STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47890 | Olympia, Washington 98504-7890
360-236-4030 | 711 Washington State Relay

July 24, 2026

Re: Informative – Updated- DOH Rural Health Transformation Program Funding, Community Center Hubs for Health

Greetings Honorable Tribal Leaders, Partners, and Professionals:

In accordance with chapter 43.376 RCW, the Washington State Centennial Accord of 1989, and DOH Consultation and Collaboration Procedure, we are writing to inform Tribes of a one-time funding opportunity through the Washington Rural Health Transformation (RHT) Program, under year 1 of 5, Initiative 2: Prevent disease and manage care in community settings and the Washington State Department of Health (WA-DOH)'s Activity 2.44 Community Center Hubs for Health.

A total of $500,000 is available to support expanding, enhancing or strengthening community-based efforts that support health through trusted community gathering spaces. Proposals may request up to $100,000 in funding for performance year 1 (October 1, 2026, through September 30, 2027). The minimum request for funding is $20,000. With the Rural Health Transformation Program set aside, Tribes are encouraged to prioritize that funding pathway first.

Details about the funding opportunity and required information for the application is provided in the "Community Center Hubs for Health" document below. Tribes are welcome to apply by submitting a letter of interest. The deadline for applying is ~~August 21, 2026, by 5pm PT.~~ **In response to the wildfires burning across eastern Washington, severely impacting rural communities, the deadline for Letters of Interest for this funding opportunity is extended to 5pm PT on Monday, August 31, 2026**

This opportunity is separate from the Tribal set aside negotiated with HCA through consultation. Tribes are eligible for funds outside of the Tribal set aside (Initiative 3), and we highly encourage caution when applying for funds in addition to the Tribal set aside, particularly in RHT performance year one, to minimize risk of unspent funds that could reduce the State's overall award in years 2-5. Reach out if you have any questions or concerns. See the Tribal RHTP webpage for more.

For additional information, please contact Kylin Beeson, RHT Program Strategist, kylin.beeson@doh.wa.gov and 564-233-8701 or Candice Wilson, Executive Director, Office of Tribal Public Health and Relations (OTPHR), at OTPHR@doh.wa.gov.

Disclaimer: This funding opportunity is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $181,257,515.06 to the Washington State Health Care Authority with 100 % funded by CMS/HHS. The contents are those of the author and do not necessarily represent the official views of, nor an endorsement by, CMS/HHS or the U.S. Government.

Respectfully,

Lacy M. Fehrenbach MPH, CPH
Chief of Prevention, Safety and Health, WA State Department of Health

cc: Dennis E. Worsham, Secretary of Health, WA-DOH
Jessica Todorovich, Chief of Staff, Office of the Secretary, WA-DOH
Kristin Peterson, Chief, Office of Government and Community Affairs, WA-DOH
Candice Wilson–Quatz'tenaut (Lummi), Executive Director, OTPHR, WA-DOH
Maka Riley, Chief Administrative Officer, OPSH, WA-DOH
Heather Drummond, Deputy Director, CAWPC, OPSH, WA-DOH

WASHINGTON
RURAL HEALTH TRANSFORMATION

Request for Letters of Interest (LOI) Community Center Hubs for Health
DOH Rural Health Transformation (RHT) Program

Response Due: August 31, 2026 by 5pm PT
Eligible Applicants: Washington's Local Health Jurisdictions (LHJs) and Tribes*
Total Available Funding for Year 1: $500,000
Available Funding per Contract: $20,000 - $100,000
Year 1 Period of Performance: October 1, 2026 – September 30, 2027
Submit Questions to: kylin.beeson@doh.wa.gov
Submit LOIs to: CAWPCApprovals@doh.wa.gov

**Tribes are welcome to submit a letter of interest. With the set-aside available to Tribes for Rural Health Transformation Program funding, Tribes are encouraged to prioritize that pathway first.*

Background

The Rural Health Transformation (RHT) Program is part of the H.R.1 budget reconciliation bill. The RHT Program offers $50 billion funding nationwide to improve rural health care. The Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health & Human Services (HHS) administers the program.

The Health Care Authority (HCA), Department of Health (DOH), and Department of Social and Health Services (DSHS), in support of Governor Ferguson's Office, partnered to develop and run Washington state's plan as outlined in the Rural Health Transformation Program Project Narrative. The Washington RHT Program seeks to build a healthier, more resilient, and financially sustainable rural health system to ignite innovation in rural hospitals, prevent disease and manage care in community settings, invest in the health of Native families, increase provider adoption of technology and data solutions, develop Washington's rural workforce, and expand and sustain Washington's rural behavioral health system. Each initiative supports the State's goals through activities, which include increasing training capacity for Tribal providers, nurses and long-term care workers; investing in artificial intelligence and cybersecurity technology; and supporting payment transformation for rural hospitals and behavioral health clinics. CMS awarded Washington state **$181 million** for year one of the program.

