA training completed				
Metric 4: Percent of clinics using remote monitoring for chronic disease.		RPM adoption tracked in CAP; long-term metric				
Metric 5: Number of technology grants or regional platforms launched.	CAP dashboard and digital tools; completion FFY29					

Letters of Support

Colorado Congressional Delegation

Congress of the United States
Washington, DC 20515

November 3, 2025

The Honorable Mehmet Oz, M.D.
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Ave, S.W.
Washington, D.C. 20201

Dear Administrator Oz:

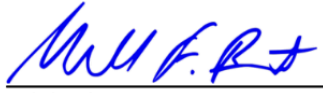
We are writing in support of the State of Colorado's application for funding through the Rural Health Transformation Program (RHTP) to strengthen, modernize, and sustain our rural health systems. As the members of the Colorado Congressional Delegation, we are grateful to CMS for this opportunity for meaningful change for our rural communities to support sustainable and innovative health care access statewide.

In each of Colorado's Congressional districts, health care organizations offer essential care, create jobs, and provide stability for rural communities. Because of our state's large geographic footprint, it is imperative that rural health centers, providers, and hospitals can continue to serve their communities so that our constituents are not forced to travel hours to receive the care that they need.

This critical funding will allow Colorado rural health care providers to improve telehealth services, increase health workforce retention, and provide better and more efficient care to rural Coloradans. The funding will also allow the state to strengthen its infrastructure to support preventive health initiatives, health outcomes, and affordability. Colorado will invest in the state's rural health care workforce by partnering with local organizations to provide chronic disease prevention training and credentialing opportunities for local residents. As rural health providers struggle to keep their doors open, this funding will be a lifeline to their ability to serve our communities.

We encourage you to give Colorado's application for the RHT grant your full and fair consideration consistent with all applicable laws and regulations. We stand ready to partner with the Colorado Department of Health Care Policy and Financing, CMS, and our regional health partners to implement this transformative grant.

Sincerely,



Michael F. Bennet
United States Senator



John Hickenlooper
United States Senator



Brittany Pettersen
Member of Congress




Jason Crow
Member of Congress



Joe Neguse
Member of Congress



Diana DeGette
Member of Congress



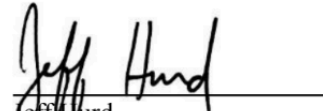
Lauren Boebert
Member of Congress



Jeff Crank
Member of Congress



Gabe Evans
Member of Congress



Jeff Hurd
Member of Congress

Letters of Support

Colorado Department of Public Health and Environment



COLORADO
Department of Public
Health & Environment

October 17, 2025

Administrator
U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard, M/S B3-30-03
Baltimore, MD 21244

RE: CMS Rural Health Transformation (RHT) 26-001 Application from the State of Colorado

We are pleased to submit this letter in support of the State of Colorado's application to implement the Rural Health Transformation Program (RHTP) to strengthen, modernize, and sustain our local rural health systems.

The Colorado Department of Public Health and Environment (the Department) administers public health programming through strong partnerships with the Colorado Department of Health Care Policy and Financing (the applicant agency), local public health agencies, clinics, pharmacies, and other organizations. Through this collaborative network, Colorado implements evidence-based disease prevention and management approaches, including those that address diabetes, cardiovascular disease, pulmonary disease, Alzheimer's Disease and related dementias, and cancer - the five chronic conditions that account for over half of the deaths among rural Coloradans.

In addition, the Department houses the Colorado Health Service Corps, the Health Professional Loan Repayment Program, the Community Health Worker Training and Credentialing Program, the Regional Health Connector Workforce infrastructure, and the Pharmacy Integration Initiative, all of which support the expansion of access to care in rural areas and the sustainability of professionals practicing in both clinic and community settings.

We look forward to partnering with the Colorado Department of Health Care Policy and Financing, CMS, and our rural health partners to implement this transformative grant. This critical funding will allow us to reach regions of the state in innovative and sustainable ways, and we respectfully urge the Centers for Medicare and Medicaid Services (CMS) to give full consideration to Colorado's application for the RHT grant.

