This version has been modified from the original submission for accessibility purposes and will not align with the application requirements as a result.

Abstract for CMS - RHT- 26-001

Rural health challenges in Texas are as vast as the state itself. Rural Texans face higher rates of illness with fewer resources than their urban counterparts—despite powering the nation with agriculture, energy, and economic contributions. The *Rural Texas Strong* project is a comprehensive, statewide strategy designed to reach residents in 100% of Texas's rural counties and make rural Texans healthy again. Our initiatives are designed to have a statewide impact that will better the lives of all Texans. It combines emerging technologies like artificial intelligence, homegrown workforce solutions, and aligned efforts around software and capital infrastructure that accelerate implementation while avoiding duplication. These projects were designed to maximize the impact – and the funds – awarded to Texas and ensure long-term sustainability. This application represents a transformative investment in rural Texans' wellness—one that matches the Texas-sized obstacles with the Texas grit to overcome them.

> "Together, we will expand rural healthcare like never before – that is my promise to Texas, to rural communities, and to the American people." – **Secretary Robert F. Kennedy, Jr., in Austin on Aug. 8, 2025**

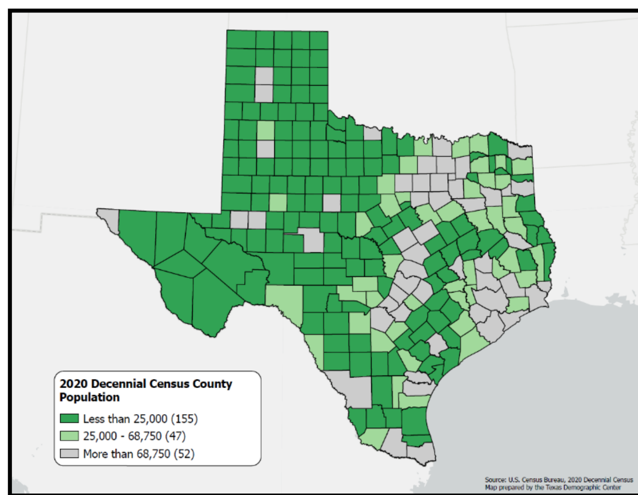
Rural Health Needs and Target Population

Demographics

Texas has more rural residents, 4.3 million people,[1] [1] than any other state in the nation and is the second largest state by geographic area, creating unique challenges to reach and serve every Texan, because every Texan matters.[2] With 254 counties, spread across a land area of over 260,000 square miles, population size, county population density, and unemployment rates can vary greatly, [2] while higher education attainment tends to be concentrated in urban areas.[3, 4,5,6] The Federal Office of Rural Health Policy (FORHP) at the Health Resources and Services Administration identifies 241 counties in Texas with at least one census tract categorized as rural

[1] Nearly 15% of the total population, as defined in Data Factors A.1 and A.3. See Index in the Endnotes.
[2] Maps illustrating population size, county population density, unemployment rates, and education attainment are shown in Figure 1, Figure 2, Figure 3, and Figure 4 in the endnotes.

Figure 1 Rural Texas Strong Counties



and 195 as fully FORHP rural. According to the U.S. Department of Agriculture (USDA), Texas ranks in the top ten states with land area and population that are classified as frontier and remote level one. Over 500,000 residents, in 152 different zip codes, across 27% of the state's land area, travel an hour or more to urban areas of 50,000 or more people. [37] For the purposes of the *Rural Texas Strong* application, Texas will define 202 of 254 counties, or 80%, as rural counties. The 202 counties each have a population of 68,750 or fewer persons according to the 2020 U.S. Census.[4] [8,9]

On average, Texans in rural communities are older, more likely to be low income, and more likely to have at least one disability.[5] [10] Their mortality rate is higher as are the incidence rates of chronic diseases, including heart disease, cancer, stroke, and unintentional injuries. [6] [11,12] These are issues that can be intensified by lower income levels, which can result in a lower quality diet and fewer resources to spend on preventive measures for treating chronic illness. One in three adult Texans and one in five children ages 10 through 17 are obese, with access to unprocessed food and healthcare being contributing factors.[13,14] Rural populations have a higher percentage of

[3] The USDA frontier and remote levels describe territory with low population and high geographic remoteness, defining areas by the time it takes to travel by car to the edges of urban areas. While remoteness can be a highly-cherished benefit, it also creates economic and social challenges.
[4] Consistent with the population threshold defined by Texas Government Code for a population-based definition for determining that a hospital is considered rural.
[5] See Figure 5 in the endnotes for the Percent of the Population 65 Years and Older by county.
[6] See Figure 6, Figure 7, and Figure 8 in the endnotes for maps of rates of heart disease, cancer, and stroke by county.

residents receiving benefits from the Supplemental Nutrition Assistance Program but are less likely to have access to healthy food.[15,16] Women living in rural communities are more likely to suffer complications in childbirth and delay necessary preventative and postpartum care.[17] These challenges to addressing healthcare needs are aggravated by issues of access in rural areas.

Rural Texans' access to high quality local healthcare has been an ongoing priority for Texas with the state appropriating general revenue for various initiatives intended to support these communities. The One Big Beautiful Bill Act (OBBBA) will help Texas speed up the efforts already begun at the local and state level. The systemic or structural issues that present obstacles in rural Texas exist in spite of rural Texans' efforts to improve health outcomes in their communities. *Rural Texas Strong* will help communities hurdle the barriers and prepare for generations of healthier Texans.

Healthcare Access and Coverage

In rural Texas, a lack of commercial health insurance and less local healthcare providers, combined with long distances, can limit access to healthcare. Rural hospitals serve a higher percentage of Medicare patients than urban counterparts, and insurance coverage rates can vary across counties, with rural counties having a higher percent with Medicaid or CHIP and Medicare coverage.[7] [18,19] Understanding this, Texas has established a minimum fee schedule for rural hospital services for individuals enrolled in Medicaid/CHIP managed care. In the long term, we hope Medicare Advantage and commercial

> "…Frontline healthcare in rural pharmacies is saving lives, saving ER resources and keeping care close to home.
> **– Crystal McIntyre, Owner and Operator of two pharmacies in Shamrock and Wheeler.**

[7] See Figure 9, Figure 10, and Figure 11 in the endnotes for coverage by insurance type across the state.

health plans will join us in establishing foundational reimbursement rates for rural providers that promote long-term financial stability and quality improvements.

Those without insurance may have an even more difficult time getting care.[20,21] Uninsured residents may also be less likely to seek out timely preventative services, increasing potentially preventable emergency visits (including uncompensated visits) at already strained hospitals.[22] Rural residents travel an average of 59 miles (which may equate to more than an hour of drive time) from their rural hospital to the nearest large referral center. However, that amount can vary significantly by hospital referral regions. For example, in West Texas some patients may travel as many as 109 miles.[23]

Figure 2 Rural Texas Strong Rural Hospitals

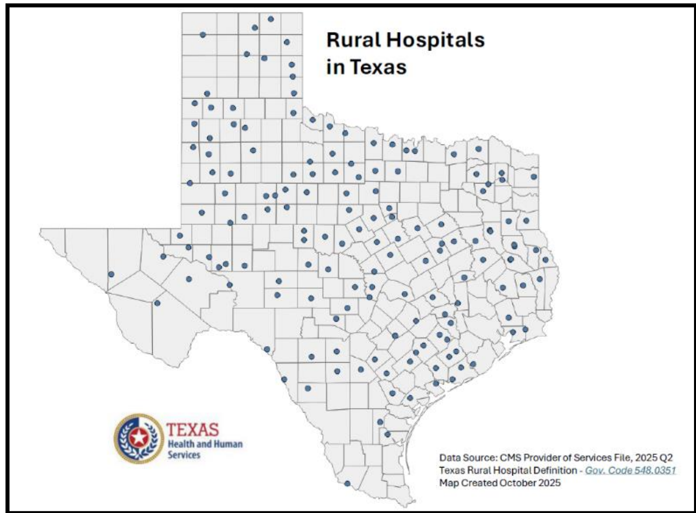


Figure 2 shows the distribution of rural hospitals across Texas.[8] [24] In many counties, women may travel up to 70.5 miles to the nearest labor and delivery hospital.[25] The farther a woman must travel for maternity care, the higher the risk of maternal morbidity and adverse infant outcomes.[26]

While the supply of physicians and other mid-level practitioners in Texas is expected to increase, it is not keeping pace with anticipated demand.[27] As of 2024, nearly one in five rural Texas counties did not have a licensed primary care physician. [9] [28] Texas will need to not only

[8] See Figure 12 and Figure 13 in the endnotes for a map of Federally Qualified Health Centers and rural health clinics in rural counties.
[9] See Figure 14 in the endnotes for the Ratio of Primary Care Physicians

educate more primary care clinicians but also incentivize providers to call rural counties home. This is also true for mental health providers,[10] community health workers, pharmacists, and licensed paramedics.[29]

Limited access to public transportation can also inhibit healthcare access.[30] While there are rural public transportation systems operated by local governments, nonprofits, and public operators across much of the state, many cover wide geographic areas, and non-emergency medical transportation may be largely unavailable to most rural Texans.[31] A lack of access to the internet can also prevent persons from accessing healthcare services using consumer technology to connect to their doctors, as well as restrict their ability to participate in telehealth options.[11] [12] [32,33] When combined, this presents the need for innovative solutions that prioritize increasing opportunities for care and practitioners who are comfortable using technology solutions, mobile care delivery methods, and remote monitoring connected through local hubs to transmit data and information to specialists located elsewhere.

Chronic Disease: Rural residents face higher rates of chronic disease, including hypertension, arthritis, high cholesterol, and diabetes.[34] Rural areas also have higher age-adjusted mortality rates for heart disease, cancer, chronic respiratory disease, and stroke.[35] An estimated 11.3% of U.S. adults and 11.5% of adults in Texas have type 2 diabetes, and nearly a quarter of them may not realize it. It is estimated that only 3% of adults diagnosed with prediabetes have engaged in diabetes prevention programs.[36]

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[10] See Figure 15 in the endnotes for the Ratio of Mental Health Providers by County.
[11] The Texas Comptroller of Public Accounts is issuing Broadband grants to bring internet access to rural communities.
[12] See Figure 16 for the Percent of Households without an Internet Subscription by County.

In rural settings, managing complex chronic care can be more difficult. Patients can incur greater out-of-pocket costs from travel, providers operate with fewer resources, and delayed treatment leads to worsening disease progression. According to one study, excess medical spending and productivity loss due to preventable health matters costs the Texas economy $7 billion every year.[37] Each resident, whether sick or healthy, bears the extra costs through higher insurance premiums, greater tax burden to support public health programs, and reduced productivity.[38] Therefore, any improvement to chronic disease severity or prevalence produces financial sustainability through cost reduction to the health system and increased economic benefit for the state.

Workforce Shortages and Aging Equipment and Infrastructure: Texas ranks among the top states facing critical physician shortages, and virtually all rural Texas counties are designated health provider shortage areas (HPSA).[39] The ratio of population to primary care physicians is nearly 60% higher than in urban areas.[40,41] Every rural Texas county is also designated as a HPSA for mental health.[42] The Texas Physician Supply and Demand Projections from 2022-2036 forecast that shortages in primary care, psychiatry, obstetrics, gynecology and other fields will have higher demand than the workforce can meet.[43] The current workforce is also aging, with one-third over the age of 55; retirements will exacerbate future shortfalls and result in a loss of valuable experience.[44]

Workforce recruiting challenges are compounded when a rural health employer is unable to reinvest in its staff and infrastructure. Facilities that have some profit margin can replace stretchers, wheelchairs, CT scanners and lab equipment. Rural providers that barely survive from one pay cycle to the next cannot replace aging equipment. Sometimes repairing it can be a cost out of reach of a small-town practitioner. The potential loss of revenue from outdated or broken equipment results when patients need referral to another facility for lab work or imaging.

> "In rural Texas, we know how to stretch a dollar and when funds are put in our hands, they are spent conservatively and on the most critical needs of our patients."
> **– Kurt Sunderman, CEO of Rice Medical Center in Eagle Lake.**

Rural providers have become experts at making equipment work well beyond its useful life. On the one hand, this scenario demonstrates the commitment and resilience of the smallest and poorest hospitals or clinic providers to find ways to survive. However, "just getting by," comes with consequences. Recruiting potential is diminished when prospective staff make a site visit and see first-hand the aging facility and outdated equipment. Despite the many unseen positive characteristics of rural health providers - the commitment to quality patient care and work culture - it is unlikely a recruit will be motivated to work in this setting, resulting in the rural/urban divide for healthcare staff widening.

Outdated Technology and Limited Cybersecurity Protection: Rural providers recognize the significance of technological upgrades, but some are unable to implement them due to cost. They recognize that their clinicians are practicing with old tools and limited visibility into patients' health history or procedures that were performed at other facilities. This lack of connectivity, especially between behavioral and medical health providers, and an interoperable information

technology system across all health provider types results in an inability to automate quality reporting, analytics, and care management (necessary for success of alternative payment models).

According to a 2022 survey of Texas rural hospitals, plans to increase telehealth offerings are limited without investment in infrastructure and expertise.[45] Some rural hospitals face challenges within their own facilities, including the need for training and space to properly use equipment for enhanced services.[46] Without technology improvements, rural providers lose revenue, have increased administrative burden, and cannot compete with urban providers.

Cybersecurity analysts say rural hospitals and smaller facilities are desirable targets, because it's an easier payday, even if the facilities won't be able to afford a large ransom.[47] Like their urban counterparts, rural providers maintain valuable patient information, but many have aging IT systems that make them prime targets for cybercriminals. Multiple rural Texas hospitals and clinics have paid hefty ransoms as victims of cybercrimes and know first-hand the negative impacts from such an intrusion.[48] Every rural provider wants to avoid paying a ransom from their limited funds because it prevents its use for critical costs, like patient care. [49]

Rural Facility Financial Health

Rural Texas hospitals have a combined 7,650 licensed beds, according to the most recent data.[50] Financial challenges are inextricably connected to low patient volumes. Most rural health facilities experience financial instability, and rural hospitals exemplify the challenges that many rural health facilities experience.

> "Rural hospitals don't ask for a handout; we're asking for a bridge; a bridge between [the] dedication of our people and the realties we face every day."
> **– Melissa Wilson, CEO of Freestone Medical in Fairfield.**

A 2025 study revealed 77% of rural Texas hospitals had negative net income from patient services, four out of ten rural hospitals had negative operating margins and had less than 20 days

cash on hand.[51] Another financial risk exposure specific to rural Texas hospitals is on the balance sheet – capital is weighted toward debt rather than physical assets like buildings and equipment. Long-term debt to capitalization is an important metric of a hospital's financial leverage and risk of insolvency because it measures how much outstanding debt a hospital has compared to its total capitalization, or its total available (unrestricted) assets, less its total liabilities. Around 15% of Texas rural hospitals had long-term debt-to-capitalization exceeding 50%, which indicates most of their capital was debt.[52]

Target Populations

The initiatives identified in *Rural Texas Strong* prioritize nearly 3.7 million citizens living within the 202 rural counties, with a population less than 68,750. [53, 54] In accordance with Texas statute as shown in Table 1, and for purposes of *Rural Texas Strong* initiatives, Texas identifies 155 rural hospitals at the time of this application submission, with 93 Medicare-certified Critical Access Hospitals (CAH), 58 Prospective Payment System (PPS) facilities, and 4 Rural Emergency Hospitals (REH). Endnote Figure 17 shows rural hospital distribution by classification.[55] Ninety-six rural hospitals no longer provide obstetrical services (OB) leaving vast OB deserts across the state that are larger than the combined land mass of Connecticut, Delaware and Rhode Island.[56]

Table 1 Rural Hospital Definition

Texas Government Code Section 548.0351 defines rural hospital as:
(1) located in a county with 68,750 or fewer persons according to the 2020 U.S. Census; or
(2) designated by Medicare as a Critical Access Hospital (CAH), a Sole Community Hospital (SCH), or a Rural Referral Center (RRC) that is not located in a Metropolitan Statistical Ares (MSA); or
(3) has 100 of fewer beds, is designated by Medicare as a CAH, a SCH, or a RRC, and is located in an MSA.

In general, *Rural Texas Strong* funds will not be expended on programs or services administered by state agencies or institutions of higher education, including at the Health and

Human Services Commission (HHSC), other than a limited amount for program administration and oversight. This is to ensure that funds are expended at the local community level to the greatest extent possible. However, there are exceptions where funds may be spent to improve technological or clinical infrastructure at other state agencies. For example, in certain jurisdictions, the Department of State Health Services (DSHS) acts as the public health district for a rural community, so DSHS may receive funds related to emergency services transportation needs, or other state agencies may receive allocations for technological improvements necessary to support clinical workforce licensure or credentialing so the workforce incentivized to practice in rural communities can receive practice authority more expeditiously.

Rural Health Transformation Plan: Goals and Strategies

With the input of hundreds of rural Texas stakeholders, HHSC has developed a focused, strategic plan. HHSC reviewed existing and upcoming aligned Texas programs and strategies to ensure that the Rural Health Transformation (RHT) plan combines, but doesn't duplicate, the *Rural Texas Strong* project with the enduring vision, goals and strategies for the Lone Star State. The initiatives described here are synonymous with the strategies HHSC will use to reach our vision and goals.

The Rural Texas Strong Project

The *Rural Texas Strong* project in Table 2 includes the state's vision and goal for transforming rural health across the state. Texas will use the strategies, identified in green, to ensure that this once-in-a generation funding means every rural Texan can receive appropriate care for their families where, when, and how it works best for their families. The purpose of the table is to demonstrate how each strategy will impact the transformation plan elements: 1) Improving access

and outcomes, 2) Technology use and Data driven solutions, 3) Partnerships, 4) Workforce, and 5) Financial solvency strategies, as well as how the plan will address the causes of rural hospital service reduction and closure. Texas was ground zero for the rural hospital closure crisis between 2010 and 2019 with 26 closures. Governor Greg Abbott and the Texas Legislature have prioritized providing financial support for rural hospitals to protect rural Texans' access to life-saving care. From February 2020 to October 2023, no closures occurred. Since 2023, three hospitals have closed. As a result of the state investments in rural health, HHSC has issued emergency hardship grants to seven hospitals to forestall imminent closures. Through this plan, the state has identified how it will address the elements required by federal statute and align with the RHT program's overall strategic goals.

Rural communities value independence and self-sufficiency, requiring innovative and tailored solutions that are different from their urban counterparts.[57] Rural hospitals will be eligible for funding from the *Rural Texas Strong* initiatives, along with Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs), pediatric long-term care providers, independent physician practitioners, pharmacies, emergency services providers, and behavioral health providers if they have a physical address located in the 202 rural counties where rural residents are served.

Rural Texas Strong makes significant investments in improving overall health and wellness. These solutions are not only what is in the best interest of Texans but are also the most likely to reduce the overall costs to the healthcare system. Sustainability for our initiatives includes reinvestment of revenue and reduced costs on the healthcare system. These strategies will directly

correspond to the state's proposed initiatives and the federally authorized Use of Funds, which are discussed in greater detail in the Proposed Initiatives and Use of Funds section.

Table 2 Texas Initiatives Alignment to CMS Strategies (Accessible Version)

Texas Initiative: Make Rural Texans Healthy Again

CMS RHT Strategy: Make rural America healthy again

How will the above strategy impact the required transformation plan?

- **Improving Access & Outcome**: By increasing primary care access points and wellness options to reduce emergency room visits and reverse chronic disease prevalence.
- **Technology Use & Data-Driven Solutions**: By increasing opportunities for patient interactions, combined with patient engagement tools, providers will improve outcomes.
- **Partnerships:** This strategy will lead to partnerships between local governments, healthcare providers, and patients to develop community-based solutions that improve health outcomes for their local community.
- **Workforce**: By creating opportunities to expand the preventative care workforce, such as dieticians and community health workers, in rural areas.
- **Financial Solvency Strategies**: By increasing opportunities to reduce the chronic disease burden through community wide and driven solutions this strategy can diversify revenue streams for a hospital.

- **Cause Identification**: This initiative will result in a reduction in chronic disease cost burden through improvement of prevention and intervention for chronic diseases.
- **Strategic Goal Alignment:** Make rural America healthy again; allows counties to focus on chronic diseases/condition, by creating new access points aimed at disease prevention, management and new behavioral health access.

Texas Initiative: Rural Texas Patients in the Driver's Seat

CMS RHT Strategy: Sustainable access

How will the above strategy impact the required transformation plan?

- **Improving Access & Outcome**: By providing patient access to test results and scheduling functionality to improve health and provider connectivity.
- **Technology Use & Data-Driven Solutions**: By using a consumer-facing patient portal to manage chronic disease and disseminate structured health data.
- **Partnerships:** Using Clinically Integrated Networks (CINs) or similar accountable care organizations (ACOs) to improve purchasing power for a collective of rural providers.
- **Workforce**: Upgrading and using efficient ways to manage and communicate with patients will contribute to retaining/recruiting staff and reducing their administrative burden from working with disparate or antiquated systems.
- **Financial Solvency Strategies**: Consumer-facing portals and HIE will increase efficiency and care coordination between patients, providers, and payers, leading to greater savings and improved communication among healthcare teams.

- **Cause Identification**: Consumer tech will make appointment scheduling more convenient and alleviate low-volume utilization and negative operating margin as a cause for rural vulnerability.
- **Strategic Goal Alignment:** Make rural America healthy again, Sustainable access, Tech Innovation; Promotes preventative health by empowering patients to take control of their health stories and aims to make rural providers a long-term access point for reliable and coordinated care and enable data sharing.

Texas Initiative: Lone Star Advanced AI and Telehealth

CMS RHT Strategy: Innovative Care

How will the above strategy impact the required transformation plan?

- **Improving Access & Outcome**: By increasing virtual specialty care so care is close to home and contribute to Improving outcomes for more complex conditions.
- **Technology Use & Data-Driven Solutions**: Developing AI technologies will reduce time consuming tasks that are prone to human error and increase telehealth technology.
- **Partnerships:** Using CINs or similar ACOs to improve purchasing power. Increasing access to subspecialties through telehealth also allows for clinical partnerships that aren't hindered by geography.
- **Workforce**: Using AI technology to augment patient care is a feature that will contribute to recruiting and retaining clinical staff. Telehealth will extend the reach of specialists to rural residents.

- **Financial Solvency Strategies**: By increasing access to telehealth within rural communities, the aim is to decrease rural facility bypass and have rural hospitals and providers be a reliable location for access to subspecialties and contribute to a provider's income through a new service line.
- **Cause Identification**: Innovative tools will reveal growth opportunities related to patient outmigration for rural providers and improve operating margin.
- **Strategic Goal Alignment:** Tech innovation, Sustainable Access, Innovative Care; Adopts new innovative AI technology and expands telehealth use to promote efficient care delivery, invest in emerging technologies, and promote flexible care arrangements.

Texas Initiative: The Next Generation of the Small Town Doctor and Team

CMS RHT Strategy: Workforce Development

How will the above strategy impact the required transformation plan?

- **Improving Access & Outcome**: By increasing the number of physicians and other allied health professionals in rural communities.
- **Technology Use & Data-Driven Solutions**: Newly trained professionals will be equipped with more reliable and up to date technology, improving their ability to treat patients.
- **Partnerships:** This strategy will strengthen healthcare partnerships between providers through mentoring and developing healthcare worker education systems to increase the pipeline of available workers.

- **Workforce**: This strategy is devoted to workforce recruitment and retention with five-year commitments to increase the availability of providers in rural counties.
- **Financial Solvency Strategies**: By creating a reliable pipeline of workforce talent this strategy aims to reduce rural facility bypass and ensure rural providers are adequately staffed to provide the healthcare their community needs.
- **Cause Identification**: Rural service lines are at-risk due to the inability to recruit and retain qualified healthcare providers.
- **Strategic Goal Alignment:** Workforce Development; Attracts and retains high-skilled healthcare workers and recruit a broader set of providers, like community health workers to help patients navigate the healthcare system.

Texas Initiative: Unified Care Infrastructure and Rural Cyber Protection

CMS RHT Strategy: Tech Innovation

How will the above strategy impact the required transformation plan?

- **Improving Access & Outcome**: By reducing vulnerabilities and decreasing system downtime, so health information is available when needed.
- **Technology Use & Data-Driven Solutions**: By developing a Unified Care Infrastructure and increasing cyber protection.
- **Partnerships:** By using CINs or ACOs to improve purchasing power of cybersecurity tools.
- **Workforce**: By updating outdated and vulnerable technology, current and future healthcare staff will want to work at a provider with equipment and systems that improve their ability to delivery care and create efficiencies.

- **Financial Solvency Strategies**: By reducing the potential for costly cyber-attacks, it brings rural providers up to modern day standards of safeguarding important healthcare data and it frees up valuable resources that may have been diverted to recovering from a cyberattack.
- **Cause Identification**: Rural hospitals are vulnerable to cyber attack and patients risks will be reduced when this initiative connects health information.
- **Strategic Goal Alignment:** Tech innovation; Improves data security and ensuring reliable access to data health tools, without the threat of cyber-attacks.

Texas Initiative: Infrastructure and Capital Investments for Rural Texas

CMS RHT Strategy: Sustainable Access; Workforce Development; Innovative Care

How will the above strategy impact the required transformation plan?

- **Improving Access & Outcome**: By modernizing equipment and facility upgrades result in new physical space for telehealth services or other new service lines.
- **Technology Use & Data-Driven Solutions**: Providers will improve efficiency with updated equipment, and evolve their care pathways, and improve accuracy of recordkeeping and patient monitoring.
- **Partnerships:** Investments in tools and capital equipment can foster partnership with vendors, insurers, and research institutions by enabling rural providers to participate in quality improvement initiatives.
- **Workforce**: Improving and investing in capital equipment is vital to retaining a skilled and satisfied workforce.

- **Financial Solvency Strategies**: By bolstering rural Texas providers' ability to make investments in their facilities and staffing will have a positive financial impact. With updated equipment for diagnosis and treatment or providing new services that allow residents to receive specialty care as close to home as possible.
- **Cause Identification**: This strategy will help modernize rural facilities and equipment with reinvestment, which has been identified as a driver of rural vulnerability.
- **Strategic Goal Alignment:** Sustainable Access; Invests to ensure rural providers are long-term access points for care, with the most up to date resources and capital equipment.

Program Key Performance Objectives

By the end of FY 2031, *Rural Texas Strong* will achieve the overall program performance objectives depicted in Table 3. The evaluation metrics for each initiative will advance towards these goals. HHSC will work with stakeholders to ensure that any performance measures align with the project implementation plans, to meet the needs of individual communities. To the greatest extent possible, HHSC has identified data sources already being tracked. This reduces administrative burden on HHSC and funding recipients and enables HHSC to measure the impact of initiatives more quickly with more easily identifiable baseline data. HHSC, as the state Medicaid agency and lead agency for the RHT Program, confirms it will cooperate with any CMS-led evaluation or monitoring.

Table 3 Program Performance

Initiative	Objective	Baseline (2024)	Target (2031)
1. Make Rural Texans Healthy Again	Reduce Texas Non-Metro Ratio of Population to Dieticians (Population:Dietician)	10,253:1	8,202:1
2. Rural Texas Patients in the Driver's Seat	Increase Remote Patient Monitoring	<10%	>20%
3. Lone Star Advanced AI and Telehealth	AI based automation of fax processing – Decrease % of Rural Texas Hospitals w/ human fax processing	>95% of hospitals	<65% of hospitals
4. The Next Generation of the Small Town Doctor and Team	Reduce Texas Non-Metro Ratio of Population to CHW (Population:CHW)	15,974:1	11,181:1
5. Unified Care Infrastructure and Rural Cyber Protection	Increase % Rural Texas Hospitals w/ Automated Quality Reporting	<10% of hospitals	>40% of hospitals
6. Infrastructure and Capital Investments for Rural Texas	Reduce Texas Rural Hospitals w/ < 10 Days Cash on Hand	48 hospitals	<34 hospitals

Legislative or Regulatory Action

Table 4 includes legislative commitments and current policies related to the state policy actions.

Table 4 Legislative or Regulatory Action

Factor	Description	Texas Policy
B.2	Health and Lifestyle	Governor Greg Abbott has committed that all Texas public schools will reinstate and implement the Presidential Fitness Test no later than September 1, 2028. Texas law already requires a fitness test for children in the public schools, and we currently use a research-based tool to assess student health. The new Presidential Fitness Test proposed by President Trump will be incorporated into the state's requirements for physical education as a required part of the Texas public-school curriculum.
B.3	SNAP Waivers	Texas has an approved SNAP Food Restriction Waiver.[58]
B.4	Nutrition Continuing Medical Education	Texas established continuing education requirements in nutrition and metabolic health for licensed physicians, physician assistants, and nurses.[59] The Texas Medical Board will adopt rules no later than Dec. 31, 2026, to implement the new requirement.[60]
C.3	Certification of Need (CON)	Texas does not have any CON or CON-equivalent statutes.[61]
D.2	Licensure Compacts	Texas is an Interstate Medical Licensure Compact Member State serving as State of Principal License.[62] Texas is a Nurse Licensure Compact Member State.[63] Texas is an EMS Compact Member State.[64] Texas is a PSYPACT Participating State.[65] Texas does not participate in the Physician Assistant licensure compact.
D.3	Scope of Practice	Texas Physician Assistants have a moderate scope of practice.[66] Texas Nurse Practitioners have a restricted scope of practice.[67] Texas Pharmacist have restricted authority, 0-3 score (restricted)..[68] Texas dental hygienists have a semi-restricted scope of practice with 3 allowed task types.[69]
E.3	Short-term Limited Duration Insurance (STLDI)	STLDI plans in Texas are not restricted beyond the latest federal guidance. The maximum allowable initial contract term for an STLDI plan in Texas is 3 months. The maximum allowable total coverage period for STLDI plans in Texas is 4 months.[70]
F.1	Remote Care Services	Texas Medicaid covers telemedicine and telehealth services that are provided through the following delivery methods:[71] Synchronous audiovisual technology between the distant site provider and the client in another location (live video).[72] Store and forward technology in conjunction with synchronous audio-only technology between the distant site provider and the client in another location.[73] Texas Medicaid covers home telemonitoring services for certain clients.[74] A physician may not provide telemedicine medical services to patients in Texas unless they hold a full Texas medical license, except for those who held an out-of-state telemedicine license as of Sept. 1, 2022.[75] Texas does not issue telemedicine licenses.[76]

Other Required Information

- For Factor A.2: As of Sept. 1, 2025, Texas has a total of 43 Certified Behavioral Health Clinics (CCBHCs), operating at 339 sites. A complete list of all entities within Texas is included in Other Supporting Materials.
- For Factor A.7: 31.69% of hospitals in Texas receive a Medicaid Disproportionate Share Hospital (DSH) payment. That equates to 180 out of 568 hospitals for the most recent state plan rate year. Beginning in FY2025, HHSC deemed 100% of rural hospitals eligible for Medicaid DSH.

