

# Missouri Transformation of Rural Healthcare (ToRCH) Hub #2 Discretionary Funding Proposal Instructions

Funding Cycle: Rural Health Transformation Program (RHTP) Year 1

**Submission Deadline: October 14, 2026**

Decision Body: Hub Leadership Board

## 1. Purpose

### A. About the Rural Health Transformation Program

The Rural Health Transformation Program (RHTP) is a landmark \$50 billion federal investment designed to reshape healthcare in rural communities across America. This five-year program is a significant opportunity to build a stronger, more sustainable healthcare system for the future.

Strategic goals of the RHTP include:

- Make Rural America Healthy Again
- Sustainable Access
- Workforce Development
- Innovative Care
- Tech Innovation

Rural Missouri will work towards these strategic goals by implementing the Transformation of Rural Community Health (ToRCH) Care model. In this model, Missouri's 104 rural counties are organized into 27 Hubs – community-based networks that will prioritize and make investments in new initiatives, share referral pathways, and collaborate to improve care. Each Hub serves a defined multi-county area and is guided by a local Leadership Board and coordinated by a designated Hub Anchor – a local healthcare or health support institution.

Together, Hubs help identify priority needs, align community resources, and launch coordinated programming. By connecting organizations that already serve rural residents, each Hub helps communities function as a coordinated system rather than a collection of isolated services and programs. Hubs do not deliver care directly nor replace existing providers. Each Hub is supported by a Regional Coordinating Network (RCN) and overseen by the state's Rural Health Transformation Office (RHTO).

The RCN is administered by the nonprofit Healthier Communities Together (HCT). Hubs are supported by a Program Coordinator, who is seated at the Hub Anchor and oversees RHTP implementation throughout the Hub, and one or more RHTP Navigators, who support residents to engage with local resources, follow through on referrals, and receive care.

Strategic goals of ToRCH Care include:

- Access to care (care coordination and expansion)
- Health outcomes (evidence-based care improvements)
- Sustainability (targeted investments and innovative payment models)

Learn more:

[RHTP website](#)

### PRELIMINARY | PRE-DECISIONAL | CONFIDENTIAL

*The Rural Health Transformation Program information provided by the Missouri Department of Social Services 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 \$216,276,817.66, with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CMS/HHS, or the U.S. Government.*

[Hub boundaries](#)[Program Coordinator](#) and [RHTP Navigator](#) job descriptions**B. Funding opportunity**

This application allows partner organizations within Hub #2 to request funding to implement or expand programs consistent with Hub-wide priorities, workflows, and outcomes. The goal is to support coordinated, high-impact interventions that advance Hub objectives, improve community health outcomes, and strengthen cross-sector collaboration across Andrew and Buchanan counties.

Proposals will be reviewed and selected by the Hub Leadership Board to ensure:

- Alignment with Hub strategic priorities and RHTP goals
- Coordination across partners
- Feasible and measurable implementation
- Appropriate use of Hub-designated discretionary funds

Final decisions on programs are made by the state's RHTO with input from HCT.

**2. Eligible applicants**

Any organization operating healthcare or social services or support within the Hub counties may apply, including:

- Community-based organizations (CBOs) addressing food, housing, transportation, or other health-related social needs
- Hospitals, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs)
- Behavioral health agencies, Certified Community Behavioral Health Clinics (CCBHCs)
- Emergency Medical Services (EMS) / Mobile-Integrated Health & Community Paramedicine (MIH-CP) programs
- Pharmacies
- Local Public Health Agencies (LPHAs)
- Schools or youth-serving organizations

Applicants must have signed, or agree to sign, a Participation Agreement.

**3. Hub #2 priority areas**

Applicants must propose a program that meets at least one of the priorities described below:

**1. Behavioral Health**

- Improve access to mental health and substance use disorder services.
- Strengthen crisis response, recovery support, and care coordination.

**2. Maternal Health**

- Improve maternal and infant outcomes.
- Increase access to prenatal, postpartum, and rural obstetric care.

**3. Diabetes Prevention and Management**

- Reduce the prevalence and impact of diabetes.
- Improve A1C control, screening, education, and self-management support.

#### 4. Hypertension Prevention and Management

- Improve blood pressure control.
- Increase screening, monitoring, patient education, and follow-up care.