Sincerely,

A handwritten signature in black ink, appearing to read 'NV'.

Natalya Verscheure, M.A.
Health Promotion and Chronic Disease Prevention Branch Director
Colorado Department of Public Health and Environment

Letters of Support

Office of eHealth Innovation



October 17, 2025

Administrator

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard, M/S B3-30-03
Baltimore, MD 21244

RE: CMS Rural Health Transformation (RHT) 26-001 Application from the State of Colorado

We are writing to express our support of the State of Colorado's application to implement the Rural Health Transformation Program (RHTP) to strengthen, modernize, and sustain our local rural health systems.

Our organization supports health technology transformation in rural hospitals and clinics, and witnesses firsthand the deep need for funding and support in rural Colorado.

We respectfully urge the Centers for Medicare and Medicaid Services (CMS) to give full consideration to Colorado's application for the RHT grant. This critical funding will allow our organization to provide training and technical assistance for the development and adoption of technology-enabled solutions that improve care delivery in rural hospitals, including remote monitoring, robotics, artificial intelligence, and other advanced technologies. This will support expanding access through telehealth services, better patient care coordination, and higher quality care to rural Coloradans.

We stand ready to partner with the Colorado Department of Health Care Policy and Financing, CMS, and our regional health partners to implement this transformative grant.

Sincerely,



Stephanie Pugliese
Director, Office of eHealth Innovation

Letters of Support

Colorado Rural Health Center



October 31, 2025

Administrator
U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard, M/S B3-30-03
Baltimore, MD 21244

RE: CMS Rural Health Transformation (RHT) 26-001 Application from the State of Colorado

We are writing to express our support of the State of Colorado's application to implement the Rural Health Transformation Program (RHTP) which aims to strengthen, modernize, and sustain our local rural health systems.

As Colorado's nonprofit State Office of Rural Health and Rural Health Association, the Colorado Rural Health Center (CRHC) serves all 52 rural and frontier counties in Colorado, spanning 82% of the state's landmass and home to over 800,000 rural residents. CRHC focuses its programs, services and resources on rural hospitals, clinics and other rural providers who make up the infrastructure that supports healthcare access in our state. While the RHTP will not fill the gaps resulting from HR.1, it presents an exciting opportunity for Colorado to promote sustainability, innovation and collaboration among Colorado's patchwork of rural health providers, including the 43 rural hospitals and over 100 rural clinics represented by CRHC, which are a critical part of Colorado's healthcare system. Our hope is that the RHTP will not only help keep our rural healthcare facilities open but will be an avenue to transformative models and programs that promote long-term sustainability and thriving rural communities.

We respectfully urge the Centers for Medicare and Medicaid Services (CMS) to give full consideration to Colorado's application for the RHTP grant. Developed through a proactive and collaborative partnership with state leaders, CRHC is confident that Colorado's RHTP application and hopeful program will allow our rural hospitals and rural clinics to transform care through:

- Expanded access of telehealth services and technologies
- Improvement and investment in workforce retention through partnership and innovation
- Strengthen rural infrastructure to support evidence-based wellness and preventive health initiatives and chronic disease management

We stand ready to partner with the Colorado Department of Health Care Policy and Financing, CMS, and our regional health partners to implement this transformative grant.

Sincerely,

Michelle Mills, CEO
Colorado Rural Health Center

Letters of Support

Colorado Behavioral Health Council



October 29, 2025

Administrator
U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard, M/S B3-30-03
Baltimore, MD 21244

RE: CMS Rural Health Transformation (RHT) 26-001 Application from the State of Colorado

The Colorado Behavioral Healthcare Council (CBHC) is pleased to express our strong support for the State of Colorado's application to implement the Rural Health Transformation Program (RHTP). CBHC serves as the statewide membership association for Colorado's nonprofit safety net community providers of mental health and substance use disorder treatment services, which together comprise the state's safety net system for behavioral health care—serving Coloradans in every county, including the most rural and frontier regions.