Proposed Initiatives and Use of Funds

Initiative #1: Make Rural Texans Healthy Again

Description: HHSC will issue grants to rural hospital districts[13] that choose to participate to enhance or create community-based prevention, wellness, and nutrition programs or services aimed at improving one or more of the following chronic disease conditions: (1) diabetes, (2) cardiovascular disease, (3) chronic respiratory disease, or (4) obesity. Diabetes education and management should be a major focus, as reflected in the associated outcome measures. Local governments that receive this funding will be given significant flexibility in the logistics of implementing solutions to improve outcomes. Local governments will be required to identify vulnerabilities in the overall local rural healthcare ecosystem and to focus solutions on technological innovation that integrates mid-level practitioners and pharmacists, along with behavioral health and primary care clinics and providers. They will be required to implement one

[13] If Texas receives additional funding, Texas will expand this initiative to include other rural public primary care clinics, rural public health entities and rural public behavioral health providers; additional private rural health entities that can demonstrate the ability to provide a sustainable revenue stream to support activities may be considered in a competitive process, if sufficient funds are available.

or more of the following options: (1) purchasing equipment, subsidizing the facility cost of, or issuing sub-contracts or sub-grants for a community wellness center. The center may offer preventative chronic disease screenings, gym equipment, group exercise classes, fitness/strength training, and/or nutritional education classes; (2) partner with regional grocery stores, farmer's markets, or local food pantries to sponsor regular pop-up grocery markets to make available fresh U.S. grown produce, dairy, and meat, healthy cooking demonstrations for all ages, and/or nutrition-conscious ready-to-heat meals; (3) establish and operate an after-hours primary care clinic to reduce non-emergent emergency department visits, (4) provide low or no-cost chronic disease screenings (prevention) and low or no-cost primary care visits, (5) provide nonemergent transportation support to improve access to pharmacies (to improve medication adherence), grocery stores that sell U.S. grown produce, dairy, and meat, and primary or preventive healthcare appointments, (6) establish care systems for active remote monitoring for high acuity patients; (7) acquire technology resources (including computers, electronic tablets, etc.) made available at community partner organizations or entities for individuals who are dually eligible for Medicare and Medicaid to use to research and enroll in health coverage options (including integrated plans such as D-SNPs), as well as resources for guidance to individuals about what Medicare options include local behavioral and preventative care providers to promote continuity of care; and (8) include other strategies designed to increase individual rural Texans' access to healthy foods, prescriptions, and other items related to improving their own health. The hospital districts that receive the grants will be authorized to receive grant funds that exceed their demonstrated costs to enable them to retain funds as an incentive for achieving quality outcome measures. Targets for each grantee will be established at the time of grant award, but will be aligned with the overall

outcome measures described below. These approaches can improve quality of life, mental health, worker productivity, and health outcomes while reducing patient expenses, hospital utilization and disease impacts. [77]

Depending on the project implemented by a local government, multiple RHT strategic goals may be in alignment with a given solution. For example, an after-hours clinic or wellness center creates new access points for care. A pop-up grocery store provides healthy alternatives to improve poor nutrition that can contribute to many chronic conditions and addresses the root causes of certain diseases. A wellness center or primary care clinic can attract a skilled workforce that spans the healthcare continuum including physicians, nurses, physical therapists, community health workers, and nurse aides. Most importantly, these local solutions are sustainable because each community has a built-in financing mechanism through their ad valorum tax revenue which will combine with the decreased overall cost burden on the health ecosystem as individuals improve chronic conditions.

Main Strategic Goals: Make rural America healthy again.

Uses of Funds: A. Prevention and chronic disease, B. Workforce.

Technical Score Factors: B.1, B.2, B.3, B.4, C.1, C.2, D.1

Key Stakeholders: Public hospitals, RHCs, FQHC in rural counties, emergency medical services, all healthcare workers, all residents of participating jurisdiction.

Outcomes: This initiative will use the following specific outcomes:

Table 5 Outcomes

Local Solution	Proposed Measure	Level	Baseline	Target
Diabetes Related Emergency Visits	ED Visits related to diabetes	County	2024	Decrease prevalence by 2.5%

Local Solution	Proposed Measure	Level	Baseline	Target
Increase Dietitians	# of Dietitians in Rural Counties	Non-Metro Statewide	2024	Increase by 20
Obesity Prevalence	% Overall Prevalence of Obesity	Non-metro Statewide	2023	Decrease by 1.0%
Adults taking a course or class in how to manage your diabetes	% taking a course or class in how to manage diabetes	Non-Metro Statewide	2022	Increase by 2.5%

Impacted Counties: 68 public rural hospital districts.

Estimated Required Funding: $217, 859,529 or 22% of federal funding over five years. Scalable to award.

Implementation Plan and Timeline: This initiative will be administratively managed within HHSC by the *Rural Texas Strong* team. After an application process to identify eligible and interested local governmental entities, intergovernmental contracts will be used to distribute funding. To ensure that solutions are financially sustainable after the conclusion of the project, HHSC will ensure that the direct cost of the projects funded through this initiative are at or below the amount of an existing revenue stream that could be made available by the local government for the post-project period, if they earn and reinvest incentive funds received for outcome achievement. Grantees will be encouraged to use incentive funds earned for outcomes to reinvest in local initiatives that advance or sustain *Rural Texas Strong* efforts (including by improving their financial sustainability so funds can be prioritized for solutions that Make Rural Texans Healthy Again). The table below illustrates the estimated tasks and timeline.

Table 6 Workplan & Monitoring, Initiative 1: Make Rural Texans Healthy Again

Progress and Stage	Targeted Completion	Initiative Stage Description	Typical Actions to Occur in Stage
< 15% - Assessment - Stage 0	Q2 FY 2026	Reconcile current conditions with Application plans.	Identify changes in initial Initiative assumptions and confirm jurisdiction interest /participation.
< 15% - Assessment - Stage 0	Q2 FY 2026	Mitigate risks; Identify Task Assignments; Develop Infrastructure to support work - Communications plan, workflows- internal and external.	Identify risks - e.g. verifying total debt at point in time. Initiate contract drafting and communicate details of funding to potential eligible counties. Identify major tasks and owners (e.g. hiring staff); Create communication plans
15% - Project Planning - Stage 1	Q2 FY 2026	Project Kick off meetings.	Kick off meetings internally to accomplish administrative and infrastructure building tasks. Identify key deadlines, processes, and information. Invite eligible jurisdictions to apply for funding. Application will allow for identification of jurisdiction's chronic disease plan.
15% - Project Planning - Stage 1	Q2 FY 2026	Develop Strategies for Communications, Timeline, Recruitment/hiring, Identify Procurement steps.	Meet with eligible counties to identify technical assistance needs in refining chronic disease/condition solutions, milestone, and measures. Review/finalize contractual agreements.

Progress and Stage	Targeted Completion	Initiative Stage Description	Typical Actions to Occur in Stage
30% - Project Initiation and Execution - Stage 2	Q4 FY 2026	Stakeholder Engagement.	Communicate to stakeholders the initiative status, Continue with TA for local leaders. Identify stakeholder input and incorporate as needed throughout project life cycle.
30% - Project Initiation and Execution - Stage 2	Q4 FY 2026	Funding distribution (100% of Funds)	Distribute funding. Identify project timelines for local government's work.
50% - Project Monitoring and Controlling – Stage 3	Q2 FY 2027	Local Efforts begin.	Conduct site visits to rural awardees, as applicable.
50% - Project Monitoring and Controlling – Stage 3	Q2 FY 2027	Technical Assistance (TA)	Provide assistance for project development and execution.
75% - Project Outcomes - Stage 4	Q2 FY 2029	Maintaining and Sustaining Work.	Continue contractor monitoring. Monitor stakeholder engagement between local leaders and community members.
		Monitoring milestones; Regular Communication with contractors; TA provided,	Continue to conduct site visits, continue to provide TA to local leaders, as applicable.
100% - Project Closure or Reconciliation - Stage 5	Q4 FY 2030-32	Contract closure or reconciliation activities.	If more funding is available, amend contracts & timelines.

Stakeholder Engagement: Prior to the application period, HHSC will offer technical assistance and work with local governments to coordinate with existing rural community providers, community-based facilities, and other key stakeholders (such as non-traditional health organizations like food pantries or social health providers). HHSC and stakeholders will discuss how to select the chronic disease/condition and the solution(s) for which the local jurisdiction intends to focus their *Rural Texas Strong* funding and for which they have a viable long-term sustainability path. HHSC will participate to ensure local leaders of preventative care, long-term care, behavioral health, and social health providers are actively engaged, alongside hospital board members and residents in the community to ensure that projects selected are focused on strengthening the entire ecosystem and meet the most critical local need. Upon distributing awards, HHSC will continue to conduct quarterly meetings with grantees to evaluate progress towards outcome measures, with a continued focus on developing novel prevention-focused models that emphasize lifestyle changes, physical activity, and proper nutrition. Through contract compliance oversight, HHSC will also monitor progression towards financial sustainability at the conclusion of the program.

Metrics and Evaluation Plan: The state has established targets that prioritize improving diabetes management and education. Additional performance targets will be embedded in grant agreements and will prioritize coordination with stakeholders and subrecipients to identify realistic and locally driven outcomes that will advance the goal of creating community-based prevention, wellness, and nutrition programs or services aimed at improving chronic disease conditions. The measures below prioritize existing health outcome data.

Table 7 Metrics & Evaluation – Make Rural Texans Healthy Again

	Outcome 1	Outcome 2	Outcome 3	Outcome 4
Outcome Measure*[14]	Diabetes-related Emergency Visits*	Increase the Number of in Rural Counties Profession – Dietitians*	Obesity Prevalence*	Adults taking a course or class in how to manage your diabetes*
Data Source	DSHS Syndromic Surveillance	DSHS Health Profession Supply	Behavioral Risk Factor Surveillance System	Behavioral Risk Factor Surveillance System
Definition	The # of visits to the emergency unit related to diabetes – participating counties	The # of licensed dieticians in eligible counties	Percent of Adults with a BMI greater than or equal to 30 kg/m^2.	Percentage of adults aged 18 and above who have taken a course on managing their diabetes
Baseline	2024	2024	2023	2022
Year 1 - 2026	Planning	Planning	Planning	Planning
Year 2 - 2027	Implement	Implement	Implement	Implement
Year 3 - 2028	Implement	Implement	Implement	Implement
Year 4 - 2029	Decrease emergency department visits by 1%	Add 10 master's level licensed dietitians	Decrease by 0.5%	Increase by1%
Year 5 - 2030	Decrease emergency department visits by an additional 2.5%	Add 20 master's level licensed dietitians	Decrease by an additional 1.0%	Increase by an additional 2.5%

Sustainability Plan: This initiative has a built-in financing mechanism through a local jurisdiction's ad valorum tax revenue to sustain the chosen chronic disease/condition solution for its community. In addition to the direct financial support from ad valorem tax streams, the initiatives are likely to produce cost savings that will further enhance the sustainability of the initiatives long-term.

[14] * - Baseline and county/community level reporting. ** - Baseline and target will require provider or subcontractor survey.

Initiative #2: Rural Texas Patients in the Driver's Seat

Description: While some rural hospitals, primary care clinics, behavioral health clinics, and pharmacists have simple patient portals and may participate in health information exchange (HIE), others have deferred participation because of cost barriers. Standalone systems can be costly, with limited functionality, and result in mixed patient participation. However, providing patient-specific data can be transformative to a patient and their health outcomes.[78] The creation of a patient-facing healthcare portal that integrates with the provider's electronic medical record and regional or statewide HIE, is a foundational step to improving and advancing positive health outcomes by providing people with access and freedom to improve their own wellness.[79]

This initiative will invest in technology that will establish consumer-facing health portals that engage patients and facilitate HIE between patients, providers, and payers. Through consumer-facing portals, patients can communicate directly with their healthcare team through messaging, access documentation about medical visits, conduct virtual visits, and provide anytime access to their personal health information. Once healthcare portals are established, integration with other applications and consumer technology, such as medication sync and adherence reminders, smart watches that record heart rates, oxygen saturation levels, and blood pressure; continuous glucose monitors; CPAP/BiPAPs compliance data; portable in-home dialysis equipment; and other remote monitoring technology becomes much more attainable.[80,81]

For healthcare providers, portals and HIE offer improved care coordination between visits, unifying infrequent, sporadic and disconnected visits. HIEs serve as a connecting point for organized initiatives, reduce duplication of services, and reduce operational costs by automating many administrative tasks.[82] Providers can access a patients' health information to facilitate

efficient care and payers can make timely coverage decisions. [83] This foundational data is critical to value-based care strategies targeting reductions in preventable and high-cost interventions to improve overall community health. Further, by aligning local or regional providers across the spectrum of acute, long-term, emergency, and pharmacy services, we will open the pathway to two-sided risk models, where providers both the upside and downside risk related to patient care costs and quality, with data available to produce efficacy. Texas has keen interest in advancing alternative payment model options, but reaching two-sided risk models first requires technological solutions to unite the whole ecosystem of health providers. In addition to the patient portal, funds will be made available to purchase and equip consumers with remote monitoring related equipment or other portable health technology that is compatible with the portal.

Funding will not be used to supplant existing programs; HHSC will incorporate lessons learned and extend the reach beyond existing Medicaid Provider HIE Connectivity efforts and Medicaid managed care incentives like the Medicaid Managed Care Aligning Technology by Linking Interoperable Systems (ATLIS) program.[15]

Main Strategic Goals: Make rural America healthy again, Sustainable access, Tech Innovation

Uses of Funds: F. IT Advances

Technical Score Factors: B.1, B.2, C.1, F.1, F.2, F.3

Key Stakeholders: Rural hospitals, rural health clinics (RHC), FQHC in rural counties, payers, pharmacists, independent physician practices, behavioral health providers, rural communities, patients, and families, consumer tech innovators.

[15] ATLIS uses local and federal funds to provide incentive payments for health plans partnering with HIEs to achieve and build on certain data-sharing milestones.

Outcomes: This initiative will use the following reliable, consumer-facing tech outcomes shown in Table 8:

Table 8 Outcomes

Measure	Level	Baseline	Target
Number of Providers Upgrading or Adding Patient Portal System	Subcontractor	2027	40 hospitals & 50 clinics
Number of Appointments initiated through the Portal	County	2027	Increase appointments initiated by 5%
Remote Patient Monitoring (RPM)	State	2027	Increase hospital RPM participation by 5%
HITRUST or NCQA Certification	Community	2027	Increase certifications by 5%

Impacted Counties: All 202 rural counties.

Estimated Required Funding: $150,000,000 or 15% federal funding. (Any EMR expenditures related to a previous HITECH certified EMR system will be limited to 5%). Scalable to award.

Implementation Plan and Timeline: HHSC will award funding through a competitive procurement process to two or more clinically integrated networks, accountable care organizations, or similar cooperatives to purchase, install, and operate healthcare portals with compatible consumer applications and technology integration. This approach will ensure through group purchasing the best value is negotiated. The following criteria will be used to select the entities: (1) subject matter expertise and commitment to improving technology access, specifically, health information exchanges and provider technology solutions and (2) a minimum of the entity's membership is comprised of at least 60% or more of rural providers. HHSC will also use the CMS Health Tech Ecosystem framework for Patient Facing Apps to guide contracting criteria. The applications should support data exchange with patient identity verification, eliminate manual check-in forms, and provide tailored, data-driven support to individuals at risk for or living with diabetes and obesity.[84]

Entities will be restricted to using technology software and hardware that fully complies with CMS's Health Technology Ecosystem criteria and is built to integrate with consumer-facing equipment and applications. Priority will be given to CIN, ACO, or cooperative technology created by companies identified as CMS's Early Adopters, that are willing to take on the challenge of equipping providers and patients with tools to manage and share their health information in a secure and easy to understand way. Sub-contractors must be willing to provide value-added services, such as digital literacy training for rural residents and providers. The contractors will coordinate activities with HHSC and meet at least quarterly throughout rural transformation periods to ensure the implementation plan and timeline below are followed. The goal is that assessment and project planning happen in rapid succession, so contracts can be executed, and advancements make their way to consumers as soon as possible. The table below illustrates the estimated tasks and timeline for completing major milestones for this initiative.

Table 9 Workplan & Monitoring, Initiative 2: Rural Texas Patients in the Driver's Seat

Progress and Stage	Targeted Completion	Initiative Stage Description	Typical Actions to Occur in Stage
< 15% - Assessment - Stage 0	Q1 FY 2026	Reconcile current conditions with Application plans.	Identify changes in initial initiative assumptions and confirm provider interest /participation.

Progress and Stage	Targeted Completion	Initiative Stage Description	Typical Actions to Occur in Stage
< 15% - Assessment - Stage 0	Q1 FY 2026	Mitigate risks; Identify Task Assignments; Develop Infrastructure to support work – Communications plan, workflows- internal and external	Identify risks – e.g. Proposed platforms compatible for providers? Number of vendors needed? Identify major and owner of task(s). E.g.: Hire staff, identify procurement steps and initiate them. Engage HHSC Legal to initiate contract drafting.
15% - Project Planning - Stage 1	Q1 FY 2026	Project Kick off meetings	Kick off meetings internally to accomplish administrative and infrastructure building tasks.
15% - Project Planning - Stage 1	Q1 FY 2026	Develop Strategies for Communications, timeline, Recruitment/hiring, Identify Procurement steps	Initiate any needed procurement steps to complete Request for Proposal for organizations. Begin communication with stakeholders.
30% - Project Initiation and Execution - Stage 2	Q2 FY 2027	Stakeholder engagement	Communicate to stakeholders the initiative status, discuss outcome measurements and identify any challenges or concerns.
30% - Project Initiation and Execution - Stage 2	Q2 FY 2027	Funding distribution begins	Distribute funding to contractors and identify quarterly meeting timeline, obstacles, and provider engagement expectations.

Progress and Stage	Targeted Completion	Initiative Stage Description	Typical Actions to Occur in Stage
50% - Project Monitoring and Controlling - Stage 3	Q1 FY 2028	Funding distributed	All funding is distributed to contractor(s).
50% - Project Monitoring and Controlling - Stage 3	Q1 FY 2028	Local Efforts begin	Monitor contractor(s) milestones for technology implementation, Site visits to awardees, as applicable.
75% - Project Outcomes - Stage 4	Q1 FY 2029	Maintaining and Sustaining Work; Monitoring metrics	Continue contractor monitoring. Begin data collection to assess outcome progress.
75% - Project Outcomes - Stage 4	Q1 FY 2029	Stakeholder engagement; Communication with contractors	Review contractor plans for patient education efforts for new technology. Sustainability planning & monitor/discuss with grantees.
100% - Project Closure or Reconciliation - Stage 5	Q1 FY 2030-32	Contract closure or reconciliation activities. Outcome Evaluation	All provider portals are active and begin reporting data. Continue to evaluate progress related to defined metrics. If more funding is available, amend contracts and timelines.

Stakeholder Engagement: This initiative will require engagement with consumer technology experts, rural Texans, and providers located in rural communities to ensure patient portals and health information exchanges are meeting the needs of each community. The Early Adopters selected through the procurement process will be key stakeholders in the implementation of this initiative. The CINs and ACOs will be key stakeholders in coordinating efficient and coordinated

solutions that are configurable or turn-key, as is necessitated locally. As technological upgrades begin, the grantees or their sub-contractors will be responsible for providing technical assistance and training to end users. HHSC will use established advisory committees to facilitate stakeholder engagement, while HHSC simultaneously conducts contract monitoring and oversight to document progress made toward reaching outcome milestones.[16]

Metrics and Evaluation Plan: The targeted outcomes for this initiative measure the adoption, development, and appropriate usage of consumer-facing health technology for the prevention and management of chronic diseases. While the state has established targets, the goal is to prioritize coordination with stakeholders and subrecipients to identify realistic and locally driven outcomes based on the total funding allotted.

Table 10 Metrics & Evaluation - Rural Texas Patients in the Driver's Seat

	Outcome 1	Outcome 2	Outcome 3	Outcome 4
Outcome*[17]	# of Providers Upgrading or Adding Patient Portal System**	# of Appointments initiated through the Portal*	Remote Patient Monitoring (RPM)**	HITRUST or NCQA Certification*
Data Source	Self-Reported; Contractual Reporting	American Hospital Association Annual Survey	Self-reported, Contractual Reporting	HITRUST Alliance; NCQA
Definition	This measure counts the # of providers by county/community upgrading or adding a patient portal system.	Non-face-to-face patient -initiated communication through an online patient portal.	This measure counts the # of rural Texas hospitals utilizing RPM.	Numerator – HITRUST or NCQA Certifications Denominator – total # of participating provider sites

[16] HHSC will also use its established engagement framework and activities to involve stakeholders and create a feedback loop of their input to HHSC. This information is detailed in Other Supporting Materials.
[17] * - Baseline and county/community level reporting. ** - Baseline and target will require provider or subcontractor survey.

	Outcome 1	Outcome 2	Outcome 3	Outcome 4
Baseline	2027 - Dependent on the # of contracts issued.	2027 - Dependent on the # of contracts issued.	2027 - Dependent on # of contracts issued.	2027 - Dependent on the # of contracts issued.
Year 1 (2026) Target	Planning	Planning	Planning	Planning
Year 2 (2027) Target	Implement	Implement	Implement	Implement
Year 3 (2028) Target	10 or more rural hospitals and 15 or more primary or behavioral health rural clinics on integrated patient portal.	Increase non-face-to-face communication by 1%.	Increase hospital RPM participation by 1%.	Increase certified rural providers by 1%.
Year 4 (2029) Target	25 or more rural hospitals and 35 or more primary or behavioral health rural clinics on integrated patient portal.	Increase non-face-to-face communication by an additional 2.5%.	Increase hospital RPM participation by 2.5%.	Increase certified rural providers by an additional 2.5%.
Year 5 (2030) Target	40 or more rural hospitals and 50 or more primary or behavioral health rural clinics on integrated patient portal.	Increase non-face-to-face communication by an additional 5%.	Increase hospital RPM participation by 5%.	Increase certified rural providers by an additional 5%.

Sustainability Plan: The most substantial cost of consumer tech solutions is the initial infrastructure investment in development and implementation during the first three years of rural transformation period. Clinically integrated networks or accountable care organizations comprised of rural providers will work together to aggregate purchasing power, scale participation fees, and negotiate modest ongoing annual maintenance/service fees that enable realistic expectation of renewed and sustained participation among the provider community. If the patient portal and HIE yield expected cost savings, and rural residents adopt the digital tools, providers will begin engaging commercial payers and employers by program year 4 and 5. This engagement is expected

to form locally-designed alternative payment models where shared savings in patient costs from reduced duplication of services and improved outcomes will be reinvested to fund participation in ongoing financing for technology maintenance costs. This will produce a win-win-win scenario for patients, providers, and payers alike.

Initiative #3: Lone Star Advanced AI and Telehealth

Description: Rural healthcare providers must overcome barriers related to access, staffing availability, training, unreliable analytics, geography, and efficiency. Artificial Intelligence (AI) can help rural providers in areas that lack the resources by elevating analytics, monitoring trends, and detecting risk earlier.[85] The use of AI can also assist with streamlining back-office functions, reducing administrative cost burden that is passed on to patients, and increase the ability of local, independent providers to assess diagnostic complexities for which they may need to ultimately seek remote specialty service referrals.[86] Virtual care has also proven itself to be a viable service that limits travel burden for rural Texans and increases access, as well as easier exchanges of best practices as enhanced care coordination. However, advancements have been piecemeal rather than at scale in rural communities. AI and telehealth offer tremendous opportunities to predict and improve patient outcomes, maintain care, and make medication and therapy adjustments efficient for the patient and the provider.[87]

Through this initiative, Texas will establish and deploy Lone Star Advanced Artificial Intelligence and connect disparate pieces of a fragmented specialty care telehealth landscape into a statewide network available to primary care providers and their patients. The goal is to use care delivery innovations to bridge service gaps across rural Texas and address critical barriers to care in rural communities, including limited access to specialty providers, high rates of chronic disease,

and health workforce shortages. Not all rural Texans have access to the internet or reliable cellular coverage at home, so this initiative will also include resources necessary to establish patient-focused hubs where they can receive telehealth care nearby at a location equipped with internet or cellular coverage.

AI models can be deployed in emergent and acute clinical settings, be directed to either ambient listening or agentic tools, and can identify patients at the highest risk of poor outcomes and enable earlier, more proactive interventions.[88] Understanding that many HIE and electronic medical record systems include or plan to include AI functionality, this initiative will be operationalized in close coordination with Initiative #2 and Initiative #5, which also prioritize tech innovation. Personalized AI-driven support, in alignment with the CMS Health Tech Ecosystem, can also be used as support for patients. Early focus areas will include maternal health, behavioral health, and preventive screening, by supporting clinicians with administrative tasks; payers will be able to receive appropriate medical information to facilitate faster prior authorization processing, more accurate coding for claim submission and processing, and easier recognition of care coordination opportunities for comprehensive health coverage. Each site will measure outcomes across clinical quality, patient experience, and cost reduction, creating a rigorous evidence base for scaling.

Telehealth can increase access to specialists, result in faster treatment, allow patients to remain in their community, and alleviate transportation concerns.[89] All telehealth services in this initiative will be directed toward prevention, behavioral health treatment, or remote monitoring of chronic conditions by relevant specialists – because timely care at the acute onset of disease is a proactive way to reduce downstream negative health outcomes and chronic issues. Telehealth can benefit

providers by lessening the sense of isolation, while improving patient outcomes.[90] This project aims not only to improve outcomes by county, but to create a scalable, evidence-based model that can endure beyond *Rural Texas Strong.*

Main Strategic Goals: Tech innovation, Sustainable Access, Innovative Care

Uses of Funds: C. Consumer tech solutions, D. Training and technical assistance, F. IT advances

Technical Score Factors: B.1, B.2, C.1, D.1, F.1, F.2, F.3

Key Stakeholders: Rural hospitals, RHCs, EMS providers, FQHC in rural counties, CMHCs, CBHC's, and rural patients, tech innovators.

Outcomes: This initiative will use the following specific outcomes:

Table 11 Outcomes

Measure	Level	Baseline	Target
AI-Based Automation of Fax Processing	Community	2027	Decrease human fax processing by 15%
Access to Specialty Care (Behavioral Health, Radiology, and Maternal Care)	County	2027	Increase by 15%
Digital Literacy Training	Community	2027	Increase by 15%
Telehealth Offerings at Facilities	Community	2027	Increase by 15%

Impacted Counties: 202 rural counties.

Estimated Required Funding: $150,000,000 or 15% of federal funding over five years. Scalable to award.

Implementation Plan and Timeline: This initiative will be administratively managed within HHSC by the *Rural Texas Strong* team. HHSC will issue funding as a competitive request for proposals for two or more entities (e.g. clinically integrated networks or other similar accountable care organizations) with subject matter expertise and commitment to improving technology access. Selected entities must devote effort to increasing access to provider-focused ambient artificial

intelligence tools that will support clinical documentation, billing, and prior authorization request submissions. Similar to Initiative #2, entities will be restricted to using technology software and hardware that fully complies with CMS's Health Technology Ecosystem criteria and is built to integrate with consumer-facing equipment and applications. Priority will be given to technology created by companies identified as CMS's Early Adopters. The table below illustrates the estimated tasks and timeline for completing major milestones for this initiative.

Table 12 Workplan & Monitoring, Initiative 3: Lonestar Advanced AI and Telehealth

Progress and Stage	Targeted Completion	Initiative Stage Description	Typical Actions to Occur in Stage
< 15% - Assessment - Stage 0	Q1 FY 2026	Reconcile current conditions with Application plans.	Identify changes in initial Initiative assumptions and confirm provider interest /participation.
< 15% - Assessment - Stage 0	Q1 FY 2026	Mitigate risks; Develop Infrastructure to support work - Communications plan, workflows- internal and external.	Identify risks - e.g. Identify technology barriers or conflicts with eligible entities. Identify major tasks (e.g. hiring staff)., ID procurement steps and initiate.
15% - Project Planning - Stage 1	Q1 FY 2026	Project Kick off meetings and initial stakeholder engagement.	Create communication plans. Identify key deadlines, processes, and information about entities to invite to bid. Kick off meetings internally to accomplish administrative and infrastructure building tasks.

Progress and Stage	Targeted Completion	Initiative Stage Description	Typical Actions to Occur in Stage
15% - Project Planning - Stage 1	Q1 FY 2026	Develop Strategies for Communications, timeline, Recruitment/hiring, Identify Procurement steps.	Discuss end-user needs and beneficiaries of technology changes to guide procurement; Initiate any needed procurement steps and complete request for proposal.
30% - Project Initiation and Execution - Stage 2	Q2 FY 2027	Stakeholder engagement.	Communicate to stakeholders the initiative status. Discuss technological needs, potential for AI capabilities, current telehealth landscape.
30% - Project Initiation and Execution - Stage 2	Q2 FY 2027	Funding distribution begins.	Distribute funding to contractors to begin coordinated effort to establish AI and connected telemedicine.
50% - Project Monitoring and Controlling - Stage 3	Q1 FY 2028	Funding distributed.	All funding is distributed to contractors.
50% - Project Monitoring and Controlling - Stage 3	Q1 FY 2028	Local Efforts begin.	Monitor contractor milestones for tech implementation, discuss resources used for training. Conduct site visits to rural awardees, as applicable.
75% - Project Outcomes - Stage 4	Q1 FY 2029	Maintaining and Sustaining Work.	Continue contractor monitoring.

Progress and Stage	Targeted Completion	Initiative Stage Description	Typical Actions to Occur in Stage
75% - Project Outcomes - Stage 4	Q1 FY 2029	Monitoring metrics; Regular Communication with contractors; stakeholder engagement.	Begin data collection to assess outcome progress. Sustainability planning – continuing the momentum of AI and telehealth developments.
100% - Project Closure or Reconciliation - Stage 5	Q1 FY 2030-32	Outcome Evaluation and amendments.	All AI technology is operational. If more funding is available, amend contracts and timelines.

Stakeholder Engagement Plan: Artificial intelligence and more advanced telehealth may be uncharted territory for many providers, and digital literacy training will be paramount to success. Engagement will be imperative between HHSC, contractors facilitating advancement, rural providers adopting technology, and patients as the ultimate beneficiaries to develop, deploy, and sustain the technological advancements in this initiative. HHSC will engage providers early to ensure the project is designed with end-users in mind. After selection, contractors will be required to coordinate activities with HHSC and meet at least quarterly throughout rural transformation periods to ensure the implementation plan and timeline below is followed. They will be required to regularly communicate with providers and provide initial and on-going training and technical assistance. Provider collaboration will be imperative for sustaining this initiative. Using existing advisory committees and agency engagement, HHSC will facilitate conversations so that providers are aggregating their purchasing power.[18] CINs, ACOs, or other cooperatives will be required to

[18] HHSC will also use its established engagement framework and activities to involve stakeholders and create a feedback loop of their input to HHSC. This information is detailed in Other Supporting Materials.

establish a communications framework where providers using the technology are able to regularly collaborate to share best practices and troubleshoot challenges as AI and telehealth are integrated into practice models. Additionally, the funding recipients must develop a comprehensive plan to identify how these tools will be used to support the independence of rural providers.