#### 5. Transportation and Access to Care

- Reduce transportation barriers that prevent access to primary care, specialty care, and community services.
- Support solutions such as non-emergency medical transportation, community paramedicine, and coordinated transportation networks.

Examples:

1. Perinatal home visiting / maternal health supports
2. School-based health and behavioral health supports
3. Nutrition programs
4. Transportation/Non-Emergency Medical Transportation (NEMT) coordination enhancements
5. Chronic disease management for A1c and hypertension
6. Pharmacy-based care touchpoints
7. Behavioral health coordination/peer services
8. Community paramedicine/EMS-based follow-up
9. Remote patient monitoring
10. Other options according to local needs

#### 4. Available funding and timeline

Applications are due by October 14, 2026. Successful programs will be notified by mid-November 2026. Participation Agreements must be signed by December 4, 2026. Programs must launch before December 18, 2026. Program invoices may be submitted for reimbursement any time after the Participation Agreement is signed. All funds must be spent by September 30, 2027.

Note that all expenses for discretionary funding programs will be reimbursed after costs are incurred. Funds will not be advanced. Reimbursement requests must include appropriate invoices and supporting documentation and be submitted in accordance with program guidelines.

Hub #2 has \$531,762.78 total available to fund local programs within the above timeline. You may propose any budget up to that amount. However, note that to meet all priorities, the Hub Leadership Board may select a mix of programs to fund. The Leadership Board may offer to fund a portion of a program request. If you have questions about available funding and program budgets, contact the Hub Anchor Program Coordinator, Jessica Bledsoe / [Jessica.bledsoe@mymhc.com](mailto:Jessica.bledsoe@mymhc.com).

The following types of fund use are *not* allowed:

- Direct or reimbursable services
- Direct cash assistance
- Food purchases
- Replacement of existing operating budgets
- Organizational operating deficits or debt repayment
- General organizational overhead unrelated to ToRCH Care implementation

- Salary increases for Hub Program Coordinators or RHTP Navigators funded through separate ToRCH Care allocations
- Duplicative IT investments
- Construction or real estate acquisition
- Lobbying or political activities
- Board meeting expenses, including food or hospitality costs
- Activities that are not solely focused on advancing the goals of ToRCH Care
- Full-time staff salaries

## 5. Review and Approval Process

The Hub Leadership Board will review applications for selection using the following criteria:

### A. Strategic Alignment

Does the proposal support Hub priorities and ToRCH Care objectives?

### B. Community Impact

Will the project meaningfully improve health access and/or outcomes for residents in the Hub service area?

### C. Feasibility

Is the proposed plan realistic given the organization's staffing, timeline, and experience?

### D. Sustainability

Can elements of the program continue beyond the funding period?

### E. Budget compliance

The proposal template requires a budget and justification. Only proposals that meet the following requirements will be considered for selection:

- Budgets must include detailed costs for each category relevant to the program
- If the template contains a category or extra rows that are not relevant, applicants may delete or simply ignore those rows
- Every cost must include justification as to how the cost will *directly support the program*, except for indirect costs:
  - A maximum of 6% of funds may be spent on indirect, administrative costs (i.e., general costs required for maintenance of the organization but not directly attributed to the program, such as utilities or office supplies)