Our members are deeply embedded in rural communities, offering critical behavioral health, substance use, and crisis services that ensure care remains local, accessible, and responsive to community needs. Behavioral health is a foundational element of overall health, and sustainable rural health systems depend on the integration and inclusion of behavioral health care within the broader continuum of rural health delivery.

We believe the RHTP provides a vital opportunity to strengthen and modernize rural health systems by supporting coordinated care models, workforce innovation, and infrastructure investment that includes behavioral health. This program will help ensure that rural Coloradans have access to timely, high-quality care close to home, reduce unnecessary hospitalizations, and promote whole-person health.

CBHC and our member organizations stand ready to partner with the Colorado Department of Health Care Policy and Financing, CMS, and other health system partners to advance this transformative effort and ensure behavioral health is meaningfully represented in its design and implementation.

Sincerely,

A handwritten signature in black ink, appearing to read 'K. Johnson-Hufford', is written over a light blue circular watermark that contains the text 'Colorado Behavioral Healthcare Council'.

Kara L. Johnson-Hufford
Chief Executive Officer
Colorado Behavioral Healthcare Council

Letters of Support

Colorado Hospital Association



Oct. 30, 2025

Administrator
U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard, M/S B3-30-03
Baltimore, MD 21244

RE: CMS Rural Health Transformation (RHT) 26-001 Application from the State of Colorado

On behalf of the Colorado Hospital Association (CHA) and the 100 hospitals and health systems we represent across the state, we write to express our strong support for the State of Colorado's application to participate in the Rural Health Transformation Program (RHTP).

Colorado's rural hospitals are the lifeline of their communities. They provide essential health care services, stabilize patients in emergencies, and support local economies as major employers and community partners. For many Coloradans living in frontier and mountain regions, the local hospital provides the only point of access to care within hours of travel. Sustaining these organizations is vital not only to the health of rural residents but to the long-term economic and social wellbeing of the communities they serve.

Despite their importance, rural hospitals face persistent financial and workforce challenges that threaten their stability. Innovative, flexible approaches to care delivery and payment are needed to preserve access while adapting to changing community needs. RHTP offers an opportunity to build a more sustainable foundation for rural hospitals, ensuring they can continue adapting to meet the needs of their communities both now and into the future.

We respectfully urge the Centers for Medicare & Medicaid Services (CMS) to give full and favorable consideration to Colorado's application. CHA and our member hospitals stand ready to partner with the Colorado Department of Health Care Policy and Financing, CMS, and regional health partners to implement this model and secure a stronger, more sustainable future for rural health care in Colorado.

Sincerely,

A handwritten signature in black ink that reads 'Jeff Tieman'.

Jeff Tieman
President and CEO
Colorado Hospital Association

Letters of Support

Colorado Community Health Network



October 31, 2025

Administrator, U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard, M/S B3-30-03
Baltimore, MD 21244

Dear Administrator Oz,

On behalf of the Colorado Community Health Network (CCHN), Colorado's Primary Care Association, I am writing to express support for the State of Colorado's application to implement the Rural Health Transformation Program (RHTP) to strengthen, modernize, and sustain Colorado's local rural health systems.

CCHN is the collective voice for Colorado's 21 Community Health Centers (CHCs) and the patients they serve. CHCs provide a health care home to more than 850,000 community members statewide – one in seven Coloradans – and approximately 17% of the state's rural population.

An estimated 19% of CHC patients live in rural Colorado and are served through almost 100 clinic sites providing access to primary medical, dental, and behavioral health care. Colorado's rural CHCs are typically major employers in their rural communities, caring for rural residents with Medicare, Medicaid and private insurance, as well as those that are uninsured.

We respectfully urge the Centers for Medicare and Medicaid Services (CMS) to give full consideration to Colorado's application for the RHT grant. This critical funding will allow Colorado's CHCs to 1) improve workforce retention and provide higher quality care to rural Coloradans, 2) strengthen infrastructure to support preventive health initiatives (e.g., food as medicine) programs and chronic disease management; 3) invest in rural health care workforce to provide chronic disease prevention training and credentialing opportunities for providers.