Metrics and Evaluation Plan: For this initiative, outcomes evaluate technology adoption, increased access to rendering telehealth providers through affiliation agreements and telehealth availability, and training for new technologies. Contractors and HHSC will work with stakeholders and subrecipients to identify realistic and locally driven outcomes based on funding allotted.

Table 13 Metrics & Evaluation - Lone Star Advanced AI and Telehealth

	Outcome 1	Outcome 2	Outcome 3	Outcome 4
Outcome*[19]	AI-Based Automation of Fax Processing**	Access to Specialty Care (Behavioral Health, Radiology, and Maternal Care)**	Digital Literacy**	Telehealth Offerings at Facilities*
Data Source	Subcontractor Contractual Reporting	Affiliation Agreements	Self-Reported: Contractual Reporting	American Hospital Survey - Telehealth
Definition	Count of providers automating processes and eliminating fax processing.	Count of new affiliation agreements resulting from expanded telehealth.	Numerator – digital literacy training sessions Denominator – # of participating provider sites	Count of Telehealth Services offered at a Facility.
Baseline	2027 - Dependent on the # of contracts issued.	2027 - Dependent on the # of contracts issued.	2027 - Dependent on the # of contracts issued.	2027 - Dependent on the # of contracts issued.
Year 1 (2026) Target	Planning	Planning	Planning	Planning
Year 2 (2027) Target	Implement	Implement	Implement	Implement
Year 3 (2028) Target	Decrease of human fax processing for reporting providers by 5%.	Increase the # of affiliation agreements by 5%.	Increase digital literacy training sessions by 5%	Increase the Telehealth offerings provided at facilities by 5%.

[19] * - Baseline and county/community level reporting. ** - Baseline and target will require provider or subcontractor survey.

	Outcome 1	Outcome 2	Outcome 3	Outcome 4
Year 4 (2029) Target	Decrease of human fax processing for reporting providers by additional 5%.	Increase the # of affiliation agreements by an additional 5%.	Increase digital literacy training sessions by an additional 5%	Increase the Telehealth offerings provided at facilities by 5%.
Year 5 (2030) Target	Decrease of human fax processing for reporting providers by an additional 5%.	Increase the # of affiliation agreements by an additional 5%.	Increase digital literacy training sessions by an additional 5%	Increase the Telehealth offerings provided at facilities by 5%.

Sustainability Plan: Similar to Initiative #2, the most substantial cost of tech solutions is the initial infrastructure investment in development and implementation during the first three years of the rural transformation period. Using a statewide cooperative of rural providers such as an ACO or CIN is a purposeful choice to implement and ensure sustainability. A collective, like an ACO or CIN, will work together to aggregate purchasing power, scale participation fees, and negotiate ongoing annual maintenance/service fees that are realistic to expect renewed and sustained participation among the provider community. Rural networks or cohorts of rural providers will also create a natural sharing of ideas, solutions, best practices and lessons learned in a way isolated rural providers can't achieve and won't sustain. HHSC will use lessons learned from its state funding initiatives. For example, HHSC was appropriated $10 million annually in state general revenue for rural hospitals and certain rural health clinics to receive grant funding for pediatric tele-connectivity for ongoing telemedicine activities for providers with cyber-security protections in place. The provider community will engage health systems, payers, and employer stakeholders beginning program year 4 to discuss maintaining the leaps in progress. This engagement is expected to form locally designed alternative payment models where shared savings in

administrative costs from reduced prior authorization and claim processing appeals and resubmissions can fund ongoing technology maintenance costs.

Initiative #4: The Next Generation of the Small Town Doctor and Team

Description: Ensuring the next generation of small town doctors are surrounded by sufficient mid-level practitioners and allied health professionals will give rural residents access to all levels of care in their community. An insufficient supply of mental health providers, community health workers, and licensed paramedics exists across rural Texas.[91] Community health workers (CHW) are a valuable but underutilized healthcare liaison[92] as evidenced by the ratio of population to CHW's in metro (5,618:1) versus non-metro (15,794:1) in 2024.[93] Any successful Texas initiative starts with an element of local control (i.e. stakeholder engagement). Local rural providers who receive grant awards can identify whom and how they want to recruit. This will include the rural counties of Maverick and Polk, where two of Texas' three federally recognized Indian tribes are primarily located. Locally-driven efforts will focus on at least one of four approaches: 1) career path development for local high school students, 2) scholarships for recent high-school graduates, 3) relocation or signing bonuses for early, mid, or late career professionals, or 4) creation of a new residency training program, fellowship, or combination program, including by partnering with academic institutions or an existing teaching hospital. Eligible provider types will include hospitals, behavioral health clinics, RHCs, FQHCs, pharmacies, emergency medical services providers, independent primary care physicians, independent specialty physicians, and other allied health professionals.

Texas takes this initiative two steps further than recruitment. Participating providers, together with community leaders (including local economic development corporations, local governments,

philanthropic partners, and schools), will be contractually required (1) develop and update a healthcare worker retention plan and (2) implement retention strategies. Grantees using local funding for relocation grants will be contractually responsible for supporting new physicians and practitioners through training, mentoring, and succession planning by providing value-added services, like: (1) social community engagement opportunities**,** (2) continuing medical education for burnout and resiliency, or (3) local housing (e.g. in-kind or subsidized).

HHSC will issue at least one award per county that is identified as rural with preference given to governmental, non-profit, or privately-held entities headquartered in Texas. HHSC will also issue funds via intergovernmental contracts for information technology upgrades to ensure that web-based licensing, certification, or registration systems for newly-trained healthcare professionals is efficient so they can go from the classroom to the patient's room as soon as possible. Expenditures will be limited to those that are absolutely essential and directly related to provider types or professionals identified as a recruitment target for local providers.

Main Strategic Goals: Workforce Development.

Use of Funds: B. Workforce.

Technical Score Factors: B.1, B.2, C.1, C.2, D.1

Key Stakeholders: Rural hospitals, RHCs, FQHCs in rural counties, CMHC's, CBHC's, rural pharmacies, rural nursing homes, public health districts, pediatric long-term care providers, and rural EMS services.

Outcomes: Outcomes are dependent upon the selected workforce solution chosen by a grantee. This initiative will use the following reliable, specific outcomes identified below:

Table 14 Outcomes

Measure	Level	Baseline	Target
Ratio of Population to Profession – Community Health Workers	County	2024	Improve non-metro ratio by 5%
# of Primary Care Physician	Statewide	2024	Improve number of physicians in a rural county by 40
Ratio of Population to Profession – Emergency Medical Technician (EMT) and Paramedics	County	2024	Improve non-metro ratio by 5%
Mentorship/Coaching & Training Continuing Education Programs	Rural Provider	TBD	Increase rural mentoring by 5%

Impacted Counties: 202 – all rural Texas counties.

Estimated Required Funding: $200,000,000 or 20% of federal funding over five years. Scalable to award.

Implementation Plan: HHSC will use a competitive procurement process to award funding so at least one provider or entity in each rural county is selected, which will be scalable as funds allow. Applicants within a county will compete for their county level award. If only one applicant applies and is eligible they will receive funding. For counties with multiple applicants, HHSC will establish a process to give top applicants an opportunity to make an oral presentation with a selected team of reviewers. Applicants will be selected based on a pre-determined scoring process.

HHSC will provide quarterly monitoring and oversight to awardees and technical assistance to resolve participation and performance issues to avoid negative impact on statewide outcomes. HHSC will conduct annual qualitative and quantitative assessments through survey instruments to awardees, students, mentors, and other affiliated community partners to evaluate the likelihood that the initiative will result in long-term retention of clinicians in a rural community.

To maximize the allocation of funds to eligible providers, providers within counties will qualify based on their HPSA score for 1 of 3 need-based tiers. Allocations will range per entity receiving an award from $425,000 to $725,000 over the lifetime of *Rural Texas Strong*. The higher

the HPSA score, the more funding will be allocated. Prior to funding distribution, each grantee will develop and submit to HHSC for approval a retention plan to ensure newly recruited staff are welcomed into a supportive community with an ongoing culture of mentorship. The table below illustrates the estimated tasks and timeline for completing major milestones for this initiative.

Table 15 Workplan & Monitoring, Initiative 4: The Next Generation of the Small Town Doctor and Team

Progress and Stage	Targeted Completion	Initiative Stage Description	Typical Actions to Occur in Stage
< 15% - Assessment - Stage 0	Q4 FY 2026	Reconcile current conditions with Application plans.	Identify changes in initial Initiative assumptions and confirm provider interest /participation.
< 15% - Assessment - Stage 0	Q4 FY 2026	Identify Task Assignments and Mitigate risks; Develop Infrastructure to support work - Communications plan, workflows- internal and external.	Identify major tasks and owners (e.g. hiring staff); If procurement is needed, identify procurement steps and initiate them. Identify risks - e.g. Barriers and solutions to previous recruitment efforts.
15% - Project Planning - Stage 1	Q4 FY 2026	Project Kick off meetings.	Kick off meetings internally to accomplish administrative and infrastructure building tasks. . Application will allow for identification of each county’s workforce need and solution(s).

Progress and Stage	Targeted Completion	Initiative Stage Description	Typical Actions to Occur in Stage
15% - Project Planning - Stage 1	Q4 FY 2026	Develop Strategies for Communications, timeline, Recruitment/hiring, Identify Procurement steps.	Create communication plans. Identify key deadlines, processes, and information. Invite eligible counties to apply for funding. Initiate any needed procurement steps.
30% - Project Initiation and Execution - Stage 2	Q4 FY 2027	Funding distribution begins.	Communicate to stakeholders the initiative status, Initiate TA with county officials and providers to review grant application, funding purpose, and reporting requirements. Assist as requested to assess workforce needs and solution.
30% - Project Initiation and Execution - Stage 2	Q4 FY 2027		Distribute funding to rural hospitals and/or rural providers, as applicable and identify project timelines for their work.
50% - Project Monitoring and Controlling - Stage 3	Q4 FY 2028	Funding distributed	All funding is distributed.

Progress and Stage	Targeted Completion	Initiative Stage Description	Typical Actions to Occur in Stage
50% - Project Monitoring and Controlling - Stage 3	Q4 FY 2028	Local efforts begin	Monitor contractor milestones for technology implementation, Conduct site visits. Awardees will be required to report qualitative and quantitative information about staff vacancy rates, job satisfaction metrics, community engagement metrics, and other data.
75% - Project Outcomes - Stage 4	Q4 FY 2029	Maintaining and Sustaining Work; Monitoring milestones	Continue contractor monitoring. Follow up as needed about data collection.
75% - Project Outcomes - Stage 4	Q4 FY 2029	TA provided, as needed	Continue to provide TA to rural providers, as applicable.
100% - Project Closure or Reconciliation - Stage 5	Q4 FY 2030-32	Contract closure or reconciliation activities.	If more funding is available, amend contracts and timelines.

Stakeholder Engagement: HHSC and rural providers are committed to recruiting and retaining talented staff through this workforce initiative. Creating and empowering connections amongst grantees and their partners is the foundation of this initiative's stakeholder engagement plan. In anticipation of the influx of recruited staff working in rural areas across Texas, HHSC envisions creating opportunities for both providers and their recruits to come together at least once a year to network, collaborate, and exchange ideas to improve care delivery and encourage professional networking relationships. Because this initiative promotes recruitment of staff from across the

healthcare continuum, the combination of varied groups of providers gathering with other recruits and providers will be an ideal setting for new, innovative ideas and connections to occur. HHSC plans to collaborate with grantees at a regional level to promote professional connections amongst their regional peers and colleagues. Attendance would be required for a meeting once a year to ensure patient care or services are not impacted by attendance. HHSC may leverage its existing resources through the Rural Hospital Finance (RHF) team. The RHF staff may assist their colleagues on the HHSC *Rural Texas Strong* team in the coordination and logistics of these annual meetings. HHSC has a successful proven track record when bringing together rural providers that results in positive experiences through the exchange of key information, the formation of new partnerships and lessons learned.

Metrics and Evaluation Plan:

Table 16 Metrics & Evaluation - The Next Generation of the Small Town Doctor and Team

	Outcome 1	Outcome 2	Outcome 3	Outcome 4
Outcome*[20]	Ratio of Population to Profession – Community Health Workers (CHW)*	Number of Primary Care Physicians (PCP)*	Ratio of Population to Profession – Emergency Medical Technician (EMT) and Paramedics*	Mentorship/Coaching & Training Continuing Education Programs**
Data Source	Department of State Health Services – Health Profession Supply	Department of State Health Services – Health Profession Supply	Department of State Health Services – Health Profession Supply	Self-Reported; Contractual Reporting
Definition	Numerator – County Population – Denominator – Total CHW in a county	Total PCP in rural counties	Numerator – County Population – Denominator - Total EMT	Numerator - providers with formal mentoring program Denominator – total participating providers
Baseline	Dependent on the contracts issued.	Dependent on the contracts issued.	Dependent on the contracts issued.	Dependent on the contracts issued.

[20] * - Baseline and county/community level reporting. ** - Baseline and target will require provider or subcontractor survey.

	Outcome 1	Outcome 2	Outcome 3	Outcome 4
Year 1 (2026) Target	Planning	Planning	Planning	Planning
Year 2 (2027) Target	Implementation	Implementation	Implementation	Implementation
Year 3 (2028) Target	Improve the ratio of CHW in rural counties by 1%.	Increase the number of PCP in rural counties by 10.	Improve the ratio of EMTs or Paramedics in rural counties by 1%.	Increase rural mentoring by 1%
Year 4 (2029) Target	Improve the ratio of CHW in rural counties by an additional 2.5%.	Increase the number of PCP in rural counties by 25.	Improve the ratio of EMTs or Paramedics in rural counties by an additional 2.5%.	Increase rural mentoring by an additional 2.5%
Year 5 (2030) Target	Improve the ratio of CHW in rural counties by an additional 5%.	Increase the number of PCP in rural counties by 40.	Improve the ratio of EMTs or Paramedics in rural counties by an additional 5%.	Increase rural mentoring by an additional 5%

Sustainability Plan: This initiative has a built-in sustainability mechanism to ensure its longevity. The pre-payment deliverable, the healthcare worker retention plan, and the required implementation of retention strategies are conceived as built-in sustainability activities to be reviewed and updated, as needed, by a community so their efforts do not get stagnant. It is vital to stay current with the needs of staff and reduce barriers to their recruitment.

The value-added services are intended to promote career growth and longevity, through activities like pairing a new physician with an established one to improve retention. The aim is to delay the early retirement and burnout of established physicians, and in turn reduce staff shortages, by placing them in mentorship roles where they can share their workload with newer physician mentees. Partnering health professionals at different levels in their career is intentional so that as the mentor leaves, the mentee becomes the mentor: ready to cultivate and foster the next generation of professionals.

Initiative #5: Unified Care Infrastructure and Rural Cyber Protection

Description: This initiative will establish a Unified Care Infrastructure (UCI) and bolster cybersecurity defenses across rural providers. By deploying a managed security solution—including Endpoint Detection and Response (EDR), Comprehensive, all-time Security Operations Center (SOC) monitoring, and comprehensive user training, risk can be significantly reduced, ensuring the security of sensitive patient data, and enhancing the overall security of an organization. EDR provides real-time, continuous monitoring and data collection from endpoints. Its primary functions include: (1) virus and ransomware protection that actively scans for and prevents known and unknown malware, (2) exfiltration monitoring: detects and blocks attempts to maliciously transfer sensitive data, and (3) indicator of compromise (IOC) and indicator of attack (IOA) analysis that identifies suspicious behaviors and patterns that indicate potential compromise.

By mitigating ransomware and other cyberattacks, this investment preserves access to care, keeps hospital systems online, and prevents workforce disruption and burnout. It also protects revenue streams and improves financial viability of rural providers by maintaining continuity in billing and operations. The Texas plan will create a shared platform for hospitals, clinics, behavioral health providers and rural veteran nursing homes for significant, sustained technological advancements.

An added benefit from the Unified Care Infrastructure (UCI) concept is the positive impact it has on the recruitment of healthcare professionals. Many clinicians who train on superior systems in urban settings become dissatisfied quickly in a rural community from the limitations and increased administrative burden of an antiquated system.

Main Strategic Goals: Tech innovation

Uses of Funds: F. IT advances, E. Workforce

Technical Score Factors: B.1, C.1, D.1, F.1, F.2, F.3

Key Stakeholders: Rural hospitals, RHCs, FQHCs in rural counties, behavioral health hospitals, and rural veteran nursing homes, tech innovators.

Outcomes: This initiative will use the following specific outcomes:

Table 17 Outcomes

Measure	Level	Baseline	Target
Automated Quality Reporting	Community	2024	Increase by 10%
System Outages	Statewide	2024	Decrease by 10%
Managed Detection and Response (MDR) Participation	Statewide	2024	Increase by 10%
Security Operations Center (SOC) Participation	Statewide	2024	Increase by 10%

Impacted Counties: 202 rural counties.

Estimated Required Funding: $100,000,000 total - $50,000,000 or 5% of federal funding for UCI. Additional $50,000,000 or 5% of federal funding for cyber protections. Scalable to Award.

Implementation Plan and Timeline: This initiative will be administratively managed within HHSC by the *Rural Texas Strong* team. Each rural provider has unique needs due to varying levels of resources to devote to cyber security. In year 1, HHSC will engage through a competitive procurement process at least two vendors using the Texas Department of Information Resources (DIR) established contracting process to evaluate rural system readiness and vulnerability and make recommendations – both at the provider site and aggregate level for all rural hospitals. Selected entities will be required to prioritize technology that has a cloud-based option utilizing multi-tenant architecture. To streamline procurement and ensure compliance with state standards, HHSC will use DIR’s Managed Security Services Provider contracts. This allows HHSC to minimize administrative costs and time, leverage pre-vetted vendors, and ensure that rural Texas

receives services from qualified, experienced providers. Also, to maximize the return on this investment and foster a culture of security awareness, a dedicated training component will be included in the vendor contracts. This program is essential for user adoption and for transforming staff into an active line of defense.

In year two, HHSC will leverage its significant purchasing power to help rural hospitals and clinics add endpoint detection and response (EDR) coverage. In year three, HHSC will add security operations center (SOC) for all rural providers. The incorporation of a formal training program and the 24-hour/7 days-a-week SOC monitoring will provide specialized expertise that rural hospitals cannot staff within each facility, directly supporting improved care delivery through proactive threat detection and response. To maximize the return on this investment and foster a culture of security awareness, a dedicated training component will be included in the vendor contracts. Activities in years four and five will be devoted to transferring management of cyber tools back to a cooperative of participating hospitals and clinics. HHSC will establish a working group with participating providers to develop a transition plan. The plan will explore a cost-sharing model for year four and after, with the goal of rural providers gradually absorbing the operational cost. The table below illustrates the estimated tasks and timeline for completing major milestones for this initiative.

Table 18 Workplan & Monitoring, Initiative 5: Unified Care Infrastructure and Rural Cyber Protection

Progress and Stage	Targeted Completion	Initiative Stage Description	Typical Actions to Occur in Stage
< 15% - Assessment - Stage 0	Q3 FY 2027	Reconcile current conditions with Application plans.	Identify changes in initial Initiative assumptions and confirm provider interest /participation.
< 15% - Assessment - Stage 0	Q3 FY 2027	Identify Task Assignments and Mitigate risks; Develop Infrastructure to support work - Communications plan, workflows- internal and external.	Identify major/critical tasks and owners (e.g. hiring staff); Identify risks - e.g. Determine number of eligible entities and technology compatibility issues; assess system provider system status and readiness. If procurement is needed, identify procurement steps and initiate.
15% - Project Planning - Stage 1	Q3 FY 2027	Project Kick off meetings.	Kick off meetings internally to accomplish administrative and infrastructure building tasks; Identify key deadlines, processes, and information about entities to invite to bid.
15% - Project Planning - Stage 1	Q3 FY 2027	Develop Strategies for Communications, timeline, Recruitment/hiring, Identify Procurement steps.	Initiate any procurement steps needed. Create communication plans and vehicles for messaging to providers and contractors
30% - Project Initiation and Execution - Stage 2	Q4 FY 2027	Funding distribution begins.	Communicate to stakeholders the initiative status, Initiate TA with rural providers

Progress and Stage	Targeted Completion	Initiative Stage Description	Typical Actions to Occur in Stage
30% - Project Initiation and Execution - Stage 2	Q4 FY 2027	Security Operations Center begins.	Distribute funding to contractors and/or rural providers, as applicable and identify project timelines for their work.
50% - Project Monitoring and Controlling - Stage 3	Q3 FY 2028	Local Efforts begin	Monitor contractor milestones for technology implementation, Conduct site visits to rural awardees, as applicable.
50% - Project Monitoring and Controlling - Stage 3	Q3 FY 2028	Sustainability and Transition Planning Workgroup	Engage stakeholders to explore a cost-sharing model for beyond the life of the program.
75% - Project Outcomes - Stage 4	Q3 FY 2029	Maintaining and Sustaining Work; Monitoring milestones	Continue to provide TA to rural providers, as transfer management of the cyber tools back to a cooperative of participating hospitals and clinics.
75% - Project Outcomes - Stage 4	Q3 FY 2029	TA provided, as needed. Sustainability and Transition Planning Workgroup begins.	Continue contractor monitoring. Continuously monitor progress towards sustainability.
100% - Project Closure or Reconciliation - Stage 5	Q3 FY 2030-32	Contract closure or reconciliation activities.	Transfer of cyber tools to rural providers is complete. If more funding is available, amend contracts and timelines.

Stakeholder Engagement Plan: A technological solution is only as effective as the people who use it. Stakeholder engagement between technology experts, providers, and HHSC will be vital to ensuring advancements are effective and maintained. DIR-approved contractors will be required

to coordinate activities with HHSC and meet at least quarterly throughout rural transformation periods to ensure implementation is on track. Rural provider stakeholders will be engaged through existing advisory committees, vendors, and HHSC outreach to evaluate progress and identify obstacles.[21]

Metrics and Evaluation Plan: The outcome metrics seek to measure technological improvements and increased participation in initiatives that will secure rural providers into the future. HHSC will work with stakeholders and subrecipients to identify realistic and locally driven outcomes based on the total funding allotted.

Table 19 Metrics & Evaluation - Unified Care Infrastructure and Rural Cyber Protection

	Outcome 1	Outcome 2	Outcome 3	Outcome 4
Outcome*[22]	Automated Quality Reporting**	System Outages**	Managed Detection and Response (MDR) Participation**	Security Operations Center (SOC) Participation**
Data Source	Self-Reported; Contractual Reporting	Self-Reported; Contractual Reporting	Self-Reported; Contractual Reporting	Self-Reported; Contractual Reporting
Definition	Ratio of providers with Automated Quality Reporting.	Count of system outages following initiative implementation.	Count of providers participating in MDR.	Count of providers participating in SOC.
Baseline	Dependent on the contracts issued.	Dependent on the contracts issued.	Dependent on the contracts issued.	Dependent on the contracts issued.
Year 1 (2026) Target	Planning	Planning	Planning	Planning
Year 2 (2027) Target	Implement	Implement	Implement	Implement
Year 3 (2028) Target	Increase the use of automated quality reporting by 2%.	Decrease the # of system outages by 2%.	Increase the use of MDR by 2%.	Increase the use of SOC by 2%.
Year 4 (2029) Target	Increase the use of automated quality reporting by an additional 5%.	Decrease the # of system outages by an additional 5%.	Increase the use of MDR by an additional 5%.	Increase the use of SOC by an additional 5%.

[21] HHSC will also use its established engagement framework and activities to involve stakeholders and create a feedback loop of their input to HHSC. This information is detailed in Other Supporting Materials.
[22] * - Baseline and county/community level reporting. ** - Baseline and target will require provider or subcontractor survey.

	Outcome 1	Outcome 2	Outcome 3	Outcome 4
Year 5 (2030) Target	Increase the use of automated quality reporting by an additional 10%.	Decrease the # of system outages by an additional 10%.	Increase the use of MDR by an additional 10%.	Increase the use of SOC by an additional 10%.

Sustainability Plan: Sustaining this initiative will require a shared financial contribution from participating providers. It is worth noting, rural hospitals and clinics currently pay maintenance and expensive interface fees for their underperforming systems. Using *Rural Texas Strong* to facilitate system migration and implementation, results in more reasonable costs of maintaining technological support and security services allowing for sustainability. The providers' funding that was allocated for the current systems will be reinvested to maintain the new technology to ensure its sustainability.

The statewide rural collaboration enabled through this initiative allows each participating provider to access pricing to cyber liability protection that would not be available to any of them individually. Moreover, potentially reduced administrative staff costs associated with manual quality reporting processes and reduced insurance premiums for participants may materialize as the new technology demonstrates risk mitigation activities. Lastly, sustaining this initiative is well worth the price when considering the higher cost and risk resulting from maintaining the status quo or being the victim of a cyberattack.

Initiative #6: Infrastructure and Capital Improvement for Rural Texas

Description: Rural hospitals, clinics, behavioral health providers, opioid/substance abuse programs, EMS, pharmacies, and public health offices will be permitted to add and replace the equipment they need to improve patient care, within the required limitations on new construction and remodel projects. A recent study demonstrated significant positive correlation with the ability

to reinvest to overall success over time of the hospital's financial stability – a higher correlation than geography, payer mix, community demographics, tax revenue, system affiliation, or other factors.[94] In addition to equipment needs, providers will be able to invest in existing buildings and infrastructure, including minor building alterations or renovations. Funds will be used to replace allowable equipment, including: lab equipment, CT, ultrasound or mammography equipment, stretchers (especially self-loading), wheelchairs, patient beds, telemetry units, nurse call systems, AMBuses, generators, defibrillators, crash carts, medication dispensing units, sleep labs, vital sign monitors, and oxygen tanks can all be brought to current standards.

Main Strategic Goals: Sustainable Access

Use of Funds: J. Capital expenditures and infrastructure

Technical Score Factors: C.1, C.2, F.3

Key Stakeholders: Rural hospitals, RHCs, FQHCs in rural counties, behavioral health hospitals and clinics, LMHAs, opioid recovery programs, EMS, pharmacies, pediatric long-term care providers, and public health offices.

Outcomes: This initiative will use the following reliable, specific outcomes:

Table 20 Outcomes

Measure	Level	Baseline	Target
Reinvestment	Community	2026	Improve by 5%
Cash on Hand - Financial stability of rural hospitals, clinics, BH clinics, EMS services, pharmacies and public health offices	County	2026	Improve by 5%
Local equipment and construction savings accounts	Community	2026	5% of participating providers
Hospital Liquidity	Provider	2026	Improve by 5%

Impacted Counties: 202 – all rural Texas counties.

Estimated Required Funding: $150,000,000 or 15% of federal funding. Scalable to award.

Implementation Plan and Timeline: This initiative will be administratively managed within the *Rural Texas Strong* team. HHSC will use a competitive procurement process to award funding. HHSC will use a scoring matrix for proposed projects that categorizes them by urgency, impact, and alignment with strategic goals. Projects that contribute to a facility's long-term financial stability and/or can demonstrate a high degree of confidence in the proposed scope, schedule, cost, and purported benefits of the project may receive priority. Preference will be given to projects that will use equipment or construction materials manufactured in the United States.

After funding is distributed, HHSC will provide quarterly monitoring and oversight to awardees and technical assistance, as requested to ensure projects remain within scope and budget. Monitoring efforts will need to track budget and expenditures to ensure compliance with federal restrictions and limitations for infrastructure and capital improvements. The table below illustrates the estimated tasks and timeline for completing major milestones for this initiative.

Table 21 Workplan & Monitoring, Initiative 6: Infrastructure and Capital Investments for Rural Texas

Progress and Stage	Targeted Completion	Initiative Stage Description	Typical Actions to Occur in Stage
< 15% - Assessment - Stage 0	Q2 FY 2026	Reconcile current conditions with Application plans.	Identify changes in initial Initiative assumptions and confirm provider interest /participation.

Progress and Stage	Targeted Completion	Initiative Stage Description	Typical Actions to Occur in Stage
< 15% - Assessment - Stage 0	Q2 FY 2026	Identify Task Assignments and Mitigate risks; Develop Infrastructure to support work - Communications plan, workflows - internal and external.	Identify major tasks and owners, (e.g. hiring staff); Identify risks - e.g. Determine number of eligible entities and identify project readiness. Identify major tasks and owners (e.g. hiring staff); Identify procurement steps and initiate.
15% - Project Planning - Stage 1	Q2 FY 2026	Project Kick off meetings	Kick off meetings internally to accomplish administrative and infrastructure building tasks. Create communication plans and vehicles for messaging to providers. Identify key deadlines, processes, and information about entities to invite to bid.
15% - Project Planning - Stage 1	Q2 FY 2026	Develop Strategies for Communications, timeline, Recruitment/hiring, Identify Contracting steps.	Initiate contractual steps with Legal and draft grant agreements.
30% - Project Initiation and Execution - Stage 2	Q4 FY 2027	Procurement/Application Process	Application process starts.
30% - Project Initiation and Execution - Stage 2	Q4 FY 2027	Funding distribution begins	Communicate to stakeholders the initiative status, Initiate TA with rural providers. Distribute funding to rural providers, as applicable and identify project timelines for their work.

Progress and Stage	Targeted Completion	Initiative Stage Description	Typical Actions to Occur in Stage
50% - Project Monitoring and Controlling - Stage 3	Q2 FY 2028	Funding distributed	All funding is distributed to rural providers.
50% - Project Monitoring and Controlling - Stage 3	Q2 FY 2028	Local Efforts begin	Monitor contractor milestones for technology implementation. Conduct site visits, as applicable.
75% - Project Outcomes - Stage 4	Q2 FY 2029	Maintaining and Sustaining Work; Monitoring milestones	Continue to monitor implementation; site visits as needed.
75% - Project Outcomes - Stage 4	Q2 FY 2029	Regular Communication with awardees.	Continue collecting outcome data.
100% - Project Closure or Reconciliation - Stage 5	Q2 FY 2030-32	Contract closure or reconciliation activities.	If more funding is available, amend contracts and timelines.

Stakeholder Engagement: Equipment upgrades may require fewer status updates due to their ability to be completed quickly so stakeholder engagement for this initiative will be focused on public reporting about the status of equipment acquisition and construction progress. HHSC will encourage local governments to include an invitation to their regularly scheduled public meetings for providers who receive these funds to provide public, periodic updates about the availability of services that can be delivered from the equipment, along with status updates on capital improvements. Grantees may receive technical assistance from HHSC to ensure project budget and scope are aligned with the grant agreement.