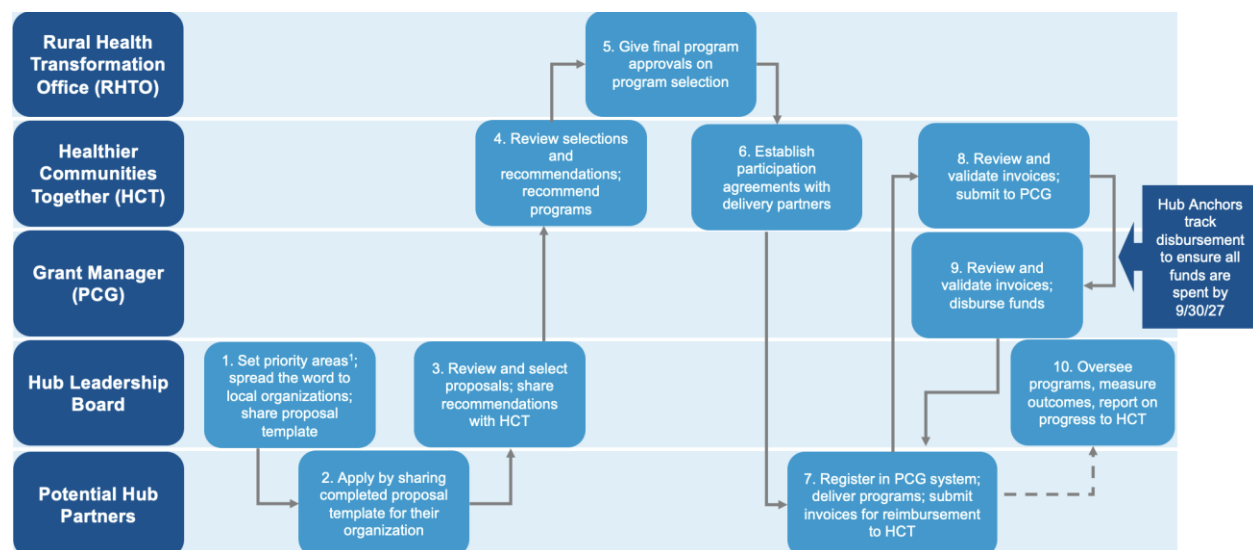
Here is an example of a compliant budget proposal for a program to extend an existing MIH service to two new areas:

| Expense Category   | Item                               | Amount Requested | Justification                                                                                                                     |
|--------------------|------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Equipment/Supplies | Vehicle parts                      | \$3,000          | Expected need for repairs (e.g., brake pads, tires, batteries) to keep two existing vehicles functional for program-related trips |
|                    | Mobile health equipment (one-time) | \$3,000          | Supplies (vitals monitor, reusable glucose meter, stethoscope, field bag,                                                         |

|                                                    |                                                               |                 |                                                                                                                                                                         |
|----------------------------------------------------|---------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                    | purchase of durable equipment)                                |                 | etc.) needed to support the additional home visits generated by the new service areas                                                                                   |
|                                                    | Mobile documentation tablet                                   | \$1,000         | Secure, HIPAA-compliant device to document visits and access patient records in the field; the current fleet has no spare device available for the new coverage areas   |
| Training/<br>Implementation<br>Support             | EMT training on expanded service protocols                    | \$2,000         | Course fees and materials for an EMT to complete trainings on the referral pathways, protocols, and population needs specific to the new service areas                  |
|                                                    | Community outreach and engagement materials                   | \$1,000         | Printed flyers and informational packets introducing the MIH program to residents and community groups in the new areas                                                 |
| Technology/<br>Software                            | EMS documentation (ePCR) software license – additional seat   | \$1,800         | One licensed seat on the program's existing ePCR platform so visits conducted in the new service areas can be documented and reported alongside the rest of the program |
|                                                    | Data reporting and analytics software license                 | \$600           | One license to allow for program data tracking so that return on investment can be demonstrated                                                                         |
| <b>Total before indirect, administrative costs</b> |                                                               | <b>\$12,400</b> |                                                                                                                                                                         |
| Indirect, administrative costs – max. 6% of total  | Contribution to utilities and rent for primary partner office | \$720           | Ensure a safe and resourced space for program operations and vehicle parking when necessary                                                                             |
| <b>Total requested</b>                             |                                                               | <b>\$13,120</b> |                                                                                                                                                                         |

**Decision Rule:**

Leadership board selects top applications within the total allotted funding (by vote, in accordance with the Hub Charter) and submits to HCT. RHTO makes final decision on programs with RCN input.

*Review and funding process:*

## 6. Award Conditions

Awardees agree to:

- Enter into a Participation Agreement with HCT
- Participate actively in Hub governance and coordination activities
- Report agreed-upon program metrics at agreed intervals
- Use funds solely for approved purposes
- Participate in training, technical assistance, and data-sharing processes
- Participate in a social care closed-loop referral platform, if applicable

Non-compliance with Hub requirements may result in suspension or reallocation of funds.

## 7. Submission Instructions

Use the Discretionary Funding Proposal Template to create your proposal. Submit completed proposals via email to:

Jessica Bledsoe / [Jessica.bledsoe@mymlc.com](mailto:Jessica.bledsoe@mymlc.com)

Subject: Discretionary Funding Program Application — Mosaic Life Care