We stand ready to partner with the Colorado Department of Health Care Policy and Financing, CMS, and our rural health partners to implement this transformative grant.

The continued growth and success of rural health programs in Colorado will advance CCHN's Access for All Colorado vision for CHCs to provide access to care for one million Coloradans. If you have additional questions, please contact me at rbrooks@cchn.org.

Sincerely,

A handwritten signature in black ink, appearing to read "RAB", is placed below the word "Sincerely,".

Ross A. Brooks
President and CEO
Colorado Community Health Network



SNAP USDA Policy Approval letter



Secretary Brooke L. Rollins

August 4, 2025

The Honorable Jared Polis
Governor of Colorado
State Capitol Bldg
200 E. Colfax Ave.,
Rm. 136,
Denver, CO 80203

Teri Chasten
Deputy Director of the Food and Energy
Assistance Division
Colorado Department of Human Services
1575 Sherman St.
Denver, CO 80203

Dear Governor Polis:

The Food and Nutrition Service (FNS) is pleased to approve the request dated May 13, 2025, from the Colorado Department of Human Services to allow the State to operate a novel demonstration project to amend the statutory definition of food for purchase by Supplemental Nutrition Assistance Program (SNAP) recipients from “any food or food product for home consumption” to exclude “soft drinks,” as defined by §39-26-707, Colorado Revised Statutes (C.R.S). This approval, subject to the enclosed terms and conditions, is for 2 years, effective March 1, 2026.

Due to the novel design of the Project, FNS is committed to carefully and comprehensively evaluating how waiving the State’s definition of food in this way impacts SNAP participants and retailers. FNS will carefully review the results of the Project, based on the evaluation data provided by the State and other available information.

FNS will continue to collaborate with the State to finalize data collection points, define key metrics, and outline any necessary data analysis for the quarterly evaluation reports, as well as finalize key implementation parameters.

Please submit written acceptance of this approval and the terms and conditions signed by the appropriate State official. Attach this acceptance letter to a chatter post in WIMS case # 00012862. Please tag the relevant Regional and National staff listed in the WIMS case team using the @ sign when uploading this document.

FNS appreciates the State’s willingness to test innovative approaches to support healthy choices, and healthy outcomes to best serve SNAP participants. FNS is committed to working with the State to obtain robust data to inform ways to improve nutrition assistance programs.

Sincerely,

Brooke L. Rollins
Secretary
U.S. Department of Agriculture

For the full waiver, please visit [Colorado SNAP Food Restriction Waiver | Food and Nutrition Service](#)

Disproportionate Share Hospital (DSH) Payments

Summary DSH Payments by Adjustment Group: Health Care Policy and Financing (2024)

Adjustment Group	DSH Payment	Hospital Count
General	\$43,965,025	12
Critical Access / Rural	\$18,468,271	4
Small Independent Metro	\$5,270,121	2
High CICIP Cost	\$141,498,623	1
State Teaching	\$56,098,170	1
Low MIUR	\$420,104	1
Total	\$265,720,314	21

Detail

Hospital Name	Hospital Type	Adjustment Group	DSH Payment
University of Colorado Hospital	General	State Teaching	\$56,098,170
Aspen Valley Hospital	Critical Access	Low MIUR	\$420,104
Denver Health Medical Center	General	High CICIP Cost	\$141,498,623
Grand River Health	Critical Access	Critical Access / Rural	\$2,824,826
Memorial Hospital	General	General	\$2,209,954
Montrose Regional Health	General	Critical Access / Rural	\$3,896,846
North Colorado Medical Center	General	General	\$6,389,490
Children's Hospital Anschutz	Children	General	\$12,026,154
Community Hospital	General	Small Independent Metro	\$1,391,705
Longmont United Hospital	General	General	\$2,932,873
McKee Medical Center	General	General	\$1,109,435
Medical Center of the Rockies	General	General	\$5,368,725
National Jewish Health	General	Small Independent Metro	\$3,878,416
HCA HealthONE Mountain Ridge Hospital	General	General	\$4,464,318
Intermountain Health Platte Valley Hospital	General	General	\$2,747,458
Valley View Hospital	General	Critical Access / Rural	\$11,085,785
Yampa Valley Medical Center	General	Critical Access / Rural	\$660,814
Banner Fort Collins Medical Center	General	General	\$558,488
Longs Peak Hospital	General	General	1,817,465
Greeley Hospital	General	General	\$2,696,512
Children's Hospital Colorado Springs	Children	General	\$1,644,153