Metrics and Evaluation Plan:

Table 22 Metrics & Evaluation - Infrastructure and Capital Investments for Rural Texas

	Outcome 1	Outcome 2	Outcome 3	Outcome 4
Outcome*[23]	Reinvestment*	Cash on Hand - Financial stability of rural hospitals, clinics, BH clinics, EMS services, pharmacies and public health offices*	Local equipment and construction savings accounts**	Hospital Liquidity*
Data Source	Cost report – balance sheet	American Hospital Directory	Self-Reported; Contractual Reporting	American Hospital Directory
Definition	Numerator - accumulated depreciation Denominator - Depreciation and amortization expense	Rural Texas hospitals w/ < 10 days	Count of Construction Savings Accounts Established by Rural County	Numerator – current assets Denominator – current liabilities
Baseline	Dependent on the contracts issued.	48 (2024)	Dependent on the contracts issued.	Dependent on the contracts issued
Year 1 (2026) Target	Planning	Planning	Planning	Planning
Year 2 (2027) Target	Implement	Implement	Implement	Implement
Year 3 (2028) Target	Improve reinvestment rate by 1%	Reduce rural Texas hospitals w/< 10 days by 1%	1% of recipient providers set up and contribute to account for sustainability.	Improve current ratio by 1%.
Year 4 (2029) Target	Improve reinvestment rate by an additional 2.5%	Reduce rural Texas hospitals w/ < 10 days an additional 2.5%	2.5% of recipient providers set up and contribute to account for sustainability.	Improve current ratio by an additional 2.5%
Year 5 (2030) Target	Improve reinvestment rate by an additional 5%	Reduce rural Texas hospitals w/ < 10 days an additional 5%.	5% of recipient providers set up and contribute to account for sustainability.	Improve current ratio by an additional 5%

[23] * - Baseline and county/community level reporting. ** - Baseline and target will require provider or subcontractor survey.

Sustainability Plan: It is intentional that contractual requirements for this initiative will contain a sustainability component. It will require grantees to dedicate a savings account, not using RHTP funds, to maintain the facility or equipment using a standardized depreciation schedule so when the capital improvements or assets are fully depreciated there is an available funding source to replace the items. Grantees will be required to contribute financially on a periodic and continual basis and ensure the funds remain untouched and are dedicated to the sole purpose of facility/equipment reinvestment. Balance sheets may be used as supporting documentation to verify compliance. The rationale for this requirement is to provide an opportunity for grantees to work towards self-sufficiency in maintaining these investments. Ideally, this cash reserve is meant to provide a bit of financial security, debt avoidance and to reduce stress when repairs or replacements are needed. However, in the case of governmental organizations who are not permitted to carry forward an unexpended balance to create a dedicated revenue account, they will be expected to identify in their strategic planning materials a publicly available depreciation schedule for these assets or materials that can be shared with state or local appropriators for consideration in future appropriation cycles.

Governance and Project Management Structure

The State of Texas wants to ensure that funding is prioritized for rural communities, and as a result will operate a lean governance structure, leveraging existing infrastructure wherever possible, and using a waterfall project management approach. HHSC, the state Medicaid agency, will serve as the lead agency and intends to engage stakeholders through the established advisory committees for their expertise. HHSC will hire and dedicate 20 full-time equivalents (FTE) to executing the proposed initiatives beginning in fiscal year 2026 through 2030, with close out activities occurring

before the end of the final runout period. HHSC does not intend to use consulting services, except professional services contracts for establishing financial and program control and compliance processes prior to issuing funds to sub awardees, as well as for ongoing financial and quality monitoring during the program periods. All grant or contract recipients will be held to pre-award compliance and audit activities that will be proactively created by the state. HHSC will engage an external auditor to evaluate the internal controls established by awardees and conduct program monitoring to validate that financial and data controls have been utilized, outcomes are valid, and funds were spent in accordance with program requirements. Additional information about this evaluation plan is available in Other Supporting Materials.

Reflecting our commitment to minimizing administrative expenses and to ensuring Texas expends funds only within the state (to the greatest extent possible), the application was developed and managed entirely by HHSC staff, who reside in Texas, with the assistance of one independent contractor who joined the HHSC team for a two-month period.

The newly formed *Rural Texas Strong* team will include those outlined in the organizational chart in Other Supporting Materials. The HHSC Chief Financial Officer (CFO) will serve as the authorized organizational representative. The Program Director will work within the Provider Finance Department of the CFO division, to increase the alignment of the *Rural Texas Strong* project with existing reimbursement rate and financial program strategies. By hiring a dedicated Program Director, HHSC will ensure that the individual has sufficient time to manage and provide oversight of the program. The Program Director will be responsible for communication with CMS and will direct the work of staff skilled in financial analyses, data analyses, grant administration, and rural health policy. The Program Director will manage 11 staff devoted to initiative project

management, monitoring, technical assistance, and stakeholder engagement. The CFO will also have five dedicated contract specialists responsible for executing subrecipient agreements and vendor contracts. One dedicated contract administration manager from the Procurement and Contract Services division and two attorneys will also help execute procurements and contracts.

HHSC's existing procurement and contracting processes are well-tested and ensure that contracts and subrecipient agreements are reasonable, ensure the best value for the state and federal government, and are transparent and fair. HHSC will prioritize the development and completion of contracts for most initiatives in the first year to ensure program implementation can begin, with some initiatives having procurement cycles that extend into the second year of the project. Additional information about the procurement process can be found in Other Supporting Materials.

Coordination with External Stakeholders and State Health Agencies

Strong strategic partnerships are already in place between HHSC, DSHS, the State Office of Rural Health, the Texas Association of Rural Health Clinics, and the Texas Organization for Rural and Community Hospitals, the statewide association for rural hospitals, that position Texas to amplify its ability to improve and collaborate with all rural healthcare partners.

Stakeholder Engagement

HHSC is committed to robust stakeholder engagement and public transparency, while simultaneously balancing the need to limit administrative costs.[24] HHSC began the stakeholder engagement process within one month of OBBBA being signed into law on July 4, 2025. HHSC

[24] Letters of support from the Texas Legislature and key stakeholders can be found in the Other Supporting Materials.

conducted the following activities to ensure that every individual had the opportunity to provide input on the development of the application:

Table 23 Stakeholder Engagement during Application Process

Activity	Date	Description	Participants
Solicited public comments	Aug. 4 - Sept. 9, 2025	Survey tool was used with a combination of multiple choice and open-ended narrative and option to submit attachments.	Over 300 concepts, exceeding $100 billion, related to every type of rural healthcare provider including rural hospitals, clinics, FQHCs, opioid/recovery programs, behavioral health providers, academic institutions, local governments, health departments, health plans, and vendors.
Meeting with State Office of Rural Health (SORH)	Oct. 6, 2025	Provided SORH with an overview of RHT Program and an opportunity to ask questions.	SORH Staff
Meeting with Texas Tribal Liaisons	Oct. 7, 2025	Provided Tribal Liaisons with an overview of RHT Program and an opportunity to ask questions about the application process and lead agency responsible.	A list of participants can be found in Table 1 in the endnotes.[95]
Regional Stakeholder meetings hosted by philanthropic partners	Oct. 6-10, 2025	Traveling over 2,215 miles, HHSC gathered information about regional needs and obtained input about constituent needs in the following locations: Starr County/Rio Grande City, Stanton, Lufkin, Childress, Giddings, Bell County	A complete list of individuals and organizations that submitted comments or participated in stakeholder engagement meetings can be found in Table 1 in the endnotes.[96]
Public Hearing	Oct. 13, 2025	Conducted virtually and in-person to ensure members of the public and providers were able to provide additional information following the release of the NOFO.	87 people from across the state provided testimony. A list of participants can be found in Table 1 in the endnotes.[97]

Rural Texas Strong Stakeholder Engagement Plan

HHSC will use its established advisory committees and HHSC resources to facilitate stakeholder engagement for all proposed initiatives, see Other Supporting Materials for additional information about the existing engagement framework. In addition, HHSC will specifically

undertake the following activities to ensure there is robust communication with stakeholders about the progress of *Rural Texas Strong.*

Table 24 Leveraging the Stakeholder Engagement Framework

Stakeholder Activity	Current Function	RHT Stakeholder Engagement Activity
Advisory Councils (Rural Hospital Advisory Committee, DSHS Public Health Funding and Policy Committee, Health Professions Workforce Coordinating Council, Statewide Behavioral Health Coordinating Council, etc.)	Advises State Agencies and Policymakers on various health-related topics; receives public comment	Include RHT as an annual agenda item to present progress reports and receive stakeholder input.
Annual Progress Reports		Produce an annual written report describing progress, publishing outcome data, and announcing grantee recipients and amounts.
Regional Meetings		Host two regional annual meetings each year to receive direct feedback from the public on the progress and impact of RHT.
Tribal Liaisons	HHSC meets quarterly with tribal leaders and issues regular notifications related to waivers and State Plan Amendments.	HHSC will provide regular updates to tribal liaisons regarding implementation.

Conclusion

Texas appreciates the opportunity to submit the *Rural Texas Strong* project application for consideration by CMS. If approved, HHSC commits that every effort, decision, and dollar spent will be made with the health and wellness of rural Texans as the paramount consideration. This program belongs to rural Texas, and we look forward to working with CMS to transform the rural healthcare in the most rural state in the nation.

Endnotes

[1] **Index for Data and Technical Scoring Factors**

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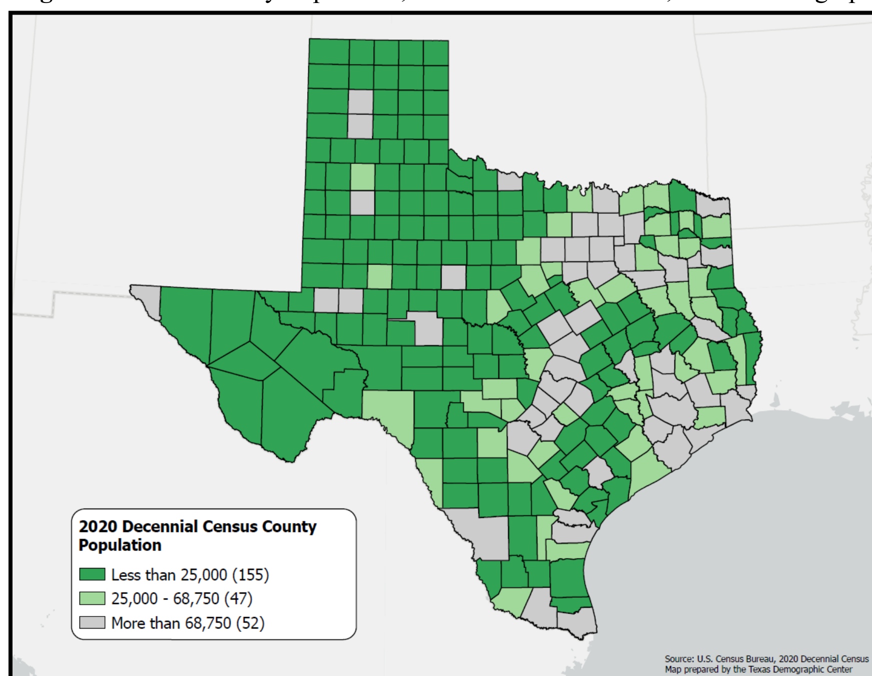
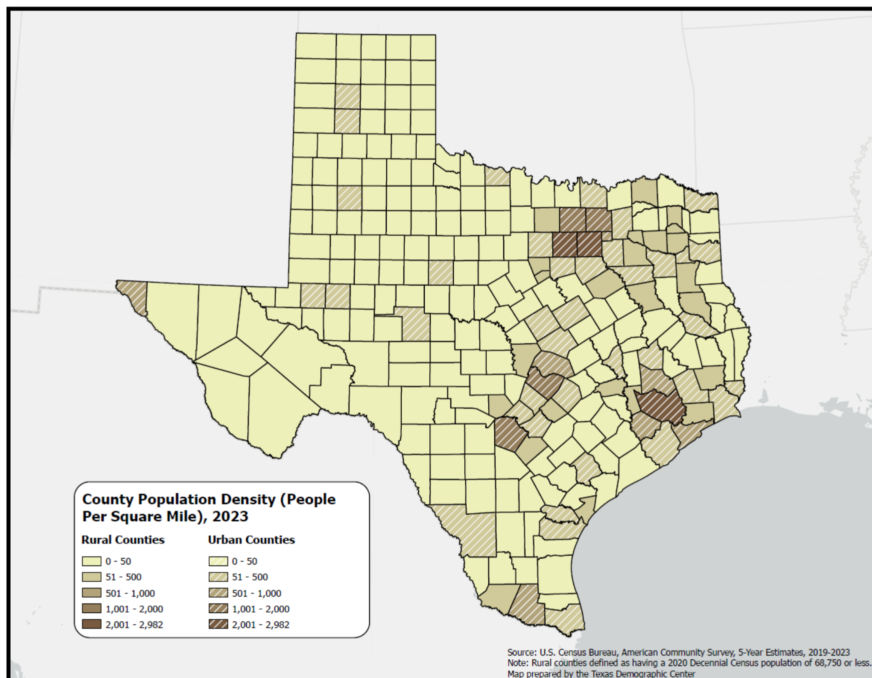
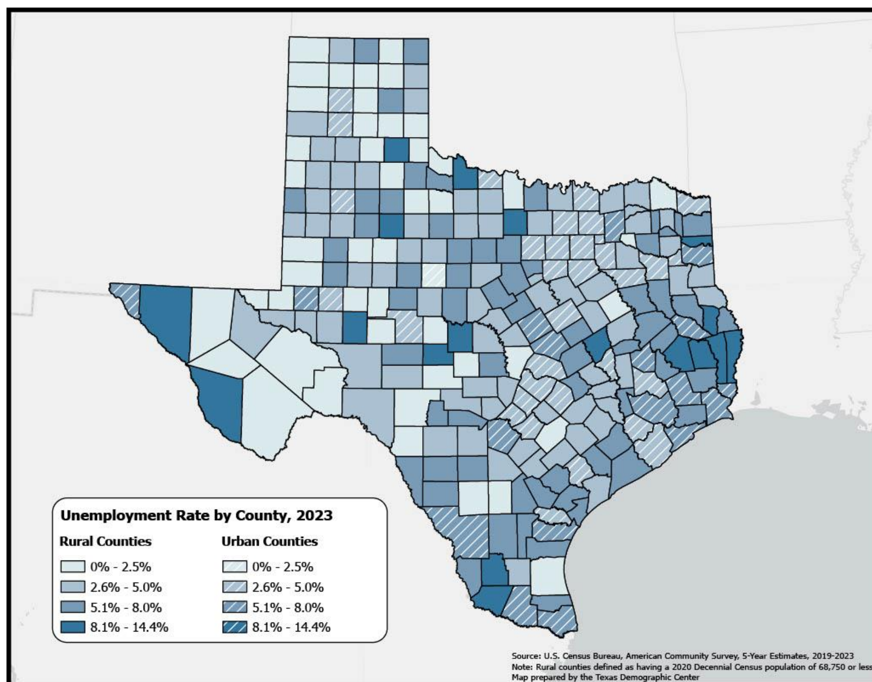
[1] See Index above.
[2] U.S. Census Bureau. Retrieved from https://data.census.gov/profile/Texas?g=040XX00US48.
[3] **Figure 1** - Rural County Population, 2020 Decennial Census, Texas Demographics Center.



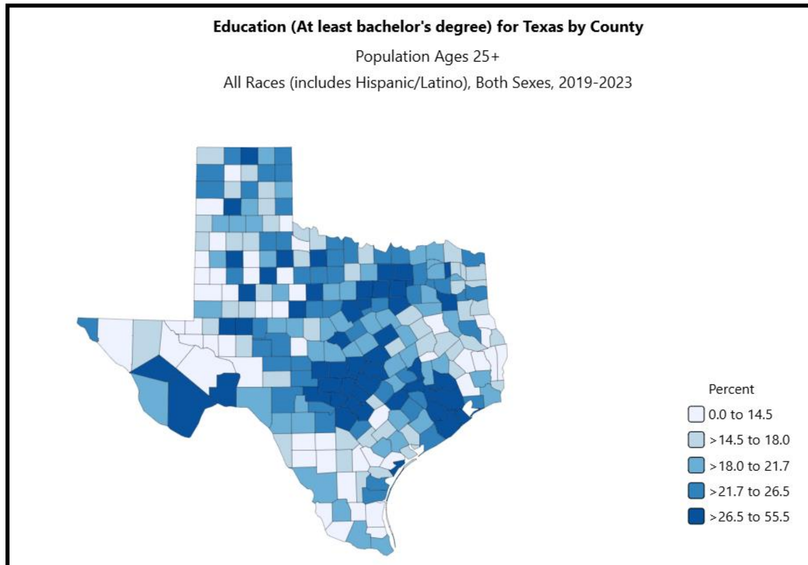
[4] **Figure 2** – County Population Density. 2023. Texas Demographic Center.



[5] **Figure 3** – Unemployment Rate by County, 2023. Texas Demographic Center



[6] **Figure 4** – Education (At least bachelor's degree) for Texas by County). An Ecosystem of Minority Health and Health Disparities Resources. National Institute on Minority Health and Health Disparities. Created 10/7/2025. Retrieved from: https://hdpulse.nimhd.nih.gov/data-portal/social/map?socialtopic=020&socialtopic_options=social_6&demo=00006&demo_options=education_3&race=00&race_options=race_7&sex=0&sex_options=sex_3&age=081&age_options=age25_1&statefips=48&statefips_options=area_states



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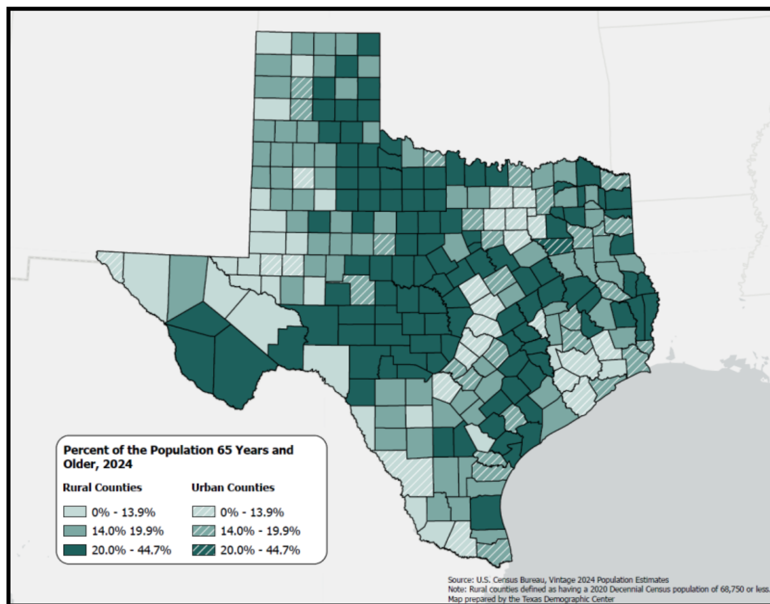
[8] See Other Supporting Materials for a map and list of rural Texas counties, as defined for this plan.

[9] Definition aligns with Texas Government Code, Chapter 526.0321. Retrieved from: https://statutes.capitol.texas.gov/Docs/GV/htm/GV.526.htm#526.0304

[10] **Figure 5** – Percent of the Population 65 Years and Older, 2024. Texas Demographic Center.



[11] **Figure 6** – Heart Disease Crude Discharge Rates in 2022 by County. DSHS Center for Health Statistics.

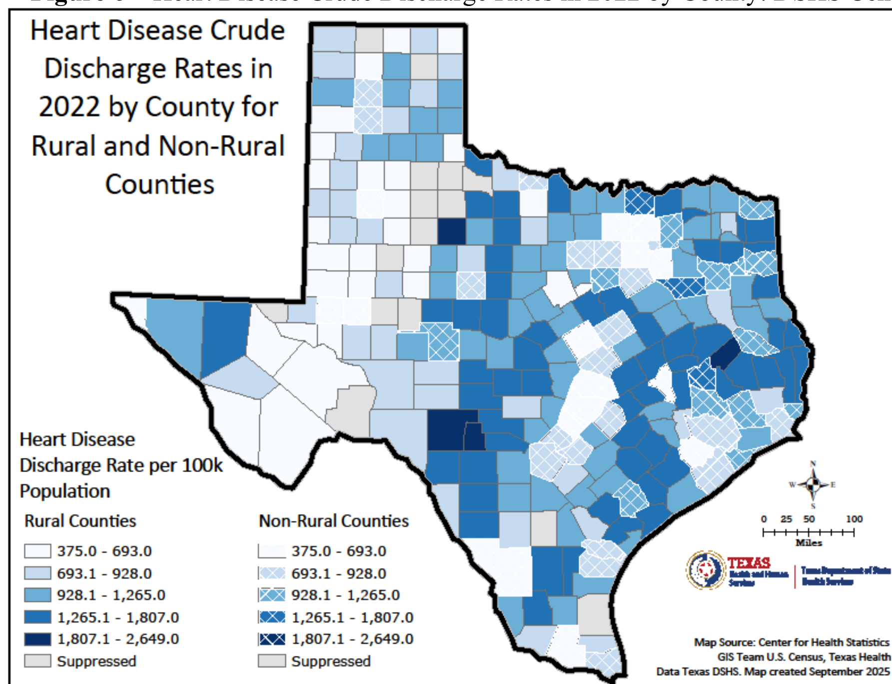


Figure 7 - Invasive Cancer Incidence Rates in 2022 by County. DSHS Center for Health Statistics.

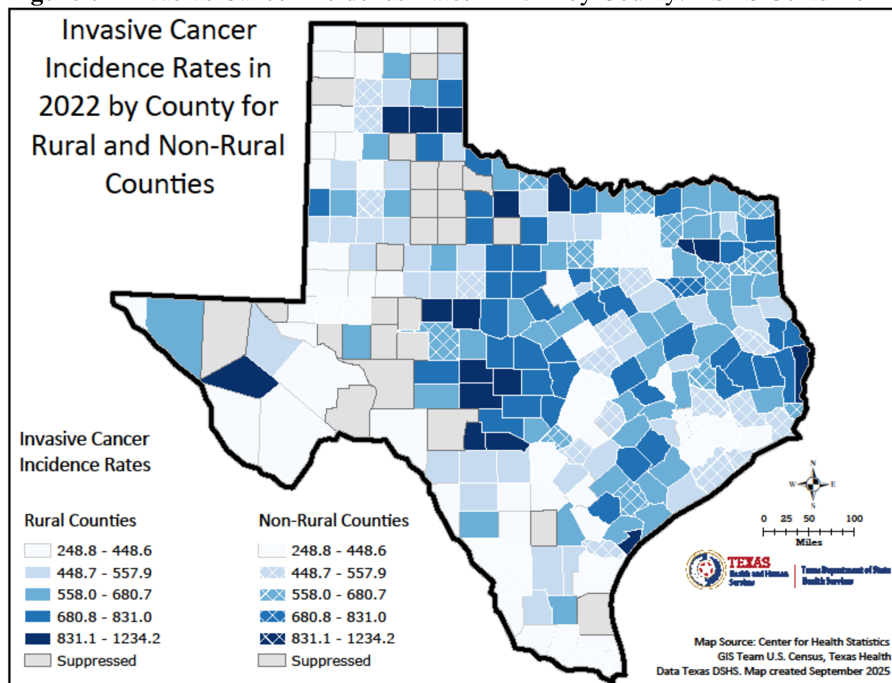
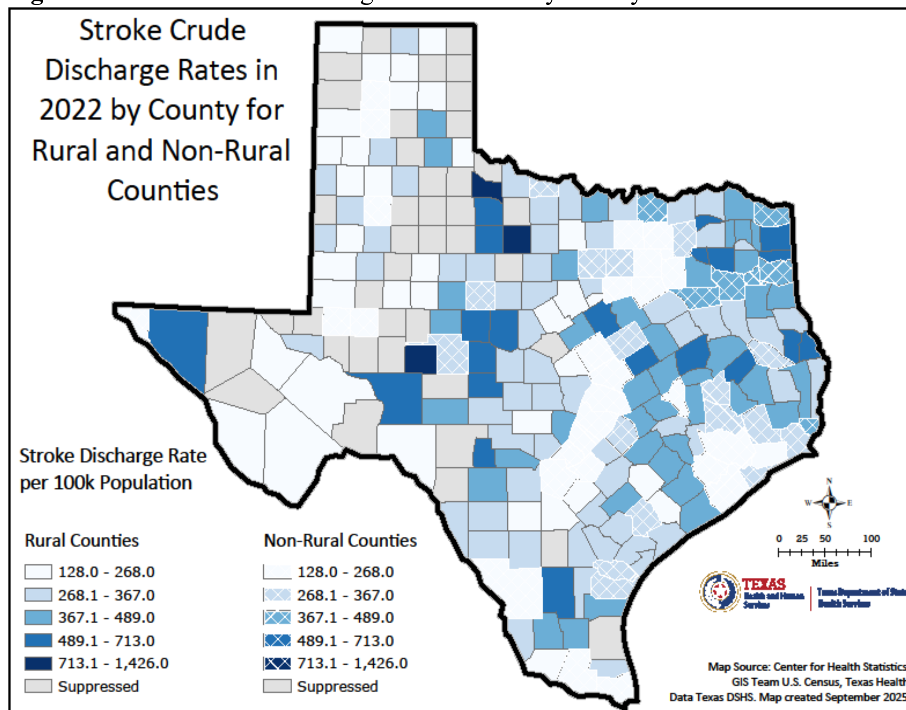


Figure 8 – Stroke Crude Discharge Rates in 202 by County. DSHS Center for Health Statistics.



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[19] **Figure 9**, Percent of Population Uninsured (2019-2023 Period), HHSC.

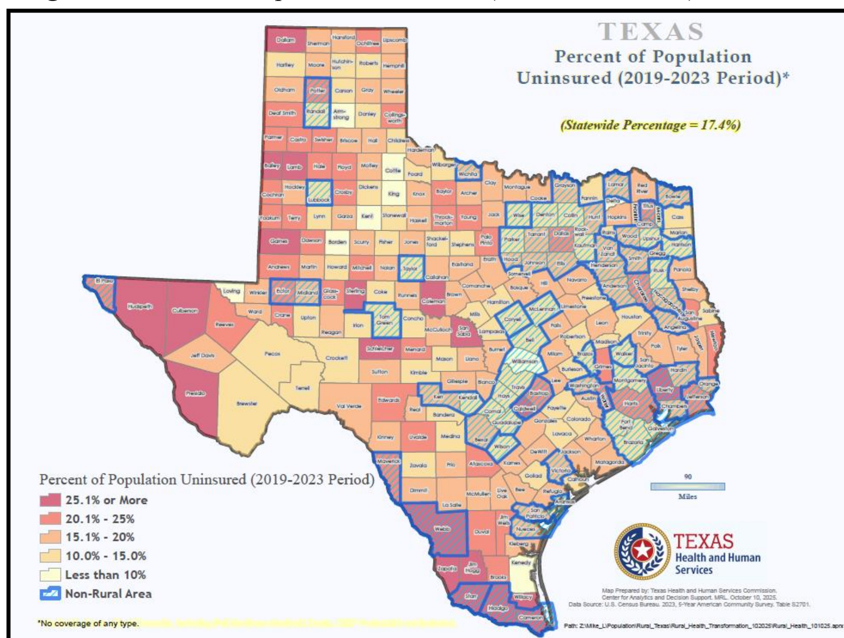


Figure 10, Percent of Population with Medicaid or CHIP Coverage (March 2025), HHSC.

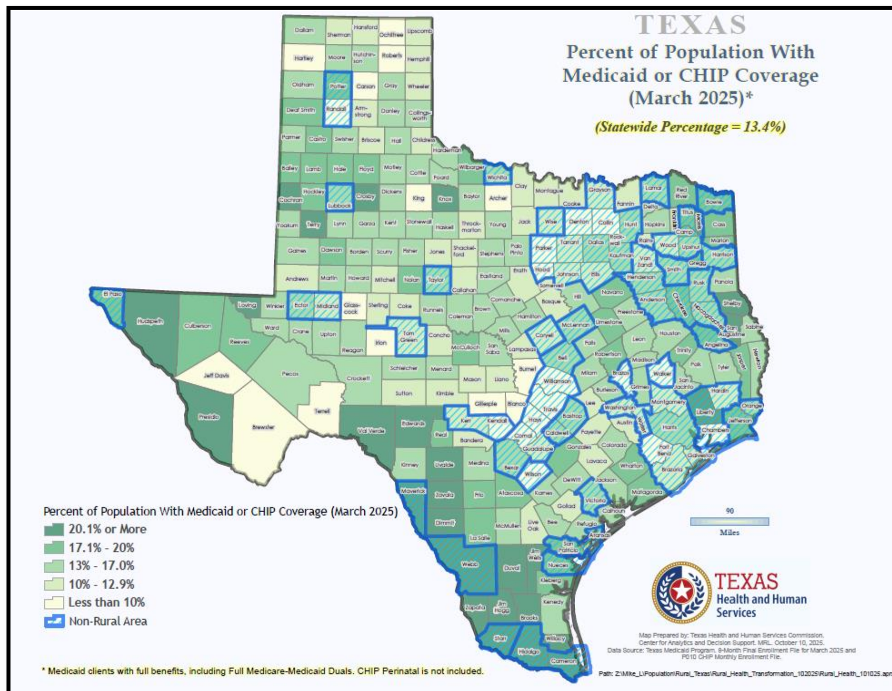
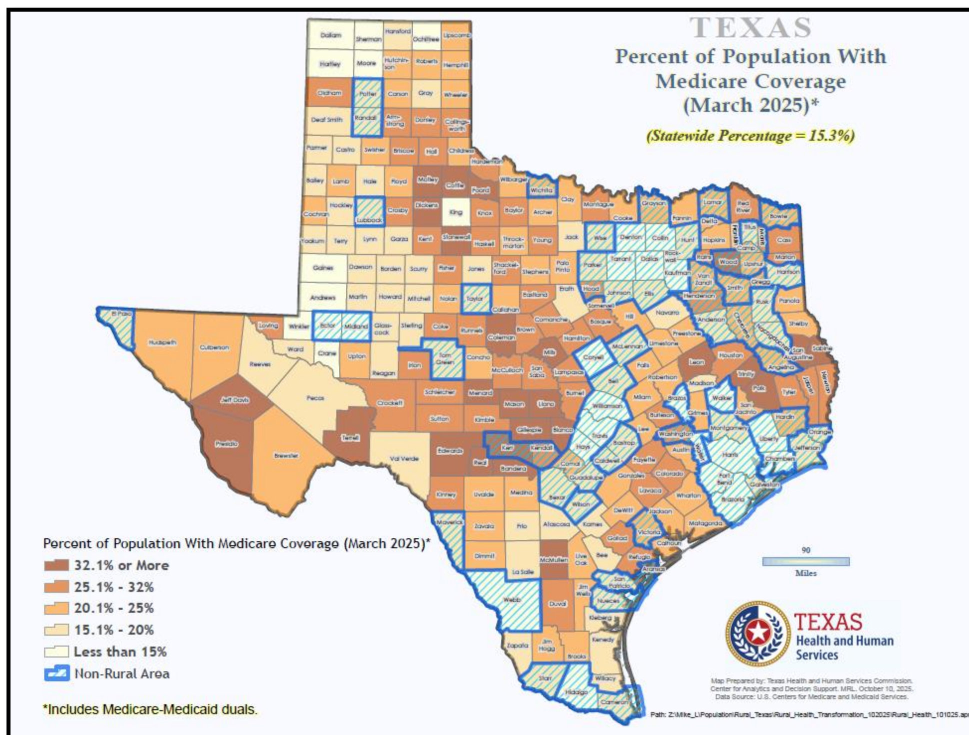


Figure 11, Percent of Population with Medicare Coverage (March 2025), HHSC.