Purpose and Available Funding

Under the RHT Program Initiative 2 (Prevent Disease and Manage Care in Community Settings), DOH invites letters of interest for Activity 2.44: Community Center Hubs for Health. A total of $500,000 is available to support expanding, enhancing or strengthening community-based efforts that support health through trusted community gathering spaces. By embedding activities within trusted, familiar community spaces, projects aim to improve health outcomes for rural residents through increased access to preventive care, stronger social connection, and community-informed

support that meets people where they already gather. These efforts are intended to strengthen the long-term resilience of rural communities and contribute to a more sustainable rural health system across Washington state.

While the RHT Program is a 5-year grant, this funding opportunity is for 1 year (see period of performance above). Proposals may request up to $100,000 in funding for performance year 1, which ends September 30, 2027. The minimum request for funding is $20,000.

Eligibility for Funding and Requirements

Washington's RHT Program Project Narrative relies on two definitions of rural: the Federal Office of Rural Health Policy (FORHP) and the State's Office of Financial Management (OFM).

Funding will be prioritized for 22 counties defined as "fully FORHP rural" (see page 57, Table 7 of the RHT Program Project Narrative). Counties listed as "Not Fully FORHP Rural" are welcome to apply but must demonstrate they serve rural residents within the FORHP and/or OFM definitions.

Funding must support collaboration with eligible community hub settings, including**:**

- Senior centers
- Churches and faith-based community spaces
- Schools and school-adjacent organizations
- Public libraries
- Community centers
- Other similar community gathering spaces

Potential Activities

Activities must clearly link to supporting local rural health systems and improving health outcomes in the served communities. Potential activities include but are not limited to:

- Chronic disease self-management programs
- Mobile WIC certification, enrollment and outreach
- Healthy eating and nutrition initiatives
- Food access and food security efforts
- Falls prevention programs
- Social connection and caregiver support
- Health education and outreach
- Telehealth access
- Investments in technology, digital wearables or other digital resources
- Other evidence-informed approaches that support rural health and well-being

Required Activities and Reporting

1. Submit a Final Project Plan that incorporates and/or builds upon LOI content within 30 days after contract execution.
2. Submit the following reports:

   a. three (3) quarterly progress reports that summarize progress, challenges, successes, next steps, and any technical assistance needs, and
   b. one (1) annual progress report that is cumulative and summarizes metrics, outcomes, successes, sustainability plans or activities, and ensures all deliverables are met.
3. Participate in at least 2 Community of Practice meetings with DOH and funded partners and submit a brief report.
4. Submit monthly invoices.
5. Participate in contract management meetings as mutually agreed upon.

Funding Limitations

A list of funding restrictions is provided here for guidance. The full list of restrictions is available in the CMS notice of funding opportunity (NOFO).

- Pre-award costs.
- Meeting matching requirements for any other federal funds or local entities.
- Services, equipment, or supports that are the legal responsibility of another party under federal, State, or tribal law, such as vocational rehabilitation or education services.
- Services, equipment, or supports that are the legal responsibility of another party under any civil rights law, such as modifying a workplace or providing accommodations that are obligations under law.
- Supplanting existing State, local, Tribal, or private funding of infrastructure or services, such as staff salaries.
- Construction or building expansion, purchasing or significant retrofitting of buildings, cosmetic upgrades, or any other cost that materially increases the value of the capital or useful life as a direct cost.
- Funds may not be used for clinician salaries nor to replace payment for clinical services that could be reimbursed by insurance.
- Funds also may not be used for payments to clinical services if they duplicate billable services and/or attempt to change the payment amounts of existing fee schedules.
- Funding used for renovation or alterations cannot exceed 20% of the total funding awarded to the Recipient in each budget period.
- Funds may not be used for payments to clinical services if they duplicate billable services and/or attempt to change the payment amounts of existing fee schedules.