RHTP Staff Plan

HCPF will serve as the lead agency for the Rural Health Transformation Program (RHTP). The program will operate within HCPF's Special Financing Division, with strong collaboration across HCPF's Finance Office divisions, including accounting, procurement, budgeting, rates and value based payment (VBP) sections and more. HCPF expects to hire 18 new FTE to manage the grant and provide oversight and optimization of fund use, with all hires expected to be complete in the first half of calendar year 2026. Our overall administrative budget will not exceed 2.98% of the overall 10% allowable funds.

Title	Division	FTE	Description
RHTP Lead	Special Financing	1.0	Program manager to oversee the RHTP and ensure reporting to the Federal Government is complete and accurate.
RHTP Supervisor	Special Financing	1.0	Manages the main work team day to day activities while maintaining compliance.
Contract Manager	Special Financing	1.0	Main lead for all grant agreements + contracts
Program Assistant	Special Financing	1.0	Processing payments for grants + contracts
Clinic Grant Lead	Special Financing	1.0	Leads grants from a clinical perspective - works w/ providers
BH Clinic and OUD Grant Lead	Special Financing	1.0	Leads grants from a BH and OUD perspective - works w/ providers
Hospital Grant Lead	Special Financing	1.0	Leads grants from a hospital perspective - works w/ providers
Procurement Drafter	Finance	2.0	Works on procuring + drafting contracts/grants + amendments
Accountant	Finance	1.0	Works on encumbering funds, managing FFY deadlines, processing payments, etc.
Budget Analyst	Finance	1.0	Manages total budget, quarterly updates, setting up encumbrances, etc.
Program Management	Health Information Office	1.0	Sets up all PM software, tracks all progress on projects
Tribal Liaison	Health Policy Office	1.0	Focused on liaising with tribes in rural areas

Title	Division	FTE	Description
Make Rural America Healthy Again Program Manager	Special Financing	1.0	Overseeing all work related specifically to this strategic goal
Sustainable Access Program Manager	Special Financing	1.0	Overseeing all work related specifically to this strategic goal
Workforce Development Program Manager	Special Financing	1.0	Overseeing all work related specifically to this strategic goal
Innovative Care Program Manager	Special Financing	1.0	Overseeing all work related specifically to this strategic goal
Tech Innovation Program Manager	Special Financing	1.0	Overseeing all work related specifically to this strategic goal

Sustainability Through Future Funds

In the event that Colorado's superior application is awarded an additional estimated \$100 Million in grant funds per year, the use of funds will be optimized to successfully scale targeted transformational investments and increase overall impact to further improve health outcomes and promote financial stability in our rural and frontier regions, aligned with RHTP permissible uses. Potential focus areas for scaling funding would focus on activities that support innovation and expand preventive services for priority subpopulations within rural communities like:

- Support the expansion of education programs that teach nutrition and "food as medicine" as key preventive medicine concepts.
- Cover at-home health technologies or offer significant subsidies for preventive and chronic disease management for devices that share data back to their physicians, like continuous glucose monitors, cardiac monitors, CPAP machines, fitness bands that monitor oxygen levels, heart rates, and physical activity.
- Fund pool staffing models that allow hospitals and clinics in a region to share on-call coverage, expand service access.
- Expand preventive services to include maternal health programs combined with technology options (e.g., remote monitoring kits for high-risk pregnancies and post-partum issues).
- Expand substance use disorders (SUD) and behavioral/mental health support through mobile clinics (staff equipped to offer onsite supports).