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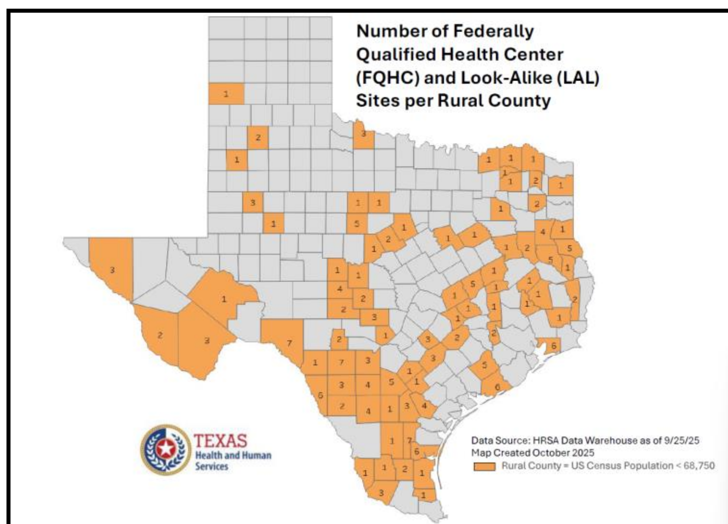
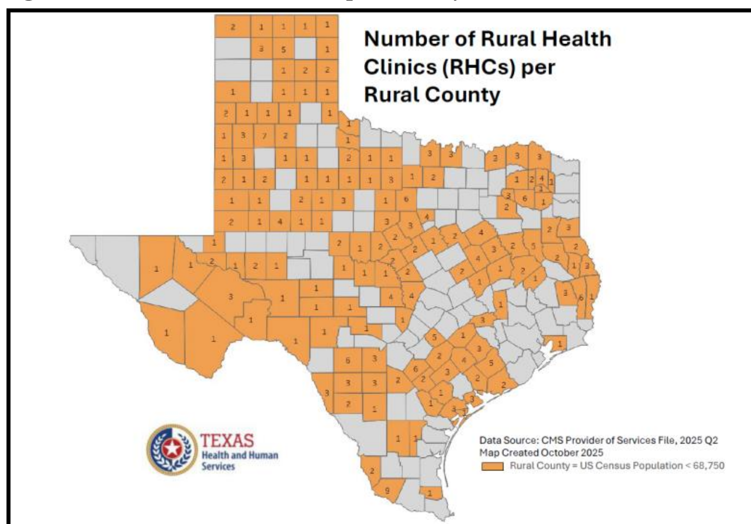


Figure 13, Rural Health Clinics per County**.** CMS Provider of Services File.



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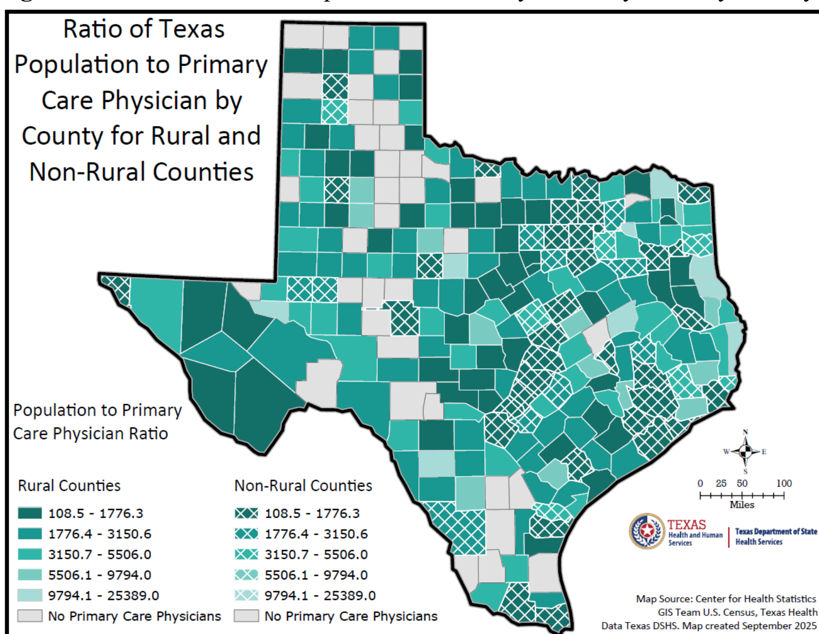
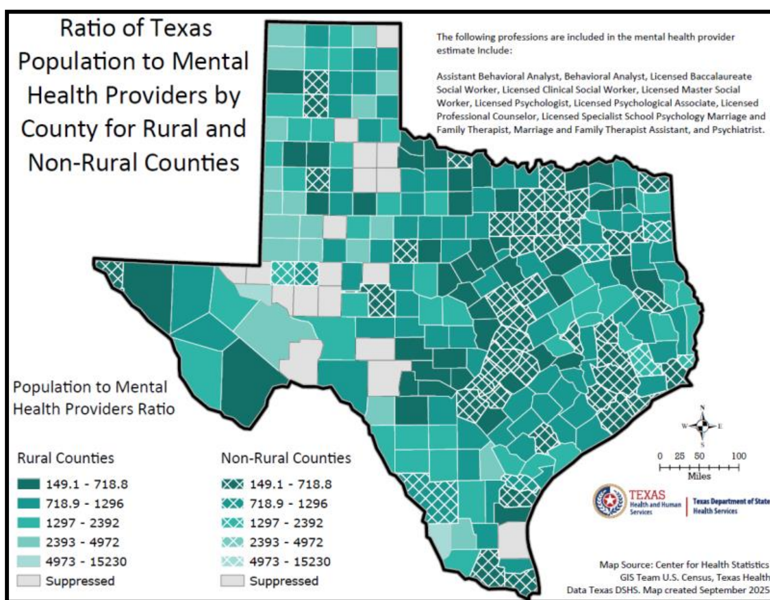
[28] **Figure 14** – Ratio of Texas Population to Primary Care Physician by County for Rural and Non-Rural Counties.



[29] **Figure 15** Ratio of Texas Population to Mental Health Providers by County for Rural and Non-Rural Counties DSHS Center for Health Statistics.



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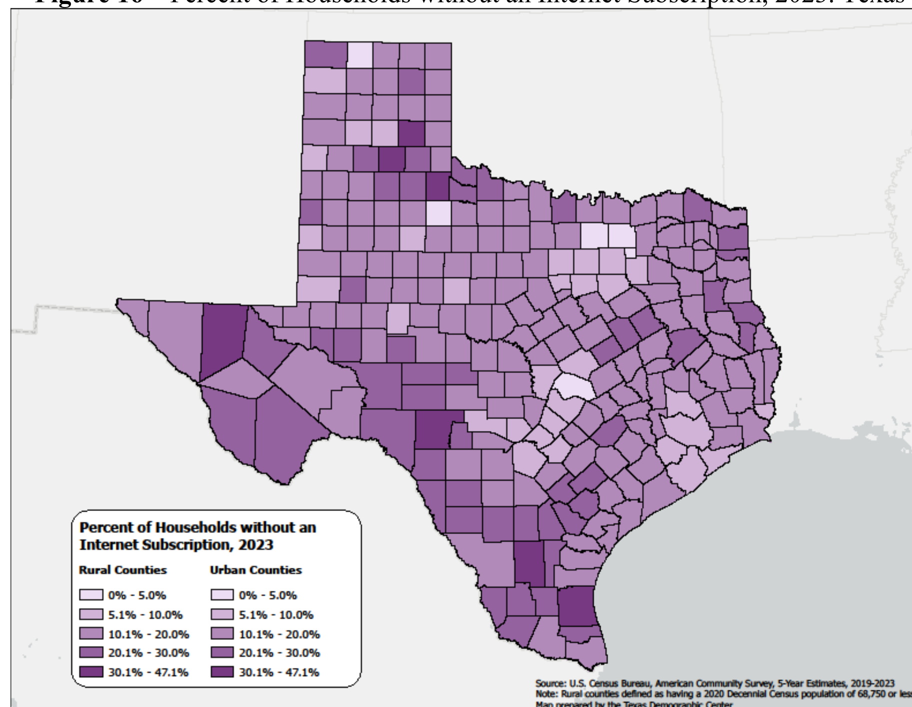

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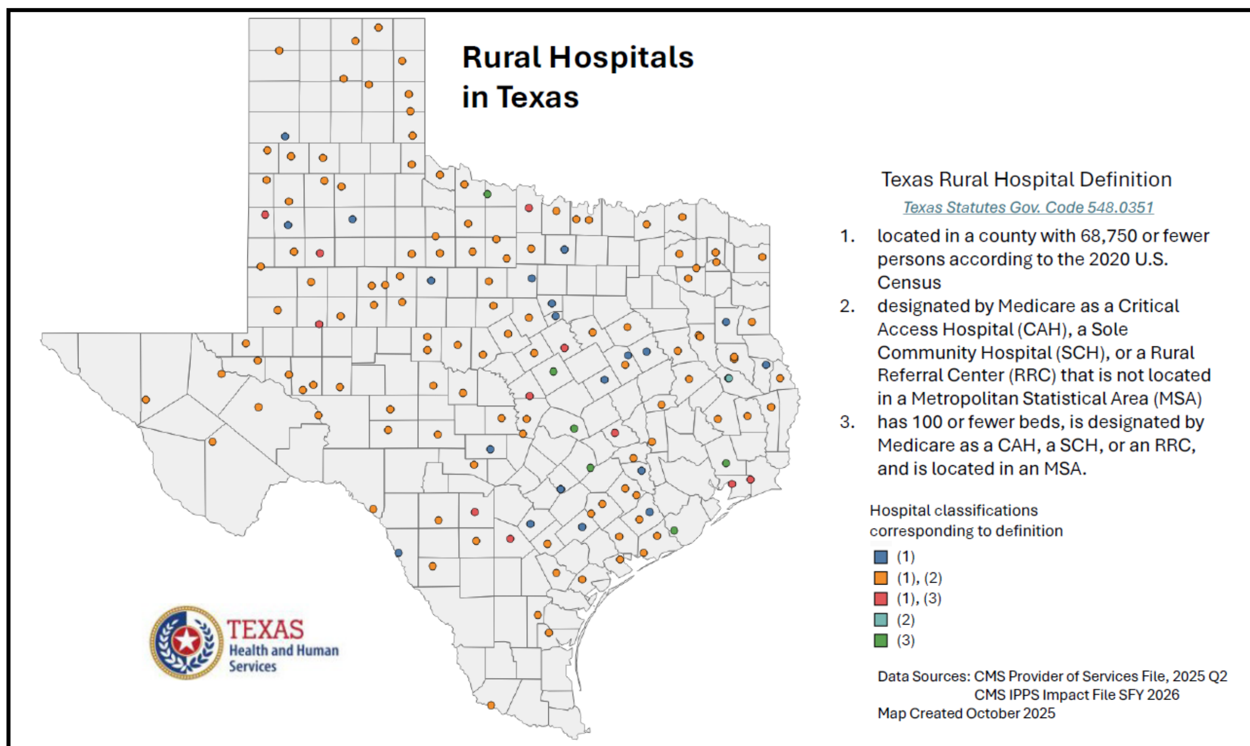
[55] **Figure 17 –** Rural Hospitals by Classification. HHSC, CMS Provider Services File.



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[60] The rules must prescribe the number of hours of the continuing medical education required and the content of the continuing medical education required based on the nutritional guidelines recommended by the Texas Nutrition Advisory Committee under Chapter 119B, Health and Safety Code. (Source: Sections 156.061(b), 204.1563(b), and 301.309(b) of the Occupation Code).

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[70] The Texas definition of "short-term limited-duration insurance" is tied directly to the federal definition of "short-term, limited-duration insurance". Consequently, the only short-term limited duration plans allowable in Texas are the same policies allowable under federal regulations. Sec. 1509.001, TX Insurance Code, provides that "short-term limited-duration insurance" has the meaning assigned by 26 CFR 54.9801-2. The definition of "short-term, limited-duration insurance" found in 26 CFR 54.9801-2 is identical to the definition of "short-term, limited-duration insurance" found at 45 CFR 144.103.
[71] Reimbursement is contingent on meeting certain conditions described in the Texas Medicaid Provider Procedures Manual (TMPPM), Telecommunications Handbook (Oct. 2025), 3.3.2 Telemedicine and Telehealth Conditions for Reimbursement (October 2025).
[72] TMPPM Telecommunication Services Handbook (Oct. 2025), 3.4.2 Telemedicine Service Delivery; 3.5.5 Telehealth Service Delivery.
[73] TMPPM Telecommunication Services Handbook (Oct. 2025), 3.4.2 Telemedicine Service Delivery; 3.5.5 Telehealth Service Delivery.
[74] The term "home telemonitoring" is synonymous with "remote patient monitoring". (Sec. 521.001(7), TX Government Code). TMPPM Telecommunication Services Handbook (Oct. 2025), 3.6 Home Telemonitoring Services.
[75] Title 22 Texas Administrative Code §175.1
[76] All physicians must hold a full Texas medical license to practice in Texas, including physicians practicing telemedicine. (Title 22 Texas Administrative Code, §161.40)
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[95] Application Engagement Stakeholder Participants:

Table 1: Application Stakeholder Engagement Participants

Location	Date	Participant	Organization
Starr County - Rio Grande City	10/6/2025	Jesse Solis	RGCG ISD
Starr County - Rio Grande City	10/6/2025	Maria A. Sanchez	BRBHC
Starr County - Rio Grande City	10/6/2025	Jorge Sepulxa	BRBHC
Starr County - Rio Grande City	10/6/2025	Cesar Vasquez	BRBHC
Starr County - Rio Grande City	10/6/2025	Laura Cortez	BRBHC
Starr County - Rio Grande City	10/6/2025	Scott Lillibridge	DHR
Starr County - Rio Grande City	10/6/2025	Isidro Alaniz	District Attorney, Zapata 49th
Starr County - Rio Grande City	10/6/2025	Marisela Jacaman	1st Asst, Webb/Zapata
Starr County - Rio Grande City	10/6/2025	Jacinda Vela	County DA Office

Starr County - Rio Grande City	10/6/2025	Daniel Arriaga	Zapata Fire
Starr County - Rio Grande City	10/6/2025	Sandy Maldonado	Border Region
Starr County - Rio Grande City	10/6/2025	Camencha Lopez	BRBHC
Starr County - Rio Grande City	10/6/2025	Ana De La Cruz	BRBHC
Starr County - Rio Grande City	10/6/2025	Diana Salazar	BRBHC
Starr County - Rio Grande City	10/6/2025	Adriana Garza	BRBHC
Starr County - Rio Grande City	10/6/2025	Jessica Contreras	
Starr County - Rio Grande City	10/6/2025	Rene Montalvo	
Starr County - Rio Grande City	10/6/2025	Lupita Zapeda	Rep Don McLaughlin's Office
Starr County - Rio Grande City	10/6/2025	Reyna Guerra	Starr County Judge's Office
Starr County - Rio Grande City	10/6/2025	Yadira A. Barrera	Roma ISD Board
Starr County - Rio Grande City	10/6/2025	Alejandro Barrera	City of Roma
Starr County - Rio Grande City	10/6/2025	Antonio Falcon, MD	
Starr County - Rio Grande City	10/6/2025	James Falcon	
Starr County - Rio Grande City	10/6/2025	Mariah Montalvo	TAMU
Starr County - Rio Grande City	10/6/2025	Karen Banda-Roman	TAMU

Starr County - Rio Grande City	10/6/2025	Jayson Valerio	STE
Starr County - Rio Grande City	10/6/2025	Lance Ames	STHS
Starr County - Rio Grande City	10/6/2025	Jennifer Vasquez	Starr County Attorney
Starr County - Rio Grande City	10/6/2025	Juan Verano	
Starr County - Rio Grande City	10/6/2025	Leticia Garza-Galvan	
Starr County - Rio Grande City	10/6/2025	Arturo Montiel	
Starr County - Rio Grande City	10/6/2025	Alda Rendon	
Starr County - Rio Grande City	10/6/2025	Ediel Barrera	
Starr County - Rio Grande City	10/6/2025	Fudatio Barrera	
Starr County - Rio Grande City	10/6/2025	Gilbert Millan	
Starr County - Rio Grande City	10/6/2025	Jesus Rios, Jr.	
Starr County - Rio Grande City	10/6/2025	Mario Reyes	
Starr County - Rio Grande City	10/6/2025	Dalinda Guillen	Texas Regional Bank / RGC EDC
Starr County - Rio Grande City	10/6/2025	Elsa Moss	San Isidro ISD
Starr County - Rio Grande City	10/6/2025	Jessica Ganti	El Faro Health & Therapeutics
Starr County - Rio Grande City	10/6/2025	Nelda Elizar	SCIF

Starr County - Rio Grande City	10/6/2025	Rose Benavidez	STC/SCIF
Starr County - Rio Grande City	10/6/2025	Jaime Escobar	City of Roma
Starr County - Rio Grande City	10/6/2025	Melinda Gomez	Rio Grande City EDC
Starr County - Rio Grande City	10/6/2025	Roberto Bazur	Congressman Cuellar's Office
Starr County - Rio Grande City	10/6/2025	Cynthia Garcia Fuentes	Starr County P.R.
Starr County - Rio Grande City	10/6/2025	Joel Meya Jr.	SCMS
Starr County - Rio Grande City	10/6/2025	Valeria Delinda	City of RGC
Starr County - Rio Grande City	10/6/2025	Jennifer Vale Ortiz	Starr Camargo Bridge
Starr County - Rio Grande City	10/6/2025	Robert Vale	Starr Camargo Bridge
Starr County - Rio Grande City	10/6/2025	Sam Vale	Starr Camargo Bridge
Starr County - Rio Grande City	10/6/2025	Adrian Alfaro	Rio Grande Guardian
Starr County - Rio Grande City	10/6/2025	Nellie Gonzales	SCSO
Starr County - Rio Grande City	10/6/2025	Domingue Benavidez	SCIF
Tribal Liaison Meeting	10/7/2025	Anna Lopez	Revenue Cycle Manager, Ysleta Del Sur Pueblo
Tribal Liaison Meeting	10/7/2025	Criselda Valladarez	PRC Registration Clerk, Kickapoo Traditional Tribe of Texas
Tribal Liaison Meeting	10/7/2025	Sylvia Giron	Community Health Representative, Kickapoo Traditional Tribe of Texas

Tribal Liaison Meeting	10/7/2025	Elizabeth Palyu, LCSW	Director of Behavioral Health, Ysleta Del Sur Pueblo
Tribal Liaison Meeting	10/7/2025	Martin Lopez	Health and Human Services Director, Ysleta Del Sur Pueblo
Permian Basin - Stanton	10/7/2025	Judy Madison	South Plains Rural Health Services
Permian Basin - Stanton	10/7/2025	Dave Schmidt	Scenic Mountain Medical Center
Permian Basin - Stanton	10/7/2025	Nancy Cooke	Martin County Hospital District
Permian Basin - Stanton	10/7/2025	Jason Menefee	Marin County Hospital
Permian Basin - Stanton	10/7/2025	Jeremy Walker	Hendrick Health
Permian Basin - Stanton	10/7/2025	Kirk Canada	Hendrick Health - Abilene
Permian Basin - Stanton	10/7/2025	Brittani Bilse	Rural Health Innovators
Permian Basin - Stanton	10/7/2025	Virginia Belew	Permian Basin Regional Planning Committee
Permian Basin - Stanton	10/7/2025	Lori Wilson	State Representative Drew Darby
Permian Basin - Stanton	10/7/2025	Chris Barnhill	PermiaCare (MHMR)
Permian Basin - Stanton	10/7/2025	Alma Montes	AAA of PBRDC
Permian Basin - Stanton	10/7/2025	Craig Hunnicutt	
Permian Basin - Stanton	10/7/2025	Tim Jones	Heart of TX Healthcare System
East Texas - Lufkin	10/8/2025	Deborah Alvarenga	Texas A&M AgriLife Extension of Trinity & Polk County
East Texas - Lufkin	10/8/2025	Steve Archer	Community Healthcore
East Texas - Lufkin	10/8/2025	Amy Best	City of Longview
East Texas - Lufkin	10/8/2025	Guessippina Bonner	Sarah's Hope Charitable and Education Foundation
East Texas - Lufkin	10/8/2025	Scott Brunner	City of Longview
East Texas - Lufkin	10/8/2025	Dee Couch	Polk County Aging
East Texas - Lufkin	10/8/2025	Christy Cravey	Community Healthcore

East Texas - Lufkin	10/8/2025	Roxann Dominguez	TPA
East Texas - Lufkin	10/8/2025	Becky Eldridge	Mt Enterprise Community Health Clinic
East Texas - Lufkin	10/8/2025	Duane Galligher	TPA
East Texas - Lufkin	10/8/2025	Michael Glas	Carevide
East Texas - Lufkin	10/8/2025	Kayla Gutierrez	Vibrance Health / MEHOP
East Texas - Lufkin	10/8/2025	Sherry Harding	Shelby County Outreach Ministry Inc.
East Texas - Lufkin	10/8/2025	Ty Harmon	Matador UAS Consortium
East Texas - Lufkin	10/8/2025	Celeste Harrison	Vibrance Health
East Texas - Lufkin	10/8/2025	Martha Hernandez	Angelina County & Cities Health District
East Texas - Lufkin	10/8/2025	Angela Hobb-Spencer	City of Lufkin
East Texas - Lufkin	10/8/2025	Anita Humphreys	East Texas Community Health Services, Inc.
East Texas - Lufkin	10/8/2025	Paula Jones	Tyler County
East Texas - Lufkin	10/8/2025	Theresa Jones	Special Health Resources for Texas Inc
East Texas - Lufkin	10/8/2025	Chelsey Knowles	Community Healthcore
East Texas - Lufkin	10/8/2025	Ashley London	St. Luke's Health Memorial San Augustine
East Texas - Lufkin	10/8/2025	Jennifer Mertz	Healthpoint
East Texas - Lufkin	10/8/2025	Eric Moen	Episcopal Health Foundation
East Texas - Lufkin	10/8/2025	John Oglesbee	CHI Baylor Family Medicine
East Texas - Lufkin	10/8/2025	Lance Rather	PCCI
East Texas - Lufkin	10/8/2025	Glen Robison	East Texas Community Clinic, Inc.
East Texas - Lufkin	10/8/2025	Jessica Roldan	Special Health Resources for Texas, Inc
East Texas - Lufkin	10/8/2025	Terry Scoggin	Texas Organization of Rural & Community Hospitals
East Texas - Lufkin	10/8/2025	Angela Stewart	Pineland Activity & Nutrition Center / SCFP

East Texas - Lufkin	10/8/2025	Melanie Taylor	Burke Center
East Texas - Lufkin	10/8/2025	Todd Williams	Center for Community & Rural Health Eductions
East Texas - Lufkin	10/8/2025	Phil Yocam	Pineland Housing Authority
East Texas - Lufkin	10/8/2025	Anndrea Pickett	
East Texas - Lufkin	10/8/2025	Yesenia Cabral-Fletcher	Angelina County & Cities Health District
East Texas - Lufkin	10/8/2025	Cynthia Davis	Angelina County Senior Center
East Texas - Lufkin	10/8/2025	Kellie Harrison	Angelina County Senior Center
East Texas - Lufkin	10/8/2025	Kaylee McDaniel	Sabine County Hospital
East Texas - Lufkin	10/8/2025	Eugenio Longoria Saenz	Angelina Thrive
East Texas - Lufkin	10/8/2025	Sid Roberts	St. Luke's Health Memorial
East Texas - Lufkin	10/8/2025	Jessica Sexton	UT Tyler School of Medicine
East Texas - Lufkin	10/8/2025	Nancy Shanafelt	Trinity County
East Texas - Lufkin	10/8/2025	James Stevens	Tyler County Hospital District
East Texas - Lufkin	10/8/2025	Danielle Stevens	Tyler County Hospital District
East Texas - Lufkin	10/8/2025	Sondra Williams	Tyler County Hospital District
East Texas - Lufkin	10/8/2025	Janay Yancey	Tyler County Hospital District
East Texas - Lufkin	10/8/2025	Donna Sprouse	DETCOG
East Texas - Lufkin	10/8/2025	Karen Tiller	DETCOG
Panhandle - Childress	10/9/2025	Jonathon Gill	Pampa Regional
Panhandle - Childress	10/9/2025	Kimberly Jones	Childress Courts
Panhandle - Childress	10/9/2025	Gary Clark	
Panhandle - Childress	10/9/2025	Gayle Cannon	CRMC
Panhandle - Childress	10/9/2025	Howard Head	Reagan
Panhandle - Childress	10/9/2025	Debbie Favor	CRMC

Panhandle - Childress	10/9/2025	Paul Burke	Shamrock General Hospital
Panhandle - Childress	10/9/2025	Candy Powell	Collingsworth General Hospital
Panhandle - Childress	10/9/2025	James Driver	CRMC
Panhandle - Childress	10/9/2025	Sue Henderson	CRMC
Panhandle - Childress	10/9/2025	J.M. Henderson, MD	CRMC
Panhandle - Childress	10/9/2025	Crystal McEntire	Hyland's Pharmacy
Panhandle - Childress	10/9/2025	Marci Mills	CRMC
Panhandle - Childress	10/9/2025	Shade Miller	County
Panhandle - Childress	10/9/2025	Larry Johnson	CRMC (Retired)
Panhandle - Childress	10/9/2025	Lisa Goodwin	FRHC
Panhandle - Childress	10/9/2025	Matthew Bradley	Childress County
Panhandle - Childress	10/9/2025	Nikki Hill	CRMC
Panhandle - Childress	10/9/2025	Sarah Sprayberry	FRHC
Panhandle - Childress	10/9/2025	Kayla Meyer	CRMC
Panhandle - Childress	10/9/2025	Callie Saunders	CRMC
Panhandle - Childress	10/9/2025	Stephanie Ferguson	CRMC
Panhandle - Childress	10/9/2025	Jeremy Hill	County
Panhandle - Childress	10/9/2025	Michille Delgado	CRMC
Panhandle - Childress	10/9/2025	Nathan Taylor	Matador UAS Consortium
Panhandle - Childress	10/9/2025	Yeni Bushell	CRMC
Panhandle - Childress	10/9/2025	Griffin Fields	
Panhandle - Childress	10/9/2025	Gerardo Garcia	CRMC
Central - Giddings	10/10/2025	Andres Rosales	City of Bastrop
Central - Giddings	10/10/2025	Jo Johnson	St. Joseph Health

Central - Giddings	10/10/2025	Catherine Smider	Smithville Community Clinic
Central - Giddings	10/10/2025	Lew White	City of Lockhart
Central - Giddings	10/10/2025	Alan Casey	City of Giddings
Central - Giddings	10/10/2025	Quang Ngo	TORCH
Central - Giddings	10/10/2025	Norma Mercado	BastropCares
Central - Giddings	10/10/2025	Becki Womble	Bastrop Chamber
Central - Giddings	10/10/2025	Lindsey Tippit	Lonestar Circle of Care
Central - Giddings	10/10/2025	Preston Poole	Texas Assoc. of Community Health Center
Central - Giddings	10/10/2025	Rafael Delapaz	Community Health Centers of South Central Texas
Central - Giddings	10/10/2025	Linda Wilson	Smithville Hospital
Central - Giddings	10/10/2025	Donna Nichols	Bastop County Public Health
Central - Giddings	10/10/2025	Heather Garner	City of Giddings
Central - Giddings	10/10/2025	Jace Jones	Seton Smithville
Public Testimony - In-person	10/13/2025	Aimee Lusson	Texas Federation of Drug Stores & Walgreens
Public Testimony - In-person	10/13/2025	Charles Hinkle	Texas Ambulance Association
Public Testimony - In-person	10/13/2025	Steven Boles	Hunt Regional Healthcare
Public Testimony - In-person	10/13/2025	Paula Grahmann	
Public Testimony - In-person	10/13/2025	Sonali Weerasinghe	Texas Academy of Physician Assistants
Public Testimony - In-person	10/13/2025	Jana Eubank	TACHC
Public Testimony - In-person	10/13/2025	Burch Obenhoff	Texas EMS Alliance

Public Testimony - In-person	10/13/2025	Adam Arnwine	Mom's Meals
Public Testimony - In-person	10/13/2025	Tim Ols	
Public Testimony - In-person	10/13/2025	Lauren Ingram	Access Telecare
Public Testimony - In-person	10/13/2025	Rebecca McCain	Electra Hospital District
Public Testimony - In-person	10/13/2025	Susan Parker	TORCH / Kimble Hospital
Public Testimony - In-person	10/13/2025	Dr. Jane Wigginton	The University of Texas at Dallas
Public Testimony - In-person	10/13/2025	Terry Scoggin	TORCH
Public Testimony - In-person	10/13/2025	James Thornton	University of Houston
Public Testimony - In-person	10/13/2025	Tina Wells	Texas EMS Alliance
Public Testimony - In-person	10/13/2025	Dr. Jane Wigginton	The University of Texas at Dallas
Public Testimony - In-person	10/13/2025	Mindy Walker	OnMed
Public Testimony - In-person	10/13/2025	Bruce Tunner	Unite US
Public Testimony - In-person	10/13/2025	Douglas Dunsavage	American Diabetes Association
Public Testimony - In-person	10/13/2025	Noah Jones	Texas Counseling Association
Public Testimony - In-person	10/13/2025	John Austin Stoices	TARC - Association of Regional Councils
Public Testimony - In-person	10/13/2025	William Noll	Iraam General Hospital District