Anticipated Timeline

Activity	**Target Due Date**
Office Hours	Aug 6, 2026, from 10:00 – 11:00am Teams Meeting Link Aug 12, 2026, from 1:00 – 2:00pm Teams Meeting Link
LOI Due Date	Aug 31, 2026 by 5pm PT
Funding notifications	By Aug 31, 2026
Contracts Executed	By Sept 30, 2026
Start of performance period	October 1, 2026
Community of Practice #1	December 2026
Quarterly Report #1 (Oct- Dec 2026)	January 15, 2027

Community of Practice #2	March 2026
Quarterly Report #2 (Jan – Mar 2027)	April 15, 2027
Community of Practice #3	June 2027
Quarterly Report #3 (Apr – Jun 2027)	July 15, 2027
Annual Report (Oct 2026 – Sept 2027)	September 20, 2027
End of performance period	September 30, 2027

Summary of Key Resources

- CMS Rural Health Transformation Program website
- HCA Rural Health Transformation Program website
- Washington State's Rural Health Transformation Program - Project Narrative
- Federal Office of Rural Health Policy (FORHP) Data Files
- OFM Population density and land area criteria used for rural area assistance and other programs

How to Submit a Letter of Interest

Instructions for Submission

- Submit LOIs by email to CAWPCApprovals@doh.wa.gov
- Use subject line "DOH RHT Activity 2.44 Proposal – [your entity]".
- You'll receive a response to confirm we've received it.

Letter of Interest Requirements

Please submit a Letter of Interest, up to 2 pages, that includes:

1. Program name, lead contact, and agency
2. Brief description of the proposed project, goals, and how they meet community needs
3. Anticipated activities, deliverables, performance metrics (or anticipated outcomes), and implementation timeline.
4. Community hub settings involved and/or existing partnerships and infrastructure supporting implementation
5. Population and geographic area(s) served
6. Budget table with anticipated costs and total funding requested
7. Sustainability plans
8. Optional: Programs may also attach up to two supporting documents (e.g., program materials, flyers, partnership agreements, existing implementation plans). Supporting documents must supplement and clearly connect to information provided in the LOI.

If selected for funding, information provided in the Letter of Interest will be used in development of the statement of work for contract execution and the Final Project Plan due within 30 days of contract execution.

What We Are Looking For

Priority will be given to proposals that:

- Have established partnerships with community-based organizations, community groups or other community rooted partners.
- Engage directly with Tribes on the funding opportunity
- Build upon existing programs or infrastructure
- Can begin implementation quickly ("shovel-ready")
- Address a clear health need within the community, in particular health topic areas underserved by other RHT Program activities.
- Have a plan for sustainability and community engagement

Selection Framework and Decision Rubric

Letters of Interest will undergo a review for alignment with Activity 2.44 goals and eligibility requirements using the **Decision Rubric**. Funding decisions will consider readiness, community need, alignment with Rural Health Transformation Program goals, sustainability, and potential impact on rural health outcomes.

Decision Rubric: Each criterion is scored 0 to 3. Maximum possible score: 18. Applications scoring below 8 total will not be considered for funding.

Criterion	Description	Weight
1. Letter of Interest Requirements	All required information is provided in the letter of interest.	High
2. Shovel-Ready Implementation	Program has existing infrastructure, staff capacity, and a defined project plan. Funds can be deployed and activities launched within 90 days of contract execution. Priority given to established programs with a track record of community delivery.	High
3. Gap Area Alignment	Program addresses health topic areas underserved by other RHTP activities. Healthy eating, nutrition access, food insecurity, and chronic disease self-management are priority gap areas based on Project Narrative data, including higher rates of diabetes, hypertension, and obesity in rural non-metro counties.	High
4. Data-Informed Need	Program demonstrates need using regional health outcome data (e.g., BRFSS, CDC PLACES, County Health Rankings, ACS) or other documented community health indicators. Applicants may use provided priority indicators or supply local data to contextualize need.	Medium

5. Community Hub Integration	Program operates within or has a formal partnership with an eligible community gathering space. Stronger integration, such as co-located services or shared staffing, scores higher.	Medium
6. Sustainability and Reach	Program has a plausible plan for sustaining activities beyond the grant period. Preference for programs serving geographically dispersed or high-need rural populations with existing community partnerships.	Medium
Total Score (max 15)		

Scoring guide: 0 = Not addressed 1 = Minimally addressed 2 = Adequately addressed 3 = Strongly addressed with evidence

Priority Health Indicators for Criterion 4

The following indicators are drawn from the RHTP Project Narrative and OSM Table 3 and may be used to anchor the need criterion. Applicants are encouraged to reference county-level data where available.

Chronic Disease	Social Determinants	Suggested Sources
Diabetes (12.1% non-metro vs. 9.3% metro)	Food insecurity and access to healthy foods	CDC PLACES, BRFSS
Hypertension (37.0% non-metro)	Housing instability	County Health Rankings
Cardiovascular disease (10.6% non-metro vs. 6.7% metro)	Social isolation, especially among older adults	ACS, WA OFM data
Obesity (33.6% non-metro)	Transportation barriers to care	SORH Needs Assessment, DOH data
COPD (6.5% non-metro vs. 4.3% metro)	Multiple chronic conditions (14.2% non-metro)	RHT Project Narrative, OSM Table 3

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