Public Testimony - In-person	10/13/2025	Brian Bessent	Hendrick Health
Public Testimony - In-person	10/13/2025	Maureen Milligan	Teaching Hospitals of Texas
Public Testimony - In-person	10/13/2025	Chris Suggs	Accent Care
Public Testimony - In-person	10/13/2025	Kara Crawford	UT Health Houston
Public Testimony - In-person	10/13/2025	Christopher Parker	PQT Health
Public Testimony - In-person	10/13/2025	David Weden	Texan Council
Public Testimony - In-person	10/13/2025	Roxann Dominguez	Texas Pharmacy Association
Public Testimony - In-person	10/13/2025	Dr. Jane Wigginton	The University of Texas at Dallas
Public Testimony - In-person	10/13/2025	Paula Grahmann	
Public Testimony - Virtual	10/13/2025	Thomas Sledge	North Texas Medical Center
Public Testimony - Virtual	10/13/2025	Jace Jones	Ascension Seton
Public Testimony - Virtual	10/13/2025	Brett Kirkham	MidCoast Health System
Public Testimony - Virtual	10/13/2025	Erin Clevenger	Memorial Medical Center
Public Testimony - Virtual	10/13/2025	Jonathan Gill	Pampa Regional Medical Center
Public Testimony - Virtual	10/13/2025	Justin Lees	Solution Shop - Armada MD
Public Testimony - Virtual	10/13/2025	Dr. Ali Ghahary	Armada MD
Public Testimony - Virtual	10/13/2025	Andres Duran	Dimmit Regional Hospital
Public Testimony - Virtual	10/13/2025	Lori DeMoss	
Public Testimony - Virtual	10/13/2025	Samantha McGee	Uniper Care, Inc
Public Testimony - Virtual	10/13/2025	Margaret Scott	Texas Academy of Physician Assistants

Public Testimony - Virtual	10/13/2025	Rubina Khan	Maternal Child health
Public Testimony - Virtual	10/13/2025	Rachel Koay	Feeding Texas
Public Testimony - Virtual	10/13/2025	Amy Fagan	Wichita Falls-Wichita County Public Health District
Public Testimony - Virtual	10/13/2025	Meera Riner	Nexion Health
Public Testimony - Virtual	10/13/2025	Jonny Hipp	Nueces County Hospital District
Public Testimony - Virtual	10/13/2025	Brandi Chane	Davis City Pharmacy, Inc
Public Testimony - Virtual	10/13/2025	Laketria Venzant	AEIC CASE MANAGEMENT
Public Testimony - Virtual	10/13/2025	Travis Richmond	CHRISTUS Health
Public Testimony - Virtual	10/13/2025	Katherine Remick	Dell Medical School, University of Texas
Public Testimony - Virtual	10/13/2025	Sarah Pletcher	Houston Methodist
Public Testimony - Virtual	10/13/2025	Anna Stelter	Texas Hospital Association
Public Testimony - Virtual	10/13/2025	Lorenzo Serrano	Winkler County Hospital District
Public Testimony - Virtual	10/13/2025	Shakirat Olanrewaju	
Public Testimony - Virtual	10/13/2025	Crystal McEntire	Hyland's Pharmacy
Public Testimony - Virtual	10/13/2025	Jessica Miller	Flatland Psychiatry
Public Testimony - Virtual	10/13/2025	Lynn Falcone	Cuero Regional Hospital
Public Testimony - Virtual	10/13/2025	Kurt Sunderman	Rice Medical Center
Public Testimony - Virtual	10/13/2025	Dr Matthew B. Roberts	Texas Dental Association
Public Testimony - Virtual	10/13/2025	Sondra Williams	Tyler County Hospital District
Public Testimony - Virtual	10/13/2025	Merrick Morgan	UHS
Public Testimony - Virtual	10/13/2025	Adam Ratner	University of the Incarnate Word School of Osteopathic Medicine
Public Testimony - Virtual	10/13/2025	James (Sarosha Momin) Dieter	
Public Testimony - Virtual	10/13/2025	Aimee Lusson	Walgreens and Texas Federation of Drug Stores

Public Testimony - Virtual	10/13/2025	Jessica Gomez	
Public Testimony - Virtual	10/13/2025	Benjamin McNabb	Texas Pharmacy Association
Public Testimony - Virtual	10/13/2025	James (Josh Miller) Mault	BioIntelliSense
Public Testimony - Virtual	10/13/2025	Phil Beckett	thsa.org
Public Testimony - Virtual	10/13/2025	Catherine Morrison	Maxim Healthcare Services
Public Testimony - Virtual	10/13/2025	Nora Cox	Texas e-Health Alliance
Public Testimony - Virtual	10/13/2025	Christopher Hall	PHI Health, LLC
Public Testimony - Virtual	10/13/2025	Jorge Cruz (Private Citizen) Saenz	Veteran-Owned Business
Public Testimony - Virtual	10/13/2025	Marc Strode	Methodist
Public Testimony - Virtual	10/13/2025	Timothy Ols	Baylor Scott & White
Public Testimony - Virtual	10/13/2025	Venus Gines	Dia de la Mujer Latina Inc
Public Testimony - Virtual	10/13/2025	Michelle Gafford	Mitchell County Hospital District
Public Testimony - Virtual	10/13/2025	Titilope Fasipe	
Public Testimony - Virtual	10/13/2025	Linda Chandler	
Public Testimony - Virtual	10/13/2025	Jessica Boston	
Public Testimony - Virtual	10/13/2025	Titilope Fasipe	
Public Testimony - Virtual	10/13/2025	Kara Hartl	Troy Medical
Public Testimony - Virtual	10/13/2025	Melissa Wilson	
Public Testimony - Virtual	10/13/2025	Duncan Van Dusen	
Public Testimony - Virtual	10/13/2025	Amy Best	
Public Testimony - Virtual	10/13/2025	Billie Bell	

Other Supporting Materials

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1. **Rural Texas Strong Legislative Support Letter**
2. **Rural Texas Strong Stakeholder Support Letter**
3. **Engaging Rural Texas: Stakeholders and Advisory Committees**
   Provides context for the Texas application from rural residents themselves and additional information about the overall stakeholder engagement plan.
4. **Identifying Texas Counties**
   Map of Texas, naming rural and non-rural counties for the Rural Texas Strong application.
5. **Permissible Uses of Funds Not Selected**
   Provides an explanation for not selecting certain uses of funds.
6. **Project Management Organization Chart**
   Includes organization chart within the Health and Human Services Commission for new Rural Health Transformation Program staff, as outlined in the Project and Budget Narratives.
7. **Procurement Process**
   Describes the different procurement processes and estimated timelines for the application initiatives, as outlined in the Project and Budget Narratives.
8. **External Program Monitoring**
   Describes, in additional detail, the purpose and process of external monitoring, as outlined in the Project and Budget Narratives.
9. **Health Partnerships Between Rural and Urban Texas**
   Highlights the important relationship between rural and urban counties and describes program eligibility for funds.
10. **Texas Data Factors and Technical Scoring Reference Guide**
    Presents current Texas data for Table 4 Data Factors and provides a reference guide to where technical scoring items have been addressed in the application.
11. **Application Development Staff Overview**
    Provides a brief overview of staff that contributed to the development of the application.
12. **Active Certified Community Behavioral Health Clinic Sites (CCBHC) in Texas**

Dan Patrick
Lieutenant Governor
P.O. Box 12068
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(512) 463-0001

Dustin Burrows
Speaker of the House
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October 31, 2025

The Honorable Robert F. Kennedy, Jr.
Secretary
U.S. Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201

The Honorable Mehmet Oz, M.D.
Administrator, Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Kennedy and Administrator Oz:

It is with great enthusiasm that we write in support of Texas' application for the One Big Beautiful Bill Act's (OBBBA) Rural Health Transformation program, presented by the Texas Health and Human Services Commission. On behalf of our constituents, and especially rural Texans, we appreciate this once-in-a-generation funding opportunity to improve rural health care. We request your favorable consideration of the comprehensive, strategic, and sustainable initiatives included in Texas' approach.

The vital impact of rural Texans cannot be overstated. There is an inextricable link between the well-being of rural Texas and the well-being of Texas' urban communities. Texas has more than 4.7 million rural residents, which is the largest rural population of any state in the country and is larger than the total population of 26 other states. Rural Texas is an economic powerhouse and produces food, cotton, and energy at a level not reached by many nations. It is from these ranches, farms, and the surrounding communities that we feed, clothe, and power our other urban states.

Texas has made significant investments over the past decade to support rural healthcare – through targeted, strategic Medicaid rate increases for rural hospitals and physicians; through a

state-funded grant program to support stabilization and innovation; and through the ongoing Rural Hospital Strategic Plan required by state statute. After facing more rural hospital closures than any state in the country, Texas made major investments to protect rural health – and has only seen two rural hospitals close in the past five years. This dramatic change in the trajectory of rural health care stability is due to the investments Texas made with our own state general revenue.

With the addition of the OBBBA Rural Health Transformation program funding over the next five years to support sustainable initiatives, we are confident that Texas' rural healthcare systems will not only achieve greater levels of stability but will provide efficient, high-quality healthcare that will be the envy of the world.

Sincerely,

Dan Patrick
Lieutenant Governor

Dustin Burrows
Speaker of the House

Joan Huffman
Chair, Senate Finance Committee
Committee

Greg Bonnen
M.D., Chair, House Appropriations

October 31, 2025

The Honorable Robert F. Kennedy, Jr.
Secretary
U.S. Department of Health and
Human Services
200 Independence Ave, SW
Washington, DC 20201

The Honorable Mehmet Oz, M.D.
Administrator, Centers for Medicare &
Medicaid Services
Department of Health and Human
Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Kennedy and Administrator Oz:

Thank you for your leadership regarding the One Big Beautiful Bill Act's (OBBBA) Rural Health Transformation program. We welcome the federal investment to Texas' rural health care, and we support the Texas application presented by the Texas Health and Human Services Commission (HHSC). On behalf of our member organizations, and especially the Texans who receive life-saving and life-sustaining care from rural health care providers, we request your favorable approval of the comprehensive, strategic, and sustainable initiatives included in Texas' approach.

Texas' rural hospitals, federally qualified health clinics, rural health clinics, physicians, clinical professionals, behavioral health providers, public health departments, emergency services providers, and other healthcare providers are essential to the ability of millions of Texans to reside in their rural communities. Rural health care providers often serve clients enrolled in Medicare or Medicaid (or both) or are uninsured, which means that they often operate on extremely thin or even negative financial margins. Through investments in infrastructure, technology, and workforce development, rural health care providers can innovate, increase efficiency, and improve the health outcomes for the Texans in their care.

When added to the significant investments supported by the Texas legislature, the OBBBA Rural Health Transformation program funding will drive local solutions to make profound improvements to the health of rural Texans. Our signatures below are an indication that we stand ready to partner with Centers for Medicare and Medicaid Services and HHSC to transform rural health care and are willing to cooperate to support the strategies in Texas' application.

Sincerely:

Christina S. Hoppe Digitally signed by Christina S. Hoppe
Date: 2025.10.29 14:19:26 -05'00'

Christina Hoppe, President
Children's Hospital Association of Texas

Lee Johnson Digitally signed by Lee Johnson
Date: 2025.10.29 12:46:12 -07'00'

Lee Johnson, Chief Executive Officer
Texas Council of Community Centers

Maureen Milligan Digitally signed by Maureen Milligan
Date: 2025.10.30 11:04:22 -05'00'

Maureen Milligan, President and CEO
Teaching Hospitals of Texas

John Miller Hawkins Digitally signed by John Miller Hawkins
Date: 2025.10.31 08:55:41 -05'00'

John Hawkins, Chief Executive Officer
Texas Hospital Association

Jana Eubank Digitally signed by Jana Eubank
Date: 2025.10.30 16:23:53 -05'00'

Jana Eubank, Executive Director
Texas Association of Community Health Centers

Terry Scoggin Digitally signed by Terry Scoggin
Date: 2025.10.29 12:59:50 -05'00'

Terry Scoggins, Interim President and CEO
Texas Organization of Rural and Community Hospitals

Jennifer O'Riley Digitally signed by Jennifer O'Riley
Date: 2025.10.31 10:56:37 -05'00'

Jennifer O'Riley, Executive Director
Texas Association of Rural Health Clinics

Donald Lee

Don Lee, President
Texas Essential Healthcare Partnership

3. Engaging Rural Texas: Stakeholders and Advisory Committees

Rural Texas Strong: In Their Own Words

The demographic, population, and data presented in the Project Narrative are important for describing the size, scale, and complexity of Texas' rural communities. However, no statistic or report citation can explain what the OBBBA Rural Health Transformation Program (RHT) will mean to Texas better than the Texans who reside there. The Health and Human Services Commission (HHSC) was honored to listen to candid input from more than 550 individuals who participated by submitting written and oral comments. The excerpts below illustrate how transformative these funds will be for Texas:

- Our clinics are overloaded so people who need a prescription go to the emergency room to get their drugs. They call the ambulance because they don't have a way to get to the pharmacy to fill [their medication]. – Commenter in Rio Grande City, Texas on October 6, 2025.
- We have mobile vans with [satellite] links because a lot of areas don't have internet or cell coverage for telehealth. The van goes out to Terlingua, Presidio, Lajitas…we wish we had community health workers who could go out with an iPad to people and connect to cellular or [satellite] so they could get their information to the doctor. – Commenter in Stanton, Texas on October 7, 2025.
- "…I run the food bank in my county, and I'm just trying to get the folks who show up there to brush their teeth and take care of themselves. They have phones that run out of minutes at the end of the month, so I know I have to call them at the beginning of the month if I want to make sure that they know where to show up and when." – Commenter in Lufkin, Texas listening session on October 8, 2025.
- "…our local kids are sent to the large city [7 hours away] to residential treatment centers…they end up moving around so frequently that care is constantly interrupted and they fall through the cracks. Is there funding to create local mental health access through telehealth to follow those local kids wherever they're placed OR purchase a home here and recruit staff to keep our foster kids locally?" – Commenter in Childress, Texas Listening Session on October 9, 2025.
- In my county, we have more cows than people. We want young people to move here. They don't want to come here if we don't have a hospital to deliver their baby in, or a pediatrician to see when their kid breaks their arm. – Commenter in Giddings, Texas listening session on October 10, 2025.
- Families in rural counties drive two, four, five, or even six hours to try to access rehabilitation therapy…Their recovery is hindered, and they lose movement permanently that could have been restored because they could not start, continue, or were unable to access consistent effective therapy. – Texas Emergency Medicine physician providing public testimony on October 13, 2025.

The Continued Need for Open Communication

HHSC will continue to pursue the same honest feedback we received in the public comment process for the development of this application to ensure the successful implementation of *Rural Texas Strong*, support adaptation from now through 2031, and ensure sustainability of efforts beyond the program period. Texas Health and Human Services (HHS) has built a reliable infrastructure for ongoing stakeholder engagement and has more than 50 advisory committees to consider issues and receive public input on various areas of the agency. The HHSC Executive Commissioner, Department of State Health Services (DSHS) Commissioner, Texas Governor, Texas Lieutenant Governor, and Texas Speaker of the House of Representatives appoint HHS advisory committee members in accordance with the authorizing statute or rule.

These appointed individuals include community leaders, provider organizations and representatives, individual Texans, and policy makers. All advisory committees operate in accordance with the Texas Open Meetings Act, even when not formally required to by law. This best practice for public transparency is important to ensure that every Texan can provide input in the topics posted for these meetings.

The list below identifies the advisory committees and councils relevant to *Rural Texas Strong:*

- Statewide Health Coordinating Council
- Promotor(a) - Community Health Worker Training and Certification Advisory Committees
- Texas Diabetes Council
- Statewide Interagency Aging Services Coordinating Council
- Task Force of Border Health Officials
- Rural Hospital Advisory Committee
- Statewide Behavioral Health Coordinating Council
- Texas Center for Nursing Workforce Studies
- Value-Based Payment and Quality Improvement Advisory Committee
- Texas Council on Cardiovascular Disease and Stroke
- Texas Cyber Command
- e-Health Advisory Committee
- Governor's Emergency Medical Services (EMS) and Trauma Advisory Council

4. Identifying Texas Counties

Figure 1 *Rural Texas Strong* Counties

Rural County

Non-rural County

5. Permissible Uses of Funds Not Selected

HHSC considered each of the permissible use of funds activities in the development of this application. HHSC received comments from the public through the formal comment process and public meetings that supported potential initiatives for all 11 categories of allowable uses of funds. Texas is unable to develop initiatives for all 11 categories due to the potential that some uses of funds could not be implemented in full compliance with the instructions provided in the Notice of Funding Opportunity. Table 1 includes specific information about why some potential uses of funds were not selected.

Table 1 Uses of Funds not Selected

Use of Funds Category	Use of Funds Description	NOFO Requirement Concern	Explanation for Not Selecting
B. Provider Payments	Providing payments to health care providers for the provision of health care items or services, subject to restrictions.	Potential program duplication; no identified path to financial sustainability after the end of the program	The state did not identify a pathway to sustain direct payments following the conclusion of the program but continues to work on strategies through Medicaid reimbursement rates, directed and supplemental payment programs, and other state funded grant initiatives to support the financial stability of rural providers. Texas encourages Medicare Advantage and Commercial health plans in joining Texas' Medicaid program in establishing certain minimum fee schedule initiatives for rural providers to promote long term financial sustainability and quality improvement.
G. Appropriate Care Availability	Assisting rural communities to right-size their health care delivery systems by identifying needed preventative, ambulatory, pre-hospital, emergency, acute inpatient care, outpatient care, and post-acute care service lines.	Potential program duplication	State legislation (House Bill (HB) 18, 89th Texas Legislature, Regular Session, 2025) provided funding that can be used to assist rural hospitals in right-sizing their system.

Use of Funds Category	Use of Funds Description	NOFO Requirement Concern	Explanation for Not Selecting
H. Behavioral Health	Supporting access to opioid use disorder treatment services (as defined in section 1861(jjj)(1) of the Social Security Act), other substance use disorder treatment services, and mental health services.	Potential program duplication	The Texas Comptroller of Public Accounts has established an opioid abatement fund council to oversee the distribution of litigation recoveries to hospital districts and treatment programs. Additionally, it is expected Texas will have significant behavioral health participation in the other strategies (workforce, telehealth and capital expenditures). Lastly, Texas has invested $2.4 billion in inpatient behavioral health services as well as $1.5 billion in community mental health services for the 2026-27 biennium.
I. **Innovative Care**	Developing projects that support innovative models of care that include value-based care arrangements and alternative payment models, as appropriate.	Potential program duplication; no identified path to sustainability after the end of the program	Texas hospitals, rural health clinics, and federally qualified health centers have clinically integrated networks (CINs) that are currently pursuing value-based care and alternative payment models (APM). Additionally, through the Texas Medicaid program, there are existing quality strategies that include the development of APMs. Texas continues to prioritize the improvement of health quality and believes some of the initiatives included in *Rural Texas Strong* will serve as foundational investments to advance APMs for all payers.

Use of Funds Category	Use of Funds Description	NOFO Requirement Concern	Explanation for Not Selecting
K. Fostering Collaboratio n	Initiating, fostering, and strengthening local and regional strategic partnerships between rural facilities and other health care providers to promote quality improvement, improve financial stability of rural facilities, and expand access to care.	No identified path to sustainability after the end of the program	Texas expects rural collaboration among providers to occur and it will be leveraged to support and sustain the use of funds' activities in the application. However, Texas did not identify a financially sustainable pathway to maintaining payments exclusively for the purpose of creating collaborative environments. Through the creation of the cohorts in the Texas Fiscal Officer's Academy that was created by HB 18, HHSC seeks to organically develop peer relationships and partnerships for collaboration amongst hospitals. HHSC also encourages collaboration from community leaders and partners, including non-profit organizations who have expressed interest in improving rural health.

6. Project Management Organization Chart

HHSC has budgeted for 20 additional full-time-equivalent positions (identified in blue in Figure 2). These staff will be 100% dedicated to program planning, implementation, and monitoring. The Program Director will be the primary point of contact for the program for external stakeholders and will direct program staff who will coordinate initiative activities with other legal, contracting, and procurement staff.

Figure 2 HHSC Rural Texas Strong Dedicated Staff

Governor Greg Abbott
Health and Human Services Executive Commissioner
Department of State Health Services Commissioner
Chief Counsel
Deputy Chief Counsel
Director, Systems Contracting
General Counsel
Program Attorney IV (2)
Chief Financial Officer (CFO)
Director, Provider Finance
Program Director VI
Portfolio Project Manager I
Project Manager V
Program Specialist VII
IT Business Analyst III (2)
Grant Specialist V (3)
Program Specialist VII (3)
Manager, CFO Procurements & Contracts
Contract Administration Manager I
Contract Specialist V (4)
Chief Operating Officer
Deputy Executive Commissioner Procurement & Contracting Services
Associate Commissioner for Procurement
Director, Grants Division
Contract Administration Manager I

Blue boxes identify dedicated *Rural Texas Strong* personnel

7. Procurement Process

For each of the six initiatives within the *Rural Texas Strong* plan, HHSC will need to develop subrecipient and vendor agreements to distribute funding to the stakeholders identified in the Project Narrative. The workplans included in the application take into consideration the procurement lead time, or the interval between providing a service or awarding a grant to when the contract or agreement is awarded. HHSC will be deliberate in how it chooses to complete agreements to ensure funding is moving out of the lead agency and into the hands of providers and IT experts to meet the needs of the rural communities.

The budget narrative shows the estimated funding allocations by year, which are informed by the time it takes to complete the procurement process. Initiative 1 will use intergovernmental contracts, which can be issued as a direct award, resulting in an expedited timeline (within the second quarter of fiscal year 2026). As a result, work on community driven wellness solutions can begin right away. *Rural Texas Strong* staff will then simultaneously undertake contract solicitation processes in advance of the second year of funding to ensure funding continues to make its way to the communities that need it most. The sections below provide an overview of the agency's procurement process, which will be managed by the dedicated staff, outlined in the Project Management section in the Project Narrative and in Other Supporting Materials.

Procurement Overview

HHSC follows state and federal requirements during the procurement process for grants, services, and products. Grant opportunities are posted on HHSC's Resources: Open Grant Opportunities website. Procurement opportunities for services and products are advertised on the Electronic State Business Daily (ESBD) website.

HHSC intends to award the federal funds from the Rural Health Transformation Program through the six initiatives and one external monitoring agreement as outlined in Table 2 – Rural Health Transformation Procurement Activities. Throughout the procurement process, HHSC will use multiple procurement methods to award and disburse the federal funds.

Table 2 Rural Texas Strong Procurement Activities

Procurements Required	Procurement Type	Potential Awardees
Initiative 1 - Make Rural Texans Healthy Again	Direct	Local Hospital Districts
Initiative 2 - Rural Texas Patients in the Driver's Seat	RFP	2 or more Clinically Integrated Networks or Accountable Care Organizations
Initiative 3 - Lone Star Advanced AI and Telehealth	RFP	2 or more Clinically Integrated Networks or Accountable Care Organizations
Initiative 4 - The Next Generation of the Small Town Doctor and Team	RFA	Rural Providers

Procurements Required	Procurement Type	Potential Awardees
Initiative 5 - Unified Care Infrastructure and Rural Cyber Protection	RFO	2 or more Department of Information Resources Vendors
Initiative 6 - Infrastructure and Capital Improvement for Rural Texas	RFA	Rural Providers
External Monitoring	RFP	Audit and Compliance Monitors

Direct Awards

Through intergovernmental contracts, HHSC will issue some direct awards of the federal funds to meet the objectives of Initiative 1 through government entities. Direct awards are the quickest method and do not require bids or proposals. Direct Awards may be executed within 45 Business days or less.

Competitive Procurements

Request for Application (RFA) invites applicants to submit grant applications and allows HHSC to issue multiple awards to applicants that meet the grant's criteria. The published RFA describes the grant's objective, guidelines, limitations on spending or eligibility, and performance measures. Applicants must submit work plans that detail the use of grant funds and the planned schedule for the applicant to spend the funds before the expiration of the grant agreement. HHSC evaluates the applications and work plans to determine recipients of the grant awards. HHSC issues a formal award notice of successful grant recipients on HHSC's grant website.

Request for Proposal (RFP) solicits goods or services through a structured solicitation that outlines specific requirements, evaluation criteria, and prescribes the format the vendor must submit their proposals. HHSC evaluates and scores the vendors' proposals using the published evaluation criteria. Vendors proposals may be evaluated and scored for cost; vendors description on how they will meet the requirements; proposed schedules; and the vendor's personnel knowledge and experience. HHSC may enter into negotiations with vendors with the highest scores. Upon the conclusion of negotiations, HHSC will develop and issue a contract to the successful vendor. HHSC issues a formal notice of award on the ESBD.

Request for Offer (RFO) is designated procurement method used to procure automated information systems (AIS) focusing on the agency's need for the procurement and the desired outcome. The procurement method is more flexible than RFPs. Vendors may propose an innovative approach to meet the agency's needs. Vendors are evaluated for cost; proposed solution and how it meets the agency's needs; best value (i.e., expansion/upgrade capacity, training needs, reliability factors, compatibility with HHSC existing systems/data, and technical support); and implementation schedule. The vendor with the highest score enters into negotiations with HHSC.

Upon the conclusion of negotiations, HHSC will develop and issue a contract. HHSC issues a formal notice of award on the ESBD.

Ethical Standards During Procurement

HHSC has established ethics policies, including policies specifically related to procurement and contracting. Compliance with the HHSC ethics policy as well as state and federal laws related to ethics is overseen by the HHSC Chief Ethics Officer. One critical aspect of the ethics policy during procurements is the "quiet period." During solicitation development, the posting of the solicitation and the negotiation and award processes, HHSC does not typically communicate with interested external parties to ensure that no information is inadvertently shared that could create an unfair or non-competitive advantage for a potential applicant. This established practice will be followed during the RFA, RFP, and RFO processes for *Rural Texas Strong*.

Procurements Project Durations

Table 3 – Procurement Projects Durations is a sample timeline of the steps needed to complete a competitive procurement in HHSC. Several divisions within HHSC are involved including the Program (*Rural Texas Strong* Team), Procurement and Contract Services (PCS), Historically Underutilized Businesses (HUB), Compliance and Quality Control (CQC), and Legal.

With dedicated staff resources, HHSC will seek to streamline and expedite contracting processes to the greatest extent possible, but without jeopardizing procurement quality, integrity, or compliance with state and federal laws.

Table 3 Procurement Projects Durations

Resources Names	Task Name	RFA Baseline Duration (Business Days)	RFP[1] Baseline Duration (Business Days)	RFO[1] Baseline Duration (Business Days)	RFO over $10 million Duration (Business Days)
Program	Solicitation planning and Statement of Work Completed	0	0	0	0
PCS	Purchaser Assigned	3	3	3	3
PCS	Procurement Kickoff – kickoff meeting, procurement timeline	5	5	10	10
PCS, Program	Solicitation Development	25	30	30	30
Historically Underutilized Businesses (HUB)	HUB Solicitation Review	N/A	3	3	3
Program	Program Final Solicitation Review (prior to Approval Routing)	10	15	15	15
Legal, Program	Legal Solicitation Review for Approval	15	20	20	20
PCS and CQC	Internal Reviews before solicitation posted (PCS Manager, PCS Purchaser, CQC)	37	22	22	22
Federal CMS	Additional Federal Review and Approval	42	42	42	42
Procurement Oversight & Delegation (POD)	Contract Advisory Team (CAT)	N/A	21	21	21
Legal, CQC, and Program	CAT/POD recommendations - acceptance or rejection of recommendations	N/A	5	5	5
Legal, PCS, Program	Incorporate CAT/POD recommendation	N/A	2	2	2

Resources Names	Task Name	RFA Baseline Duration (Business Days)	RFP[1] Baseline Duration (Business Days)	RFO[1] Baseline Duration (Business Days)	RFO over $10 million Duration (Business Days)
PCS and CQC	Internal review – finalization of solicitation posting	N/A	18	18	18
PCS	Solicitation Posted (30 calendar days)	21	21	21	21
PCS	PCS Initial Screening-Review Responses (concurrent with HUB & Finance reviews)	6	5	5	5
Program	Evaluation in Progress	15	15	15	15
CQC	CQC Evaluation Review	5	5	5	5
PCS, Program	Outlier Meetings	5	5	5	5
Program	Respondent Interviews (optional)	N/A	10	10	10
PCS, CQC	Post-Interview or Demonstration Score Finalization	N/A	5	5	5
Program	Selection for Negotiation/Award	20	10	10	10
Program	Vendor Selection Justification (PCS-08G – Section I)	5	5	5	5
Program, Legal	Negotiations	20	20	20	40
Legal, Program	Contract Development	10	10	10	10
PCS	Vendor Checks	2	1	1	1
Program	Develop Award Recommendation	10	5	5	5
Program	Drafting and Routing Action Memo for Approval	10	N/A	N/A	N/A
Program, PCS	Selection finalized (PCS-08G – Section II)	5	5	5	5
Program	Routing for approval in CAPPS	10	10	10	10

Resources Names	Task Name	RFA Baseline Duration (Business Days)	RFP[1] Baseline Duration (Business Days)	RFO[1] Baseline Duration (Business Days)	RFO over $10 million Duration (Business Days)
Texas Quality Assurance Team (QAT)	Final QAT Contract Review	N/A	N/A	N/A	21
Program	DocuSign in Progress (RFO over $10 million only Contractor sign)	5	5	5	5
Legal, Program	Final QAT Justification Response from HHS	N/A	N/A	N/A	5
Program	Routing for approval in CAPPS (RFO over $10 million only Contractor sign)	N/A	N/A	N/A	10
Program	DocuSign in Progress Contractor/HHSC (RFO over $10 million only Contractor sign)	N/A	N/A	N/A	5
Program	Contract(s) Executed	0	0	0	0
TOTAL – PROCUREMENT PROJECT DURATION (BUSINESS DAYS)		**274**	**308**	**318**	**379**

[1] RFP/RFO Time durations represented in table above are valued at $5 million or over. RFP/RFO procurement projects under $5 million reduce procurement project durations by an estimated 46 to 57 Business Days respectively.

Additional Procurement Events Impacting Duration:

Depending upon the procurement type and the product/service to be procured, additional time may be added to the procurement project durations. Please see the impacts as shown in Table 4 – Duration Impact (Additional Events).

Table 4 Duration Impact (Additional Events)

Additional Procurement Events Impacting Duration	Business Days
Department of Information Resources (DIR) Exemption - mainly impacts RFOs for technology solutions not available through a DIR contract	15
DIR Data Center Services (DCS) exemption – impacts RFOs for technology solutions housed outside of the Texas DCS environment	21
Contract valued at $50 million or more – Action Memo Routing for HHS Executive Commissioner	10

8. External Program Monitoring

HHSC will leverage existing data and resources within the agency, and across other state agencies, including the Department of State Health Services. This approach will reduce the time necessary to collect data for the establishment of baseline measurements and will reduce the cost associated with developing new data collection or measurement instruments. However, self-reported measures will be required given the innovative nature of the initiatives.

Regardless of whether the outcome measurement is an existing state-tracked measure or a new self-reported measure, HHSC will require project specific milestone and outcome targets for each subrecipient or vendor as part of any subaward or contract issued through the *Rural Texas Strong*. HHSC will work with the subrecipient and contractors to develop appropriate and specific milestones and targets to demonstrate progress for their individual award. This will allow HHSC to ensure that each subrecipient or contractor is sufficiently responsible for making local level improvements that will reach the outcome targets for Texas.

Pre-award Audit Readiness Assessment

HHSC will engage an external auditor to conduct audit readiness assessments of most subrecipients in Year 1 and 2 of the project. The purpose of the audit readiness assessment is to proactively identify and address any potential compliance issues or gaps in controls to reduce the risk of future audit findings and recoupments. Each subrecipient who receives an audit readiness assessment will do so after they are notified of their award. At a minimum, the assessment will evaluate if a subrecipient has sufficient controls in place to ensure financial reporting and grant requirements are met, including maintaining proper documentation to demonstrate funds are spent appropriately.

The assessment will identify any risks of future noncompliance with financial record-keeping requirements or quality data tracking and submission, provide a risk score (low, medium, or high), and will include recommendations for improvement to the subrecipient. They may have the audit readiness assessment waived if they demonstrate sufficient audit protocols are already in place and provide copies of financial and data quality control processes and procedures. This administrative expense will be incurred by HHSC and is intended to provide front-end support to subrecipients who may not have previously received a federal funding award. Maintaining effective stewardship of taxpayer funds is critical to the success of the *Rural Texas Strong* project and this step will support communities in ensuring that they are able to retain the funds they are awarded. Prior to the first reporting deadline for any self-reported measures, the auditor will perform a verification audit to ensure data is reported accurately.

Post-Award Compliance Monitoring

In Years 3 and after, HHSC will engage a separate external compliance monitor or auditor to conduct an examination of a sample of awardees, with a higher likelihood of selection for subrecipient who were considered a “high risk” for non-compliance during the pre-award audit

readiness assessment. The examination will validate that financial and data controls have been used, outcomes are valid, and funds were spent in accordance with program requirements. If deficiencies are identified, subrecipient will be engaged in undertaking corrective action plans to come into compliance. These examinations are intended to assist rural entities concurrent with the program period so the subrecipients can take steps to improve their performance and accountability and retain funds awarded and used in accordance with program requirements

9. Health Partnerships Between Rural and Urban Texas

Throughout the public comment processes undertaken to develop *Rural Texas Strong*, HHSC received input from providers located in urban communities that serve individuals who reside in rural areas. The comments were nuanced and specific but boil down to one thing: healthcare doesn't stop at a county line.

The urban commenters emphasized that rural-urban partnerships are essential for the delivery of certain specialty services where there is not sufficient volume in rural communities to sustain full-time practice. Simultaneously, a large volume of commenters who are located in rural communities emphasized to HHSC the importance of local control in deciding what health solutions would be most impactful for their rural Texans.

Rural Texas Strong will focus on awarding funds for Initiatives 1, 4, and 6 to providers or entities located in rural counties only. Initiatives 2, 3, and 5 will be awarded only to networks or cooperatives that are composed of 60% or greater rural providers. HHSC anticipates that rural Texans who receive care through rural-urban healthcare partnerships, or from urban providers, will support the grantees or contractors using funding from the initiatives to maintain the strength of care by sub-contracting with rural-adjacent or urban providers for telehealth, mobile services, or other needs. Through this strategic approach, the decision to receive care from outside of an individual's county of residence or to create a healthcare solution that relies on a urban partner will be made at the local level – and will allow for urban providers who support rural Texans in achieving improved health and wellness to elevate the level of care and support they provide to rural Texans.

10. Texas Data Factors and Technical Scoring Reference Guide

Texas' current data for the Notice of Federal Opportunity Table 4 factors is summarized in Tables 5 and 6 below and a reference guide to initiative-based factors included in the Texas application is shown in Table 7.

Table 5 Current Data for Table 4: Rural Facility and Population Score Factors

Factor	Description	Texas Value	Notes
A.1	Rural Population based on rural definition maintained by HRSA	4,271,728	Most of any state & 4x average
A.2	Health Facilities	1,627	List of all active CCBHC's are included in Other Supporting Materials
A.3	Uncompensated Care	$7,301,000,000	More than any state & 4.1x average
A.4	% of state population located in rural	14.66%	4,271,728 / 29,145,505
A.5	Frontier Metric	0.82%	% population in FAR Level 2, per USDA Zip Code Level Data
A.6	Area in Total Square Miles	268,596	#1 in the Continental United States
A.7	% hospitals in Medicaid DSH	31.69%	180/568 from most recent state plan rate year (SPRY)

Table 6 Current Data for Table 4: Data Driven Factors

Factor	Description	Texas Value	Notes
E.2	Medicare-Medicaid dual enrollees – full and partial	703,024	As of May 2025
E.2	Individuals enrolled in any of the listed integrated plan	16,461	As identified by the Integrated Care Resource Center, Monthly EAE Enrollment by Plan and by State, June 2024 to June 2025
E.2	State integrated plan availability, binary indicator - describes whether a State has at least one individual enrolled in PACE, PACE, FIDE-SNP, HIDE SNP, D-SNP or MMP	1	Texas has at least one individual enrolled in PACE, PACE, FIDE-SNP, HIDE SNP, D-SNP or MMP.,
E.2	% of Duals Enrolled in Integrated Plan	51.76%	363,911 / 703,024 Partial/Dual Total
E.2	Duals Contact at the State – Binary measure for at least one individual identified as a dual contact by MMCO.	1	HHSC has regular communication with MMCO.
F.2	State's reporting of full T-MSIS data as defined by CMS's latest Outcomes Based Assessment methodology.	Critical: 100% High-Priority: 97% Expenditures: 98%	Outcomes-Based Assessment as of September 2025

Table 7 Technical Score Factors and Initiative-based Factor Reference Guide

Factor Name	Criteria	Page(s) with Responsive Information
B.1. Population health clinical infrastructure	Enhancement of and/or creation of community-based care initiatives. How to strengthen the whole rural health care ecosystem at the community level through technological innovation, a focus on primary care, a focus on behavioral health Coordinate amongst existing rural community providers, community-based facilities, and other stakeholders to enhance access to preventative care, long-term care, behavior health	Community-based care initiatives: Project Narrative, Initiative 1 beginning on page 18 Technological Innovation, coordination: Project Narrative, page 26, page 33, page 35, page 48 Coordination amongst providers: Project Narrative, pages 27-28, pages 34-35
B.2. Health and lifestyle	Novel prevention-focused models emphasizing lifestyle changes, around physical activity and / or proper nutrition, that are evidence-based with potential for clear and measurable health outcome improvements. Engagement of a variety of stakeholders and community resources within the geographic area of the initiative to successfully execute vision Clear, concise, and implementable goals focused on root causes of public health tailored to the needs of local rural communities. State Policy Actions: Reestablish the Presidential Fitness Test.	Initiative-based Factor Project Narrative, Initiative 1 – Make Rural Texans Healthy Again beginning on page 18, page 35, page 42 State Policy Action: Project Narrative, Table 4, page 17
B.3. SNAP waivers	State Policy Action related to USDA SNAP Food Restriction Waiver	Project Narrative, Table 4, page 17
B.4. Nutrition Continuing Medical Education	State Policy Action related to nutrition continuing medical education.	Project Narrative, Table 4, page 17
C.1. Rural provider strategic partnerships	Arrangements that include an exchange of best practices and coordination of care, partially facilitated through remote care services. Arrangements will expand access to specialty services in a financially sustainable manner.	Project Narrative, pages 33, 39, 41, 54 Create Cost Savings: Project Narrative, pages 27-28, pages 34-35

Factor Name	Criteria	Page(s) with Responsive Information
	Arrangements centralize and/or streamline back-office functions and resources to create cost savings for participants. Arrangements improve financial viability of rural providers, preserve independence of rural providers where appropriate, and strive to keep care local where appropriate.	Other Supporting Materials, Section 5. Uses of Funds Not Selected
C.2. EMS	State policies and infrastructure that will support coordination between EMS and other provider types as well as EMS integration with other parts of the healthcare delivery systems. Examples include collaboration with primary care providers and expanding models like community paramedicine where appropriate. Infrastructure that will support alternative site of care treatment (e.g. treat “in place” as part of an emergency call). Other investments to improve speed, access, and cost to deliver emergency medical services.	Project Narrative, Table 4, page 17 Project Narrative Pages 33-34, 40-41, 51, 54
C.3. Certificate of Need (CON)	State Policy Action Factor related to eliminating or loosening CON laws.	Project Narrative, Table 4, page 17
D.1. Talent Recruitment	Supporting health care career education infrastructure in rural communities, like health care career pathway programs in high schools. Funding new residency training programs, fellowships, or combined programs in rural communities, tied to at least 5 years of service spent in rural areas. Relocation grants for clinicians moving to rural communities for at least 5 years of service. A focus on supporting pathways for non-physician health care providers, non-hospital-based providers, and allied health professionals in rural areas.	Project Narrative, Initiative 4 beginning on page 38, page 36, page 48
D.2. Licensure compacts	State Policy Action Factor related to state participation in the Medical Licensure Compact.	Project Narrative, Table 4, page 17
D.3. Scope of practice	State Policy Action Factor related to scope of practice for various providers.	Project Narrative, Table 4, page 17
E.1.	Development and implementation of payment mechanisms incentivizing providers or ACOs to reduce	Other Supporting Materials, Section 5.

Factor Name	Criteria	Page(s) with Responsive Information
Medicaid provider payment incentives	health care costs, improve quality of care, and shift care to lower cost settings.	Permissible Uses of Funds Not Selected
E.2. Individuals dually eligible for Medicare and Medicaid	Initiative-based Factor - Ways that time-limited investments can support dual eligible enrollment Data Driven Factors	Project Narrative, page 19 Other Supporting Materials, Table 7, page 25
E.3. Short-term, limited duration insurance (STLDI)	State Policy Action Factor related to any state-level policies on STLDI.	Project Narrative, Table 4, page 17
F.1. Remote care access	Initiative-based Factor Enhancement of remote care services infrastructure within a State. State Policy Actions Factor related to whether a State has broadly supportive State policies towards access to remote care and telehealth services.	Project Narrative, Initiative 2, beginning on page 25; Initiative Project Narrative, Initiative 3, beginning on page 32, page 48 Project Narrative, Table 4, page 17
F.2. Data infrastructure	Initiative-based Factor - Enhancement of data infrastructure within a State, such as investments in EHR, clinical support, and operational software infrastructure upgrades that enable participation in data exchange and interoperability. These enhancements should be aligned with CMS's Health Technology Ecosystem criteria and ASTP/ONC criteria, as applicable Data Driven Factor	Project Narrative, Initiative 2 beginning on page 25, Initiative 3 beginning on page 32, Initiative 5 beginning on page 45 CMS Health Techology Ecosystem pages 28, 30, 34 Other Supporting Materials, Table 7, page 25
F.3. Consumer-facing technology	Support the development, appropriate usage and/or deployment of various consumer-facing health technology tools for the prevention and management of chronic diseases.	Project Narrative, Initiative 2 beginning on page 25, Initiative 3 beginning on page 32 CMS Health Techology Ecosystem page 28

Factor Name	Criteria	Page(s) with Responsive Information
	Health technology tools supported should be aligned with CMS's Health Technology Ecosystem criteria for patient-facing apps, as applicable.	

11. Application Development Staff Overview

Table 8 Rural Texas Strong Application Development Staff

Name	Current Position	Work Experience
Cecile Erwin Young	HHS Executive Commissioner	Commissioner Young leads the state's largest agency and oversees over 40,000 full-time equivalent state employees and a biennial budget of over $96.0 billion. She has over 35 years of state government experience. Young has served with four Texas governors, an attorney general and a state representative. She has performed budget and policy work since 1987.
Trey Wood	Chief Financial Officer, HHSC	Wood is responsible for the overall financial management of HHSC and oversees the departments of Provider Finance, Actuarial Analysis, Forecasting, Budget, Accounting, and Payroll, Time, Labor, and Leave. Wood has more than 19 years of experience in Texas state government, working primarily in accounting, audit, and budget roles. He is a certified public accountant and certified internal auditor.
Kate Hendrix	Chief of Staff, HHSC	Hendrix is Chief of Staff for HHSC Executive Commissioner Cecile Erwin Young. She previously worked for the Texas Hospital Association on hospital finance and related policy. She was previously budget and policy advisor for Governor Greg Abbott, handling issues related to HHS programs and several regulatory boards. Before joining the Governor's office, she was a senior policy advisor for HHSC and a budget and policy analyst for the Texas Senate Committee on HHS.
Victoria Grady	Provider Finance Department, Director, HHSC	Grady is the Director of Provider Finance in the Chief Financial Officer division of HHSC. She oversees the development and implementation of reimbursement methodologies and rates for Medicaid and non-Medicaid services; the Office of Rural Hospital Finance; supplemental and directed payment programs for hospital services; long-term services and supports; and acute care services. Grady has 15 years of Texas state government experience. Prior to joining HHSC, Grady worked at the Texas Senate Research Center and as Chief of Staff for the chairman of the Texas House Committee on Appropriations.
April Ferrino	Office of Rural Hospital Finance, Director, HHSC	Ferrino is the director of the Office of Rural Hospital Finance (RHF) in the Provider Finance department at HHSC. She brings 20 years of state government experience. Ferrino oversees teams that issue state-funded grant programs for rural hospitals and technical assistance to rural hospitals.

Name	Current Position	Work Experience
Claire Stieg	Provider Finance, Critical Projects, Manager, HHSC	Stieg is the Manager of Critical Projects within the Provider Finance Department. She has 7 years of state government experience. Stieg leads major initiatives and the implementation of new federal and state programs. Prior to joining HHSC, she served in multiple roles at the Legislative Budget Board working with the legislature to develop budget and policy recommendations, including health and human services-related funding.
Sarah Diseker	Office of Rural Hospital Finance, Technical Assistance team, Manager, HHSC	Diseker is Manager of the Rural Hospital Finance Technical Assistance team. She has 16 years of experience in state government. In her current role, she assist rural hospitals with various matters related to financing, regulations and licensing, Medicaid enrollment, and other supports.
John Henderson	Texas Rural Health Consultant, Contractor (Temporary)	Henderson took a temporary leave of absence from his role as chief executive officer of Texas Organization of Rural and Community Hospitals to consult with HHSC on the development of the application. Prior to this position, for 16 years, Henderson served as CEO at Childress Regional Medical Center (a Texas rural hospital). He worked closely with other rural health providers, including independent physicians, pharmacists, behavioral health providers, and rural health clinics. He maintains close connections with providers throughout Texas.

Active Site of Care Name	Street Address	City	State	ZIP Code	Corresponding CCBHC Entity/Institution Name	Demonstration	State-certified	SAMHSA	HRSA Rurality (Y/N)
Anderson County Clinic	3320 Loop 256	Palestine	TX	75801	ACCESS		Y		Y
Cherokee County Clinic	1011 College Avenue	Jacksonville	TX	75766	ACCESS		Y		Y
FAYS Program Clinic	913 North Jackson Street	Jacksonville	TX	75766	ACCESS		Y		Y
Veterans Clinic	804 South Main Street	Jacksonville	TX	78766	ACCESS		Y		Y
Athens Clinic	6901 State Highway 19 South	Athens	TX	75751	Andrews Center		Y		Y
Mineola Clinic	703 West Patten Street	Mineola	TX	75773	Andrews Center		Y		Y
Canton Clinic	575 West Veterans Memorial Parkway	Canton	TX	75103	Andrews Center		Y		Y
Tyler Clinic	2323 West Front Street	Tyler	TX	75702	Andrews Center		Y		N
Emory Clinic	1174 E Lennon Dr	Emory	TX	75440	Andrews Center		Y		Y
Mental Health Provider Services and Crisis Services	804 Texas Avenue South	Bryan	TX	77802	MHMR Authority of Brazos Valley		Y	Y	N
Crisis Triage & Diversion Center	1906 South College Avenue	Bryan	TX	77801	MHMR Authority of Brazos Valley		Y		N
Life Choices Center	623 Mary Lake Drive	Bryan	TX	77801	MHMR Authority of Brazos Valley		Y		N
Burleson County Clinic	103 State Highway 21 East	Caldwell	TX	77836	MHMR Authority of Brazos Valley		Y	Y	Y

Active Site of Care Name	Street Address	City	State	ZIP Code	Corresponding CCBHC Entity/Institution Name	Demonstration	State-certified	SAMHSA	HRSA Rurality (Y/N)
Grimes County Clinic	702 South La Salle Street	Navasota	TX	77868	MHMR Authority of Brazos Valley		Y	Y	Y
Leon County Clinic	529 Lassiter Road	Centerville	TX	75833	MHMR Authority of Brazos Valley		Y	Y	Y
Madison County Clinic	3438 State Highway 21 West	Madisonville	TX	77864	MHMR Authority of Brazos Valley		Y	Y	Y
Robertson County Clinic	1212 West Brown Street	Hearne	TX	77859	MHMR Authority of Brazos Valley		Y	Y	Y
Washington County Clinic	300 Lounge Road	Brenham	TX	77833	MHMR Authority of Brazos Valley		Y	Y	Y
Betty Hardwick Center	2626 South Clack Street	Abilene	TX	79606	Betty Hardwick Center		Y		N
Substance Use Disorders Program	802 Cypress Street	Abilene	TX	79601	Betty Hardwick Center		Y		N
Peer Center	765 North Orange Street	Abilene	TX	79601	Betty Hardwick Center		Y		N
Breckenridge Location	1612 West Walker Street	Breckenridge	TX	76424	Betty Hardwick Center		Y		Y
Bastrop Clinic	275 Jackson Street	Bastrop	TX	78602	Bluebonnet Trails Community Services		Y		Y
Marble Falls Clinic	4606 East Innovation Loop	Marble Falls	TX	78654	Bluebonnet Trails Community Services		Y		Y
Lockhart Clinic	2060 South Colorado Street	Lockhart	TX	78644	Bluebonnet Trails Community Services		Y		Y
La Grange Clinic	750 West Travis Street	La Grange	TX	78945	Bluebonnet Trails Community Services		Y		Y

Active Site of Care Name	Street Address	City	State	ZIP Code	Corresponding CCBHC Entity/Institution Name	Demonstration	State-certified	SAMHSA	HRSA Rurality (Y/N)
Fayetteville ISD Clinic	618 North Rusk Street	Fayetteville	TX	78940	Bluebonnet Trails Community Services		Y		Y
Gonzales Clinic	228 Saint George Street	Gonzales	TX	78629	Bluebonnet Trails Community Services		Y		Y
Seguin Clinic	1104 Jefferson Avenue	Seguin	TX	78155	Bluebonnet Trails Community Services		Y		Y
Giddings Clinic	849 East Industry Street	Giddings	TX	78942	Bluebonnet Trails Community Services		Y		Y
Georgetown San Gabriel Crisis Center	711 North College Street	Georgetown	TX	78626	Bluebonnet Trails Community Services		Y		Y
Round Rock Clinic	1009 North Georgetown Street	Round Rock	TX	78664	Bluebonnet Trails Community Services		Y	Y	N
Cedar Park Clinic	1401 Medical Parkway	Cedar Park	TX	78613	Bluebonnet Trails Community Services		Y		Y
Taylor Clinic	404 Carlos G Parker Boulevard Northwest	Taylor	TX	76574	Bluebonnet Trails Community Services		Y		Y
Webb County Clinic	1500 Pappas Street	Laredo	TX	78041	Border Region Behavioral Health		Y		N
Zapata Clinic	101 West 1st Avenue	Zapata	TX	78076	Border Region Behavioral Health		Y		Y
Jim Hogg Clinic	106 East Amada Street	Hebbronville	TX	78361	Border Region Behavioral Health		Y		Y

Active Site of Care Name	Street Address	City	State	ZIP Code	Corresponding CCBHC Entity/Institution Name	Demonstration	State-certified	SAMHSA	HRSA Rurality (Y/N)
Starr County Clinic	2751 Pharmacy Rd	Rio Grande City	TX	78582	Border Region Behavioral Health		Y		Y
Burke Mental Health Services - Lufkin	1522 West Frank Avenue	Lufkin	TX	75904	Burke Center		Y		Y
Burke Mental Health Services - Crockett	1401 W Austin St	Crockett	TX	75835	Burke Center		Y		Y
Burke Mental Health Services - Nacogdoches	3824 North University Drive	Nacogdoches	TX	75965	Burke Center		Y		Y
Burke Mental Health Services - Livingston	1100 Ogletree Drive	Livingston	TX	77351	Burke Center		Y		Y
Burke Industries - San Augustine	583 South El Camino	San Augustine	TX	75972	Burke Center		Y		Y
Burke Mental Health Services - Woodville	1100 West Bluff Street	Woodville	TX	75979	Burke Center		Y		Y
The Mental Health Emergency Center	105 Mayo Place	Lufkin	TX	75904	Burke Center		Y		Y
Military Veteran Peer Network/Veteran Services	3003 North Medford Drive	Lufkin	TX	75901	Burke Center		Y		Y
Camino Real Administration and Clinic	19971 Benton City Road	Lytle	TX	78052	Camino Real Community Services		Y		Y
Atascosa/McMullen County Mental Health Clinic	1749 Texas Highway 97	Jourdanton	TX	78026	Camino Real Community Services		Y		Y
Frio/LaSalle County Mental Health Clinic	411 East Brazos Street	Pearsall	TX	78061	Camino Real Community Services		Y		Y

Active Site of Care Name	Street Address	City	State	ZIP Code	Corresponding CCBHC Entity/Institution Name	Demonstration	State-certified	SAMHSA	HRSA Rurality (Y/N)
Karnes County C&A Mental Health/Substance Use Disorder (MH/SUD)	322 West Main Street	Kenedy	TX	78119	Camino Real Community Services		Y		Y
Maverick County Children and Adolescents Mental Health Clinic, Maverick County Crisis Residential Unit (CRU)/Intellectual Disability (IDD) Administration, Maverick/Dimmit/Zavala County Mobile Crisis Outreach Team (MCOT)	2644 Encino Drive	Eagle Pass	TX	78852	Camino Real Community Services		Y		Y
Maverick County Adult Wrap Mental Health Clinic	1934 Del Río Boulevard	Eagle Pass	TX	78852	Camino Real Community Services		Y		Y
Maverick County Work Center	757 East Río Grande Street	Eagle Pass	TX	78852	Camino Real Community Services		Y		Y
McMullen County Health Center	203 Hackberry Street	Tilden	TX	78072	Camino Real Community Services		Y		Y
Substance Use Disorder Program	1739 Texas Highway 97	Jourdanton	TX	78026	Camino Real Community Services		Y		Y

Active Site of Care Name	Street Address	City	State	ZIP Code	Corresponding CCBHC Entity/Institution Name	Demonstration	State-certified	SAMHSA	HRSA Rurality (Y/N)
Wilson County Children and Adolescents Mental Health Clinic	140 Paloma Drive	Floresville	TX	78114	Camino Real Community Services		Y		Y
Wilson/Karnes County Mobile Crisis Outreach Team (MCOT)	1327 3rd Street	Floresville	TX	78114	Camino Real Community Services		Y		Y
Wilson County Mental Health Adult Clinic	1005 B Street	Floresville	TX	78114	Camino Real Community Services		Y		Y
Zavala/Dimmit County Mental Health Clinic	315 North 1st Avenue	Crystal City	TX	78839	Camino Real Community Services		Y		Y
Center for Health Care Services (CHCS)	601 North Frio Street	San Antonio	TX	78207	The Center for Health Care Services		Y		N
Josephine Recovery Center	711 East Josephine Street	San Antonio	TX	78208	The Center for Health Care Services		Y		N
Paul Elizondo Clinic	928 West Commerce Street	San Antonio	TX	78207	The Center for Health Care Services		Y		N
Northwest/ Legacy Oaks	5372 Fredericksburg Road	San Antonio	TX	78229	The Center for Health Care Services		Y		N
Center for Health Care Services (CHCS)	2829 Babcock Road	San Antonio	TX	78229	The Center for Health Care Services		Y		N
Eastside Clinic	1954 East Houston Street	San Antonio	TX	78202	The Center for Health Care Services		Y		N

Active Site of Care Name	Street Address	City	State	ZIP Code	Corresponding CCBHC Entity/Institution Name	Demonstration	State-certified	SAMHSA	HRSA Rurality (Y/N)
Justice Programs	2711 Palo Alto Road	San Antonio	TX	78211	The Center for Health Care Services		Y		N
Justice Diversion Clinic	315 North San Saba Street	San Antonio	TX	78207	The Center for Health Care Services		Y		N
Transformational Services	1 Haven for Hope Way	San Antonio	TX	78207	The Center for Health Care Services		Y		N
Drexel Clinic	227 West Drexel Avenue	San Antonio	TX	78210	The Center for Health Care Services		Y		N
Bandera Clinic	6812 Bandera Road	Leon Valley	TX	78238	The Center for Health Care Services		Y		N
Children's Clinic	104 Story Lane	San Antonio	TX	78223	The Center for Health Care Services		Y		N
Center for Health Care Services (CHCS)	6800 Park Ten Boulevard	San Antonio	TX	78213	The Center for Health Care Services		Y		N
Administrative Office	408 Mulberry Street	Brownwood	TX	76801	Center for Life Resources		Y		Y
Center for Life Resources	1200 3rd Street	Brownwood	TX	76801	Center for Life Resources		Y		Y
Center for Life Resources	201 Bridge Street	Brady	TX	76825	Center for Life Resources		Y		Y
Center for Life Resources	1009 South Austin Street	Comanche	TX	76442	Center for Life Resources		Y		Y
Center for Life Resources	111 North Cherokee Street	San Saba	TX	76877	Center for Life Resources		Y		Y

Active Site of Care Name	Street Address	City	State	ZIP Code	Corresponding CCBHC Entity/Institution Name	Demonstration	State-certified	SAMHSA	HRSA Rurality (Y/N)
Center for Life Resources	100 East Live Oak Street	Coleman	TX	76834	Center for Life Resources		Y		Y
Center for Life Resources	1207 Reynolds Street	Goldthwaite	TX	76844	Center for Life Resources		Y		Y
Center for Life Resources	301 Pogue Avenue	Eastland	TX	76448	Center for Life Resources		Y		Y
Temple Mental Health Clinic	304 South 22nd Street	Temple	TX	76501	Central Counties Services		Y		N
Killeen Mental Health Clinic	100 East Avenue a	Killeen	TX	76541	Central Counties Services		Y		N
Temple Training Center	2420 South 37th Street	Temple	TX	76504	Central Counties Services		Y		N
Copperas Cove Mental Health Clinic	806 East Avenue D	Copperas Cove	TX	76522	Central Counties Services		Y		N
Gatesville Mental Health Clinic	615 East Main Street	Gatesville	TX	76528	Central Counties Services		Y		Y
Hamilton Mental Health Clinic	101 Park Hill Street	Hamilton	TX	76531	Central Counties Services		Y		Y
Lampasas Mental Health Clinic	1305 South Key Avenue	Lampasas	TX	76550	Central Counties Services		Y		Y
Cameron Mental Health Clinic	708 North Crockett Avenue	Cameron	TX	76520	Central Counties Services		Y		Y
Rockdale Mental Health Clinic	313 North Main Street	Rockdale	TX	76567	Central Counties Services		Y		Y
Main Location- Portland Clinic	200 Marriott Drive	Portland	TX	78374	Coastal Plains Community Center		Y		N
Aransas County Clinic	620 East Concho Street	Rockport	TX	78382	Coastal Plains Community Center		Y		Y

Active Site of Care Name	Street Address	City	State	ZIP Code	Corresponding CCBHC Entity/Institution Name	Demonstration	State-certified	SAMHSA	HRSA Rurality (Y/N)
Bee County Clinic	2808 Industrial Boulevard	Beeville	TX	78102	Coastal Plains Community Center		Y		Y
Brooks County - Falfurrias Clinic	101 West Potts Street	Falfurrias	TX	78355	Coastal Plains Community Center		Y		Y
Duval County Clinic	409 East Gravis Avenue	San Diego	TX	78384	Coastal Plains Community Center		Y		Y
Jim Wells County- Alice Clinic	614 West Front Street	Alice	TX	78332	Coastal Plains Community Center		Y		Y
Kenedy-Kleberg Counties Clinic	1621 East Corral Avenue	Kingsville	TX	78363	Coastal Plains Community Center		Y		Y
San Patricio County-Taft Clinic	201 Roots Avenue	Taft	TX	78390	Coastal Plains Community Center		Y		Y
San Patricio County - Aransas Pass Clinic	1010 North Commercial Street	Aransas Pass	TX	78336	Coastal Plains Community Center		Y		Y
Atlanta Clinic	307 North Louise Street	Atlanta	TX	75551	Sabine Valley Regional MHMR dba Community Healthcore		Y		Y
Carthage Clinic	1701 South Adams Street	Carthage	TX	75633	Sabine Valley Regional MHMR dba Community Healthcore		Y		Y
Clarksville Clinic	106 North Martin Luther King Jr Drive	Clarksville	TX	75426	Sabine Valley Regional MHMR dba Community Healthcore		Y	Y	Y

Active Site of Care Name	Street Address	City	State	ZIP Code	Corresponding CCBHC Entity/Institution Name	Demonstration	State-certified	SAMHSA	HRSA Rurality (Y/N)
Gilmer Clinic	101 West Madison Street	Gilmer	TX	75644	Sabine Valley Regional MHMR dba Community Healthcore		Y	Y	Y
Henderson Clinic	209 North Main Street	Henderson	TX	75652	Sabine Valley Regional MHMR dba Community Healthcore		Y		Y
Child and Adolescent Services- Longview	3110 H G Mosley Parkway	Longview	TX	75605	Sabine Valley Regional MHMR dba Community Healthcore		Y	Y	N
The Beginning Treatment Center	950 North Fourth Street	Longview	TX	75601	Sabine Valley Regional MHMR dba Community Healthcore		Y	Y	N
Mental Health Outpatient Services, CORE Health Systems Primary Care Clinic, Genoa Healthcare Pharmacy- Longview	1300 North Sixth Street	Longview	TX	75601	Sabine Valley Regional MHMR dba Community Healthcore		Y	Y	N
Marshall Clinic- Adult Mental Health Outpatient Services andChildren and Adolescent Mental Health Outpatient Services	1500 West Grand Avenue	Marshall	TX	75670	Sabine Valley Regional MHMR dba Community Healthcore		Y		Y

Active Site of Care Name	Street Address	City	State	ZIP Code	Corresponding CCBHC Entity/Institution Name	Demonstration	State-certified	SAMHSA	HRSA Rurality (Y/N)
Mental Health Outpatient Services / Crisis Services / Veterans Services / CORE Health Systems – Primary Care & Psychiatry, Early Childhood Intervention-Texarkana	2435 College Drive	Texarkana	TX	75501	Sabine Valley Regional MHMR dba Community Healthcore		Y	Y	N
Children and Adolescent Mental Health Outpatient Services- Texarkana	1911 Galleria Oaks Drive	Texarkana	TX	75501	Sabine Valley Regional MHMR dba Community Healthcore		Y	Y	N
Behavioral Health Services	202 North Main Street	San Angelo	TX	76903	Concho Valley Center		Y		N
Child & Adolescent Services	424 South Oakes Street	San Angelo	TX	76903	Concho Valley Center		Y		N
Veteran’s Services	244 North Magdalen Street	San Angelo	TX	76903	Concho Valley Center		Y		N
Flower Mound Outpatient Center	1001 Cross Timbers Road	Flower Mound	TX	75028	Denton County MHMR		Y		N
McKinney Outpatient Clinic	3835 Morse Street	Denton	TX	76208	Denton County MHMR		Y		N
Morse Street Clinic	3827 Morse Street	Denton	TX	76208	Denton County MHMR		Y		N
Denton Outpatient Clinic	2519 Scripture Street	Denton	TX	76201	Denton County MHMR		Y		N
Westside Integrated Clinic	725 South Mesa Hills Drive	El Paso	TX	79912	Emergence Health Network		Y		N

Active Site of Care Name	Street Address	City	State	ZIP Code	Corresponding CCBHC Entity/Institution Name	Demonstration	State-certified	SAMHSA	HRSA Rurality (Y/N)
Crisis and Emergency Services Clinic and Crisis Extended Observation Unit	1601 East Yandell Drive	El Paso	TX	79902	Emergence Health Network		Y		N
Central Outpatient Clinic and Pharmacy Adult Mental Health	1551 Montana Avenue	El Paso	TX	79902	Emergence Health Network		Y		N
Children and Adolescent Clinic for Behavioral Health	8500 Boeing Drive	El Paso	TX	79925	Emergence Health Network		Y		N
Restorative Justice Center/Jail Diversion Program Clinic	10737 Gateway Boulevard West	El Paso	TX	79935	Emergence Health Network		Y		N
East Valley Outpatient Clinic and Pharmacy Adult Mental Health	2400 Trawood Drive	El Paso	TX	79936	Emergence Health Network		Y		N
Intellectual/Developmental Disability (IDD) Clinic	8730 Boeing Drive	El Paso	TX	79925	Emergence Health Network		Y		N
Montana Ave Clinic	1600 Montana Avenue	El Paso	TX	79902	Emergence Health Network		Y		N
Gulf Bend Center	6502 Nursery Drive	Victoria	TX	77904	Gulf Bend Center		Y	Y	Y
Jackson County - Outpatient Clinic	1013 South Wells Street	Edna	TX	77957	Gulf Bend Center		Y		Y
Yoakum - Outpatient Clinic	1200 Carl Ramert Drive	Yoakum	TX	77995	Gulf Bend Center		Y		Y
Refugio Outpatient Clinic	114 Swift Street	Refugio	TX	78377	Gulf Bend Center		Y		Y

Active Site of Care Name	Street Address	City	State	ZIP Code	Corresponding CCBHC Entity/Institution Name	Demonstration	State-certified	SAMHSA	HRSA Rurality (Y/N)
Galveston Island Community Service Center	4700 Broadway - Avenue J	Galveston	TX	77551	Gulf Coast Center		Y		Y
Mainland Community Service Center	7510 Texas Avenue	Texas City	TX	77591	Gulf Coast Center		Y		N
Galveston County Youth Behavioral Health Clinic	3201 Fm 2004	Texas City	TX	77591	Gulf Coast Center		Y		N
Harbor House	5825 Emmett F Lowry Expressway	Texas City	TX	77591	Gulf Coast Center		Y		N
Mackey Building	4352 Emmett F Lowry Expressway	Texas City	TX	77591	Gulf Coast Center		Y		N
Mental Health Wellness Center (Extended Observation Unit)	1207 Oak Street	LaMarque	TX	77568	Gulf Coast Center		Y		N
Northern Brazoria Community Service Center	101 Brennen Lane	Alvin	TX	77511	Gulf Coast Center		Y		N
Brazoria County Community Service Center and Brazoria County Youth Behavioral Health Clinic	101 Tigner Drive	Angleton	TX	77515	Gulf Coast Center		Y		N
Northwest Community Service Center	3737 Dacoma Street	Houston	TX	77092	Harris Center		Y		N

Active Site of Care Name	Street Address	City	State	ZIP Code	Corresponding CCBHC Entity/Institution Name	Demonstration	State-certified	SAMHSA	HRSA Rurality (Y/N)
Administrative Building/Southwest Community Service Center	9401 Southwest Freeway	Houston	TX	77074	Harris Center		Y		N
Southeast Community Service Center	5901 Long Drive	Houston	TX	77087	Harris Center		Y		N
Northeast Community Service Center	7200 North Loop East	Houston	TX	77028	Harris Center		Y		N
Harris County Jail	1200 Baker Street	Houston	TX	77002	Harris Center		Y		N
Magnolia Multi Service Center	7037 Capitol	Houston	TX	77011	Harris Center		Y		N
Tegeler Career Center	4949 Burke Road	Pasadena	TX	77504	Harris Center		Y		N
Beverly Hills Intermediate Clinic	11111 Beamer Road	Houston	TX	77089	Harris Center		Y		N
Spring Branch ISD Clinic	2100 Shadowdale Drive	Houston	TX	77043	Harris Center		Y		N
Acres Homes Multi-Service Center	6719 West Montgomery Road	Houston	TX	77091	Harris Center		Y		N
Heights West End Multi Service Center	170 Heights Boulevard	Houston	TX	77007	Harris Center		Y		N
NeuroPsychiatric Center	1502 Taub Loop	Houston	TX	77030	Harris Center		Y		N
Crisis Residential Unit/Bristow Homeless Path	2627 Caroline	Houston	TX	77004	Harris Center		Y		N
Judge Ed Emmett Mental Health Diversion Center	6160 South Loop East	Houston	TX	77087	Harris Center		Y		N

Active Site of Care Name	Street Address	City	State	ZIP Code	Corresponding CCBHC Entity/Institution Name	Demonstration	State-certified	SAMHSA	HRSA Rurality (Y/N)
Post Hospital Crisis Residential Unit	2505 Southmore Boulevard	Houston	TX	77004	Harris Center		Y		N
Peer Respite Program	5518 Jackson Street	Houston	TX	77024	Harris Center		Y		N
Youth Empowerment Services (YES) Waiver & Heights Colocation	6032 Airline Drive	Houston	TX	77076	Harris Center		Y		N
Klaras Children's Center Early Childhood Intervention (ECI)	6400 Imperial Drive	Waco	TX	76712	Heart of Texas Behavioral Health Network		Y		N
Heart of Texas Behavioral Health Network Diversion Center	6500 Imperial Drive	Waco	TX	76712	Heart of Texas Behavioral Health Network		Y		N
Heart of Texas Behavioral Health Network Dean Maberry Clinic	110 South 12th Street	Waco	TX	76701	Heart of Texas Behavioral Health Network		Y		N
Assertive Community Treatment (ACT) Team	114 South 12th Street	Waco	TX	76701	Heart of Texas Behavioral Health Network		Y		N
Developmental Services	3420 West Waco Drive	Waco	TX	76710	Heart of Texas Behavioral Health Network		Y		N
DOBEY Center	2111 Austin Avenue	Waco	TX	76701	Heart of Texas Behavioral Health Network		Y		N

Active Site of Care Name	Street Address	City	State	ZIP Code	Corresponding CCBHC Entity/Institution Name	Demonstration	State-certified	SAMHSA	HRSA Rurality (Y/N)
Clifton Street Clinic	1200 Clifton Street	Waco	TX	76704	Heart of Texas Behavioral Health Network		Y		N
Heart of Texas Recovery Center (Substance Use Disorders)	2220 Austin Avenue	Waco	TX	76701	Heart of Texas Behavioral Health Network		Y		N
Heart of Texas Counseling Center	2800 Lyle Avenue	Waco	TX	76708	Heart of Texas Behavioral Health Network		Y		N
Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) and Veterans One Stop Clinic	2010 La Salle Avenue	Waco	TX	76701	Heart of Texas Behavioral Health Network		Y		N
Falls / Marlin Clinic	365 Coleman Street	Marlin	TX	76661	Heart of Texas Behavioral Health Network		Y		Y
Bosque County Clinic	110 South Avenue D	Clifton	TX	76634	Heart of Texas Behavioral Health Network		Y		Y
Hill County Clinic	130 North Covington Street	Hillsboro	TX	76645	Heart of Texas Behavioral Health Network		Y		Y
Limestone County Clinic	700 N Highway 171	Mexia	TX	76667	Heart of Texas Behavioral Health Network		Y		Y
Freestone County Clinic	622 West Main Street	Fairfield	TX	75840	Heart of Texas Behavioral Health Network		Y		Y

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Wichita Falls Administration	1000 Brook Avenue	Wichita Falls	TX	76301	Helen Farabee Centers		Y		N
Baylor/Throckmorton County Center	301 North Washington Street	Seymour	TX	76380	Helen Farabee Centers		Y		Y
Childress County Center	8150 US Route 287	Childress	TX	79201	Helen Farabee Centers		Y		Y
Hardeman/Foard County Center	510 King Street	Quanah	TX	79252	Helen Farabee Centers		Y		Y
Headstream County Center	1201 1st Street	Haskell	TX	79521	Helen Farabee Centers		Y		Y
Jack County Center	104 East Belknap Street	Jacksboro	TX	76458	Helen Farabee Centers		Y		Y
Montague County Center	605 Decatur Street	Bowie	TX	76230	Helen Farabee Centers		Y		Y
Wilbarger County Center	2500 Wilbarger Street	Vernon	TX	76384	Helen Farabee Centers		Y		Y
Wichita County Center for Adult Behavioral Health, Substance Abuse, Veterans and Crisis	500 Broad Street	Wichita Falls	TX	76301	Helen Farabee Centers		Y		N
Wichita County Center for Children and Adolescents/Medical Clinic	516 Denver Street	Wichita Falls	TX	76307	Helen Farabee Centers		Y		N
Wise County Center	1515 North Business 287	Decatur	TX	76234	Helen Farabee Centers		Y		Y

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Graham Administration	1720 Fourth Street	Graham	TX	76450	Helen Farabee Centers		Y		Y
Olney Program Site	1006 Arbor Street	Olney	TX	76374	Helen Farabee Centers		Y		Y
Comal County Mental Health and Local Intellectual & Developmental Disability Authority (LIDDA)	358 Landa Street	New Braunfels	TX	78130	Hill Country MHDD Centers		Y		N
Canyon Lake Mental Health	230 Shepherd Hill Drive	Canyon Lake	TX	78133	Hill Country MHDD Centers		Y		Y
Hays County Mental Health (Scheib Center)	1200 North Bishop Street	San Marcos	TX	78666	Hill Country MHDD Centers		Y		N
Kerr County Mental Health	955 Water Street	Kerrville	TX	78028	Hill Country MHDD Centers		Y		Y
Kendall County Mental Health	221 Fawn Valley Drive	Boerne	TX	78006	Hill Country MHDD Centers		Y		Y
Kimble County Mental Health	110 South 10th Street	Junction	TX	76849	Hill Country MHDD Centers		Y		Y
Gillespie County Mental Health Center	183 Industrial Loop	Fredericksburg	TX	78624	Hill Country MHDD Centers		Y		Y
Val Verde County Local Intellectual & Developmental Disability Authority (LIDDA) and Val Verde County Mental Health	1927 North Bedell Avenue	Del Rio	TX	78840	Hill Country MHDD Centers		Y		Y

Active Site of Care Name	Street Address	City	State	ZIP Code	Corresponding CCBHC Entity/Institution Name	Demonstration	State-certified	SAMHSA	HRSA Rurality (Y/N)
Llano County Mental Health Center	102 East Young Street	Llano	TX	78643	Hill Country MHDD Centers		Y		Y
Medina County Mental Health Center	728 18th Street	Hondo	TX	78861	Hill Country MHDD Centers		Y		Y
Uvalde County Mental Health	328 Crystal City Highway	Uvalde	TX	78801	Hill Country MHDD Centers		Y		Y
Werlein Crisis Stabilization Unit	643 Sheppard Rees Road	Kerrville	TX	78028	Hill Country MHDD Centers		Y		Y
Comal Clinic	145 Landa Street	New Braunfels	TX	78130	Hill Country MHDD Centers		Y		N
Kerr County Mental Health Local Intellectual & Developmental Disability Authority (LIDDA)	1127 East Main Street	Kerrville	TX	78028	Hill Country MHDD Centers		Y		Y
Kyle Mental Health	1300 Dacy Lane	Kyle	TX	78640	Hill Country MHDD Centers		Y		N
Youth Crisis Respite Center	614 North Bishop Street	San Marcos	TX	78666	Hill Country MHDD Centers		Y		N
Hays County Mental Health (Scheib Center)	1200 North Bishop Street	San Marcos	TX	78666	Hill Country MHDD Centers		Y		N
Psychiatric Emergency Services	1165 Airport Boulevard	Austin	TX	78702	Integral Care		Y		N
St John's Clinic	6937 North Interstate 35	Austin	TX	78752	Integral Care		Y		N
Dove Springs Clinic – South Austin	5015 South Interstate 35	Austin	TX	78744	Integral Care		Y		N
East 2nd Street Clinic – Central Austin	1631 East 2nd Street	Austin	TX	78702	Integral Care		Y		N

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Stonegate Clinic – South Austin	2501 West William Cannon Drive	Austin	TX	78745	Integral Care		Y		N
Oak Springs Clinic – East Austin	3000 Oak Springs Drive	Austin	TX	78702	Integral Care		Y		N
Bonham Substance Use Disorder Services Clinic	410 West Sam Rayburn Drive	Bonham	TX	75418	Lakes Regional Community Center		Y		Y
Greenville Mental Health Clinic & Substance Use Disorder Services Clinic	4200 Stuart Street	Greenville	TX	75401	Lakes Regional Community Center		Y	Y	Y
Mount Pleasant Mental Health Clinic & Substance Use Disorder Services Clinic	1300 West 16th Street	Mount Pleasant	TX	75455	Lakes Regional Community Center		Y	Y	Y
Paris Mental Health Evaluation Center	395 North Main Street	Paris	TX	75460	Lakes Regional Community Center		Y	Y	Y
Paris Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) Clinic	637 Clarksville Street	Rockwall	TX	75460	Lakes Regional Community Center		Y	Y	Y
Rockwall Mental Health Clinic and Substance Use Disorder Services Clinic	2435 Ridge Road	Rockwall	TX	75087	Lakes Regional Community Center		Y	Y	N

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Sherman Substance Use Disorder Services Clinic	809 Gallagher Drive	Sherman	TX	75090	Lakes Regional Community Center		Y		N
Sulphur Springs Mental Health Clinic & Substance Use Disorder Services Clinic	655 Airport Road	Sulphur Springs	TX	75482	Lakes Regional Community Center		Y	Y	Y
Terrell Mental Health Clinic and Substance Use Disorder Services Clinic	400 Airport Road	Terrell	TX	75160	Lakes Regional Community Center		Y	Y	Y
Plano Outpatient Clinic	7308 Alma Drive	Plano	TX	75025	LifePath Systems		Y		N
McKinney Outpatient Clinic	1515 Heritage Drive	McKinney	TX	75069	LifePath Systems		Y		N
The Legan Place	209 North Benge Street	McKinney	TX	75069	LifePath Systems		Y		N
Child & Adolescent Services Clinic	8200 Stonebrook Parkway	Frisco	TX	75034	LifePath Systems		Y		N
Adult Intensive Services Clinic	5509 Pleasant Valley Drive	Plano	TX	75023	LifePath Systems		Y		N
Living Room and Adult Diversion and Intensive Services Clinic	1450 North Redbud Boulevard	McKinney	TX	75069	LifePath Systems		Y		N
Metrocare Hillside Clinic	3230 Remond Drive	Dallas	TX	75211	Dallas County MHMR dba Metrocare		Y	Y	N

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Metrocare Local Intellectual Developmental Disability Authority (LIDDA)	1330 River Bend Drive	Dallas	TX	75247	Dallas County MHMR dba Metrocare		Y		N
Metrocare Elam Family Mental Health Clinic	9209 Elam Road	Dallas	TX	75217	Dallas County MHMR dba Metrocare		Y		N
Metrocare Grand Prairie Family Mental Health Clinic	1020 South Carrier Parkway	Grand Prairie	TX	75051	Dallas County MHMR dba Metrocare		Y		N
Metrocare Lancaster-Kiest Adult Mental Health Clinic & Primary Care	3330 S Lancaster Road	Dallas	TX	75216	Dallas County MHMR dba Metrocare		Y		N
Metrocare Samuell Adult Mental Health Clinic	4645 Samuell Boulevard	Dallas	TX	75228	Dallas County MHMR dba Metrocare		Y		N
Metrocare Samuell Child & Teen Mental Health Clinic	4701 Samuell Boulevard	Dallas	TX	75228	Dallas County MHMR dba Metrocare		Y		N
Metrocare Skillman Family Mental Health Clinic	9708 Skillman Street	Dallas	TX	75243	Dallas County MHMR dba Metrocare		Y		N
Metrocare Westmoreland Adult Mental Health Clinic	1350 N Westmoreland Road	Dallas	TX	75211	Dallas County MHMR dba Metrocare		Y		N
Metrocare Behavior Treatment Center	1881 Sylvan Avenue	Dallas	TX	75208	Dallas County MHMR dba Metrocare		Y		N

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The Steven A. Cohen Military Family Clinic at Metrocare	9696 Skillman Street	Dallas	TX	75243	Dallas County MHMR dba Metrocare		Y		N
North Center (Mid Cities) Clinic	4525 City Point Drive	North Richland Hills	TX	76180	MHMR of Tarrant County		Y		N
South Center (Circle Drive) Clinic	1200 Circle Drive	Fort Worth	TX	76119	MHMR of Tarrant County		Y		N
Central Center (Penn) Clinic	300 Pennsylvania Avenue	Fort Worth	TX	76104	MHMR of Tarrant County		Y		N
East Center (Arlington) Clinic	601 West Sanford Street	Arlington	TX	76011	MHMR of Tarrant County		Y		N
Northwest Center Clinic	2400 Northwest 24th Street	Fort Worth	TX	76106	MHMR of Tarrant County		Y		N
West Center (Western Hills) Clinic	6777 Camp Bowie Boulevard	Fort Worth	TX	76116	MHMR of Tarrant County		Y		N
North Center (Keller) Clinic	6032 Innovation Way	Fort Worth	TX	76244	MHMR of Tarrant County		Y		N
East Center (Arlington) Clinic	601 W Sanford St.	Arlington	TX	76011	MHMR of Tarrant County		Y		N
Central Center (Hemphill) Clinic	1527 Hemphill St.	Fort Worth	TX	76104	MHMR of Tarrant County		Y		N
West Center Clinic	6777 Camp Bowie Blvd.	Fort Worth	TX	76116	MHMR of Tarrant County		Y		N
the Montrose Center	401 Branard Street	Houston	TX	77006	the Montrose Center		Y		N

Active Site of Care Name	Street Address	City	State	ZIP Code	Corresponding CCBHC Entity/Institution Name	Demonstration	State-certified	SAMHSA	HRSA Rurality (Y/N)
Child and Family Guidance Center (Harry Hines Clinic)	8915 Harry Hines Boulevard	Dallas	TX	75235	North Texas Behavioral Health Authority		Y		N
Child and Family Guidance Center	210 West 10th Street	Dallas	TX	75208	North Texas Behavioral Health Authority		Y		N
Child and Family Guidance Center (Mesquite Clinic)	120 West Main Street	Mesquite	TX	75149	North Texas Behavioral Health Authority		Y		N
Homeward Bound Clinic	2535 Lone Star Drive	Dallas	TX	75212	North Texas Behavioral Health Authority		Y		N
Southern Area Behavioral Healthcare	4215 Gannon Lane	Dallas	TX	75237	North Texas Behavioral Health Authority		Y		N
Child and Family Guidance Center	4216 Wesley Street	Greenville	TX	75401	North Texas Behavioral Health Authority		Y		Y
Child and Family Guidance Center (Waxahachie Clinic)	1505 West Jefferson Street	Waxahachie	TX	75165	North Texas Behavioral Health Authority		Y		N
Child and Family Guidance Center (Kaufman Clinic)	106 South Jefferson Street	Kaufman	TX	75142	North Texas Behavioral Health Authority		Y		Y
Homeward Bound Clinic	319 North 12th Street	Corsicana	TX	75110	North Texas Behavioral Health Authority		Y		Y
Child and Family Guidance Center	761 Justin Road	Rockwall	TX	75087	North Texas Behavioral Health Authority		Y		N
Child and Family Guidance Center (Plano Clinic)	4031 West Plano	Plano	TX	75093	North Texas Behavioral Health Authority		Y		N

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	Parkway, Plano								
Homeward Bound Clinic (Main Campus)	5300 University Hills Boulevard	Dallas	TX	75241	North Texas Behavioral Health Authority		Y		N
Nueces Center (Youth Mental Health Clinic)	3733 South Port Avenue	Corpus Christi	TX	78415	Nueces Center		Y		N
Nueces Center (Adult Mental Health Clinic)	1546 South Brownlee Boulevard	Corpus Christi	TX	78404	Nueces Center		Y		N
Robstown Outpatient Clinic	1038 Texas Yes Blvd	Robstown	TX	78380	Nueces Center		Y		Y
Granbury Clinic	104 Pirate Drive	Granbury	TX	76048	Pecan Valley Centers		Y		Y
Granbury Annex/Intake Clinic	108 Pirate Drive	Granbury	TX	76048	Pecan Valley Centers		Y		Y
Mineral Wells Clinic	100 Travis Drive	Mineral Wells	TX	76067	Pecan Valley Centers		Y		Y
Cleburne Clinic	1601 North Anglin Street	Cleburne	TX	76031	Pecan Valley Centers		Y		Y
Cleburne IDD Services	910 Granbury Street	Cleburne	TX	76033	Pecan Valley Centers		Y		Y
Weatherford Clinic	1715 Santa Fe Drive	Weatherford	TX	76086	Pecan Valley Centers		Y		Y
Weatherford Annex/Intake Clinic	1510 Santa Fe Drive	Weatherford	TX	76086	Pecan Valley Centers		Y		Y
Weatherford Waco St Clinic	114 North Waco Street	Weatherford	TX	76086	Pecan Valley Centers		Y		Y
Stephenville Clinic	906 West Lingleville Road	Stephenville	TX	76401	Pecan Valley Centers		Y		Y

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Stephenville Annex	650 West Green Street	Stephenville	TX	76401	Pecan Valley Centers		Y		Y
Mental Health Services (Midland Clinic)	401 East Illinois Avenue	Midland	TX	79701	PermiaCare		Y		N
Mental Health Services (Odessa Clinic)	600 North Grant Avenue	Odessa	TX	79761	PermiaCare		Y		N
Mental Health and IDD Services (Alpine Clinic)	805 North 5th Street	Alpine	TX	79830	PermiaCare		Y		Y
Fort Stockton Clinic	1123 North Main Street	Fort Stockton	TX	79735	PermiaCare		Y		Y
Mental Health and IDD Services (Van Horn Clinic)	700 West Broadway Street	Van Horn	TX	79855	PermiaCare		Y		Y
Mental Health and IDD Services (Presidio Clinic)	202 West O’reilly Street	Presidio	TX	79845	PermiaCare		Y		Y
Rainbow House	1012 Mac Arthur Avenue	Odessa	TX	79763	PermiaCare		Y		N
Main/Administration Office	1605 Saldana Avenue	Laredo	TX	78041	SCAN		Y		N
Launch Clinic	6826 Springfield Avenue	Laredo	TX	78041	SCAN		Y		N
SCAN Hendricks Office	1702 Hendricks Avenue	Laredo	TX	78040	SCAN		Y		N
Youth Recovery Community	2100 Corpus Christi Street	Laredo	TX	78043	SCAN		Y		N

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Adult Recovery (RSS)	1303 North Seymour Avenue	Laredo	TX	78040	SCAN		Y		N
Spindletop Center North Campus	655 South 8th Street	Beaumont	TX	77701	Spindletop Center		Y		N
Spindletop Center South Campus	2750 South 8th Street	Beaumont	TX	77701	Spindletop Center		Y		N
Spindletop Center Orange County Outpatient Clinic	4305 Tejas Parkway	Orange	TX	77630	Spindletop Center		Y		N
Spindletop Center Silsbee	222 East Durdin Dr	Silsbee	TX	77656	Spindletop Center		Y		Y
Spindletop Center South County Outpatient Clinic	3401 57th Street	Port Arthur	TX	77642	Spindletop Center		Y		Y
Star Abilities	3804 Interstate 27	Lubbock	TX	79412	StarCare Specialty Health System		Y		N
Outreach and Recovery Center	3806 Interstate 27	Lubbock	TX	79412	StarCare Specialty Health System		Y		N
Sunrise Canyon Complex	1950 Aspen Avenue	Lubbock	TX	79404	StarCare Specialty Health System		Y		Y
Brookshire Clinic	535 Fm 359	Brookshire	TX	77423	Texana Center		Y		Y
Columbus Clinic	1460 Walnut Street	Columbus	TX	78934	Texana Center		Y		Y
Bay City Clinic	400 Avenue F	Bay City	TX	77414	Texana Center		Y		Y
Wharton Clinic	3007 North Richmond Road	Wharton	TX	77488	Texana Center		Y		Y
Rosenberg Clinic	4910 Airport Avenue	Rosenberg	TX	77471	Texana Center		Y		N

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Mental Health Sugar Land Clinic	2535 Cordes Drive	Sugar Land	TX	77479	Texana Center		Y		N
Texana Crisis Center	5311 Avenue N	Rosenberg	TX	77471	Texana Center		Y		N
Adult Outpatient Clinic	6600 Killgore Drive	Amarillo	TX	79106	Texas Panhandle Centers		Y		N
Homeless Services	723 North Taylor Street	Amarillo	TX	79107	Texas Panhandle Centers		Y		N
Respite and Recovery	2002 Hardy Street	Amarillo	TX	79106	Texas Panhandle Centers		Y		N
TPC Borger Center	412 North Main Street	Borger	TX	79007	Texas Panhandle Centers		Y		Y
TPC Clarendon Center	111 Kearney Street	Clarendon	TX	79226	Texas Panhandle Centers		Y		Y
TPC Dumas Center	500 East 1st Street	Dumas	TX	79029	Texas Panhandle Centers		Y		Y
TPC Hereford Center	426 Main Street	Hereford	TX	79045	Texas Panhandle Centers		Y		Y
TPC Pampa Center	615 West Buckler Avenue	Pampa	TX	79065	Texas Panhandle Centers		Y		Y
TPC Perryton Center	311 South Main Street	Perryton	TX	79070	Texas Panhandle Centers		Y		Y
TCC Main Location	315 West Mclain Drive	Sherman	TX	75092	Texoma Community Center		Y		Y
TCC Administration and Child & Adolescent Services Clinic	902 Cottonwood Drive	Sherman	TX	75090	Texoma Community Center		Y		N
Cooke County Mental Health Services Clinic	301 North Grand Avenue	Gainesville	TX	76240	Texoma Community Center		Y		Y

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Fannin County Mental Health Services Clinic	1221 East 6th Street	Bonham	TX	75418	Texoma Community Center		Y		Y
Forensic Services Clinic	800 South Mirick Avenue	Denison	TX	75020	Texoma Community Center		Y		N
Veteran Services Clinic	1100 West Walker Street	Denison	TX	75020	Texoma Community Center		Y		N
Huntsville Clinic	7045 South Sam Houston Avenue	Huntsville	TX	77340	Tri-County Behavioral Healthcare		Y		Y
Cleveland Service Facility	2004 Truman Street	Cleveland	TX	77327	Tri-County Behavioral Healthcare		Y		Y
Liberty Clinic	2000 Panther Lane	Liberty	TX	77575	Tri-County Behavioral Healthcare		Y		Y
Porter Treatment Center	23750 Fm 1314	Porter	TX	77365	Tri-County Behavioral Healthcare		Y		N
Psychiatric Emergency Treatment Center	706 Metcalf Street	Conroe	TX	77301	Tri-County Behavioral Healthcare		Y		N
Conroe Service Center	233 Sergeant Ed Holcomb Boulevard	Conroe	TX	77304	Tri-County Behavioral Healthcare		Y		N
Weslaco Outpatient Clinic	2215 West Business 83	Weslaco	TX	78596	Tropical Texas Behavioral Health		Y	Y	N
Edinburg Outpatient Clinic	1901 South Expressway 281	Edinburg	TX	78539	Tropical Texas Behavioral Health		Y	Y	N

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Harlingen Outpatient Clinic	103 North Loop 499	Harlingen	TX	78550	Tropical Texas Behavioral Health		Y		N
Tropical Texas Plaza - Harlingen	105 North Loop 499	Harlingen	TX	78550	Tropical Texas Behavioral Health		Y		N
Veterans Center	1242 North 77 Sunshine Strip	Harlingen	TX	78550	Tropical Texas Behavioral Health		Y		N
Substance Use Disorder and Peer Drop In Center	202 South G Street	Harlingen	TX	78550	Tropical Texas Behavioral Health		Y		N
Brownsville Outpatient Clinic	861 Old Alice Road	Brownsville	TX	78520	Tropical Texas Behavioral Health		Y		N
Brownsville Literacy Center	245 East Levee Street	Brownsville	TX	78520	Tropical Texas Behavioral Health		Y		N
Howard County Mental Health Center	1501 W 11th Pl	Big Spring	TX	79720	West Texas Centers		Y		Y
Scurry County Mental Health Center	1300 26th Street	Snyder	TX	79549	West Texas Centers		Y		Y
Nolan County Mental Health Center	304 West New Mexico Avenue	Sweetwater	TX	79556	West Texas Centers		Y		Y
Mitchell County Mental Health Center	505 Chestnut Street	Colorado City	TX	79512	West Texas Centers		Y		Y
Runnels County Mental Health Center	126 State Street	Winters	TX	79567	West Texas Centers		Y		Y
Andrews County Mental Health Center	215 Northwest 1st Street	Andrews	TX	79714	West Texas Centers		Y		Y
Gaines County Mental Health Center	700 Hobbs Highway	Seminole	TX	79360	West Texas Centers		Y		Y

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Yoakum County Mental Health Center	104 West 2nd Street	Denver City	TX	79323	West Texas Centers		Y		Y
Terry County Mental Health Center	502 West Broadway Street	Brownfield	TX	79316	West Texas Centers		Y		Y
Garza County Mental Health Center	1104 North Avenue S	Post	TX	79356	West Texas Centers		Y		Y
Dawson County Mental Health Center	211 North Main Avenue	Lamesa	TX	79331	West Texas Centers		Y		Y
Winkler County Mental Health Center	814 Myer Lane	Kermit	TX	79745	West Texas Centers		Y		Y
Ward County Mental Health Center	1200 North Main Avenue	Monahans	TX	79756	West Texas Centers		Y		Y
Reeves County Mental Health Center	700 West Daggett Street	Pecos	TX	79772	West Texas Centers		Y		Y
Upton County Mental Health Center	103 North Burleson Avenue	McCamey	TX	79752	West Texas Centers		Y		Y
C-Trilogy Outreach Clinic	1125 Judson Road	Longview	TX	75601	C-Trilogy Outreach			Y	N
MyCHN Adoue	1111 W Adoue St	Alvin	TX	77511	Stephen F. Austin Community Health Center, Inc.			Y	N